CHS Public Board Meeting June 2023

Tue 20 June 2023, 10:00 - 12:00

Agenda

10:00 - 10:00
0 min

1. Declarations of Interests

verbal　　　*Katharine Kasper*

📄 1. June Board Agenda.pdf (2 pages)

10:00 - 10:00
0 min

2. Minutes of previous meeting

paper　　　*Katharina Kasper*

Review minutes of March 28 2023 meeting

For approval

📄 2. CHS-2324-01 Board minute March 28 2023 DRAFT.pdf (10 pages)

10:00 - 10:00
0 min

3. Matters Arising

verbal　　　*Katharina Kasper*

Seek assurance that actions from previous meeting have been progressed

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10:00 - 10:00
0 min

4. Action Log

paper　　　*Katharina Kasper*

To monitor progress of actions due

📄 4. CHS-2324-02 Board Action Log 2023 june.pdf (1 pages)

10:00 - 10:00
0 min

5. Chair Update

verbal　　　*Katharina Kasper*

For information and discussion

10:00 - 10:00
0 min

6. National Convener/ CEO update

paper　　　*Elliot Jackson*

For consideration and discussion

📄 6. CHS-2324-03 NC update June 23 draft.pdf (4 pages)

10:00 - 10:00
0 min

7. Hearing System Working Group Report publication update

Verbal　　　*Carol Wassell*

For consideration and discussion

8. 2022/23 Financial Forecast Outturn

paper   *Ross Mackenzie/Lynne Harrison*

For approval

📄 8. CHS-2324-04 Forecast 22-23 Outurn June23 Board draft.pdf (3 pages)

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9. Q1 Performance Report

paper   *Rachel Kavish Wheatley*

For approval

📄 9. CHS-2324-05a Q1 Performance Report 202324 Board Cover Paper.pdf (3 pages)
📄 9 CHS-2324-05b 2023-24 Q1 Board data summary v1.pdf (1 pages)
📄 9 CHS-2324-05c Quarter 1 Performance Report 2023-24_Draft V1.pdf (12 pages)

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10. Rights and Inclusion Strategy update

paper   *Carol Wassell*

For approval

📄 10. CHS-2324-06 Children's Rights and Inclusion Strategy Refresh.pdf (5 pages)

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11. Audit & Risk Management Committee

Sean Austin

For approval/to note

11.1. ARMC Chair Update

verbal   *Sean Austin*

To review the work carried out by the ARMC at its last meeting

📄 11. CHS-2324-07 Cover note for ARMC papers.pdf (2 pages)

11.2. ARMC May 2023 meeting minute

paper   *Sean Austin*

To note

📄 11. CHS-2324-07a ARMC Minute May 23 draft v1.pdf (10 pages)

11.3. Internal Audit Report 22/23

paper   *Sean Austin*

To note

📄 11. CHS-2324-08 Internal Audit Annual Report 2022-23 v2.pdf (12 pages)

11.4. Annual Accounts

paper   *Sean Austin*

For approval

📄 11. CHS-2324-09 Annual Accounts and Governance Statement 22-23.pdf (7 pages)

11.5. ARMC Annual Report

paper   *Sean Austin*

For approval

For approval

📄 11. CHS-2324-10 ARMC Annual Report 2223 v1.pdf (10 pages)

11.6. ARMC ToR

paper   *Sean Austin*

For approval

📄 11. CHS-2324-11 ARMC ToR 2023 last approved May 23.pdf (5 pages)

10:00 - 10:00
0 min

12. Remuneration & Appointment Committee

Jo Derrick

12.1. RAC Chair Update

Verbal   *Jo Derrick*

To review the work of the RAC at its last meeting

10:00 - 10:00
0 min

13. Pre-service report

paper   *Elliot Jackson*

For consideration and discussion

📄 13. CHS-2324-12 Pre service report Board June 23 V1.pdf (7 pages)

10:00 - 10:00
0 min

14. Panel Member 2023 Autumn Recruitment & pre-service evaluation

paper   *Elliot Jackson*

For consideration and approval

📄 14. CHS-2324-13 2023 May 30 SMT_Panel_Member_Recruitment updated for Board Final.pdf (12 pages)

10:00 - 10:00
0 min

15. AOB

AGENDA

CHS BOARD MEETING

June 20th 2023

The Board will meet 10:00 – 12:00 at Thistle House/hybrid

Item	Topic	Lead Person	Paper Number	Purpose
1	Declarations of interests	Chair	Verbal	To consider any declarations of interests with regard to agenda items
2	Minutes of previous meeting	Chair	CHS-2324-01	To approve the minutes of the previous meeting on 28th March 2023
3	Matters arising	Chair	Verbal	Seek assurance that actions from the previous meeting have been progressed
4	Action log	Chair	CHS-2324-02	To monitor progress against actions due and agree action where required
5	Chair update	Chair	Verbal	For information and discussion
6	National Convener/ CEO update	EJ	CHS-2324-03	For consideration and discussion
7	Hearing System Working Group Report publication update	CW	Verbal	For consideration and discussion hearings-for-children-the-redesign-report.pdf (thepromise.scot)
8	2022/23 Forecast Outturn	EM/LH	CHS-2324-04	To approve
9	Q1 Performance Report	RKW	CHS-2324-05	To approve
10	Rights and Inclusion Strategy update	CW	CHS-2324-06	To approve
11	Audit & Risk Management Committee: ARMC Chair Update • ARMC minute • Internal Audit Report 22/23 • Annual Accounts Governance statement • ARMC Annual Report • ARMC ToR	HR	Verbal CHS-2324-07 CHS-2324-08 CHS-2324-09 CHS-2324-10 CHS-2324-11	To note To note To note To approve To approve To approve
12	Remuneration & Appointment Committee: RAC Chair Update	JD	 Verbal	To note The Remuneration and Appointment Committee will be meeting on June 27th, 2023.

				Update will be provided at the September Board meeting.
13	Pre-service report	EJ	CHS-2324-12	For information and discussion
14	Panel Member 2023 Autumn Recruitment & pre-service evaluation	EJ	CHS-2324-13	For information and discussion
15	AOB			

Next meeting: September 26th, 2023

Next Meeting Key Topics:
1. Financial Forecast Outturn
2. Q2 Performance Report
3. Annual Report
4. Annual Accounts
5. CHSLA Prospectus
6. Impact Report
7. Feedback Loop
8. Annual Review of Appeals

Minutes of the Board Meeting of 28th March, 2023

The meeting started at 10:00 at Thistle House / virtually

Present:

Katharina Kasper (KK)	Chair
Henry Robson (HR)	Depute Chair/Board Member
Beth-Anne Logan	Board Member
Jo Derrick (JD)	RAC Chair/Board Member (virtual attendance)
Barbara Neil (BN)	Board Member
Sean Austin (SA)	ARMC Chair/Board Member (present 10:00-10:24)

Also present:

Nick Rougvie (NR)	Children's Hearings Sponsor Team Lead, SG (virtual attendance)
Elliot Jackson (EJ)	National Convener/Chief Executive (NC/CEO), CHS
Lynne Harrison	Head of Strategy/development & DCEO, CHS
Carol Wassell (CW)	Head of Area Support & Community Improvement, CHS
Christine Mullen (CM)	Head of Learning, CHS
Stephen Bermingham (SB)	Head of Practice and Policy, CHS
Rachel Kavish Wheatley (RKW)	Business Operations and Governance Lead, (minute taker), CHS

Apologies:

Katie Docherty	Board Member

Items		Actions / owner	Time-scales
1	**Declaration of interests**		
The Chair welcomed everyone to the meeting and confirmed apologies as above. There were no declarations of interest to note.			
2	**Minutes of previous meeting**		
The Board approved the minutes of its meeting on 31st January 2023			
3	**Matters arising**		
N/A			
4	**Action log**		
The Chair noted the following in relation to the action log: • The Board agreed to close the completed actions and those on todays agenda. • The Board agreed to extend the deadline for setting up a meeting with the Children's Commissioner until the new Commissioner is appointed (anticipated in May). **Board decision:** 　　1. **To note the updates to the action log and close those which are complete.**			

5	Chair update		
The Chair updated the Board on the following; • The Chair noted the number of touch points with the Board between the last meeting and today. • A development session was carried out in March with Gordon Main of Our Hearings, Our Voice (OHOV). Board members found the session extremely useful in helping to understand more about OHOV and how best we can support their work. The Board look forward to meeting OHOV at the joint meeting with the SCRA Board in June. • The Hearing System Working Group (HSWG) draft report was shared with Board members for impressions and feedback. The Chair attended the HSWG Chairs meeting to discuss the draft HSWG report. • The Chair attended the West Dunbartonshire Panel Member event. The Chair was struck by the openness of Panel Members to embrace change and come together. The Chair encouraged members of the Board to attend similar sessions as the opportunity presents itself. **Board Decision:** 1. **To Note the update from the Chair.**		
6	National Convener/Chief Executive update		
The NC/CEO spoke to the paper shared; <u>Pre-service training</u> • Congratulations and welcome to the 330 Trainees who have completed their pre-service training and will move into service in April. • A full pre-service report and evaluation will be presented at the June Board meeting. <u>Mutual Mentoring</u> • A Mutual Mentoring programme has been a long held aspiration for CHS. • A kick off meeting took place last week with 4 members of the National team including EJ. This programme is a fantastic opportunity for us to work with young people, sharing skills and learning from each other. • The programme will be evaluated at the end of this first cohort and if successful, will be rolled out further. <u>Local events</u> • Two local events were attended recently in West Dunbartonshire and Inverary. • In speaking to Panel Members at these events it was clear that they understand the challenges and opportunities that come from the incorporation of the Care and Justice Bill. There is support among the community for the Tribunal Support Model, understanding the need for more support for Panel Member in their roles. • We will continue to engage with Panel Members at local events.		

Board Discussion:			
• The Board felt reassured by the update on community events and that Panel Members understand the need for change and are ready to welcome them.			
• The Board noted the need to ensure that our messaging is aligned with our partners.			
• The Board recommended that we look for opportunities to use data to support Local Authority and encourage improvement. Currently, the only data CHS owns for reporting to local authorities is around breaches. This will be included in regular reporting going forward.			
• The Board recommended a meeting with the new Chief Executive of COSLA.			
Board Decision:			
1. **The Board noted the update.**			
2. **To organise a meeting for the CEO/Chair with the new Chief Executive of COSLA.**		RKW	June 23
3. **To include local authority breaches in regular reporting.**		CW	June 23
7	**Hearing System Working Group Update**		
CW updated the Board;			
• We have submitted our response to the draft focused on tone, content, and structure, with thanks to the Board for their input. We have also submitted a read across of the draft to the issues list and redesign group work, which the Promise have found helpful.			
• This week we are attending 3 deliberation sessions about the draft report. We have attended one so far with constructive conversations being had and more areas of agreement than divergence.			
Board discussion:			
• The Board asked if the 10th of May was still the intended release date for the report. This is still the intention, though there may be a slight delay.			
Board decision:			
1. **The Board noted the update.**			
8	**2022/23 Forecast Outturn**		
LH spoke to the paper shared;			
• Final report for 22/23, which is in line with the report to the last Board meeting.			
• Reflected in the report is our use of 400k of reserves to balance the in year pressures of the budget, meeting our external audit recommendation to reduce our reserves.			
• In year we have supported a 5% pay increase for staff, which was higher than forecast, and we extend our thanks to the Board and Sponsor Team for supporting our pay implementation strategy.			

- We have brought forward capital spend in 22/23 to support work around our Tribunal Support Model in year. - We remain underspent in training and development, which is reflective of increased online training and internal learning and development sessions for the National team. - Volunteer expenses remain underspent, an updated policy is being presented at this meeting for approval, which we will use to help encourage volunteers to claim expenses. **Board Discussion:** - The Board noted that it was helpful to explain in the narrative where we have used our reserves to support increased costs for consultancy and digital expenses (i.e. Microsoft licenses). - The Board asked if volunteer expenses have increased since we have come out of covid recovery. LH noted that some PM's do not claim and feel any costs associated are part of their role. We have made it as easy as possible to claim via CSAS and encourage volunteers to do so. Often volunteering expenses are pre-paid by CHS such as travel and accommodation. - The Board recommended that if volunteer expenses remain underspent, it would be beneficial to consider re-locating those funds to support connection opportunities for the community. **Board Decision:** 1. **The Board approved the outturn report.**		

9	**Draft Business Plan 23-24**		
LH updated the Board; - The 23/24 Business Plan is submitted for approval, after being shared with the Board offline for comments and contributions. - The plan for this year is based on the four strategic themes from our Corporate Plan, which is in its fourth and final year. - The Plan reflects our 3 reform areas and a commitment to review our plan in 6 months after the release of the HSWG report. - In addition, this year we have incorporated additional KPI's and measures for outcome focused success. - A draft plan has been reviewed by the Sponsor Team at Scottish Government and their suggestions taken in to account. - Following Board approval, the Business Plan will be passed for Ministerial approval, which may be slightly delayed due to the change of Leadership within SG. **Board Discussion:** - The Board were supportive of the plan, in particular the increase in KPI's and new measures, and the overall alignment with our strategic priorities. - The Board noted the KPI around observations, asking if we had the data to support reporting. CHS has increased data capabilities and can report accurately on observations. It is acknowledged that meeting this particular KPI may be challenging.		

Board Decision: 1. **The Board approved the 2023-24 Business Plan.**			
10	**2023-24 Annual CHS Draft Budget**		
LH spoke to the report shared; • CHS has received our grant in aid (GiA) letter from the Sponsor Team which reflects our in year pressures to fund our reform agenda, and that these pressures are ongoing beyond 23/24. • The budget is made of published revenue of £4,629m and £500k of capital with a commitment to from SG to manage pressures in year £3.483m revenue and 156k capital above our GiA. • The draft budget presented identifies additional pressures of 74k revenue which will manage with a 2.5% savings target and £185k capital which has been brought forward into 2022/23. • The budget presented to manage forecast outturn will reflect these savings. **Board Discussion:** • The Board thanked everyone in the team for preparing the budget, and the support received from Scottish Government and our Sponsor team, which recognises the significant investment in improving outcomes for children and young people. • The Board noted that corporate costs are forecast to reduce and asked how this will align with additional resources required. LH clarified that much of the additional resource requirements will fall under individual reform budget lines. Paragraph 3.16 gives an example of how the project lines will be split. We will use this for presenting the budget amalgamations to the Board going forward. • The Board asked if there were any risks within the budget they should be monitoring. LH noted that our significant in year pressures are the largest risk. We have support from SG and our Sponsor Team and will need to remain agile to reallocating resources in year, with tight financial management. **Board Decision:** 1. **The Board approved the 2023-24 budget.**			
11	**Panel Member Expense Policy**		

CW spoke to the paper shared;
• The updated Volunteer Expense policy is submitted for approval. The main areas of change are:
   o The increase to childcare rates;
   o The alignment of Carers Allowances (child and adult with additional support needs) with local authority rates.
   o The policy also allows for additional payments in exceptional circumstances.			

- These two changes will increase the overall cost of volunteer expenses. In addition to this increase, we will be encouraging volunteer to claim eligible expenses. We know which areas claim less and plan to target those specifically.
- This is one of polices that require Ministerial approval therefore we have shared this with the Sponsor Team and, once approved, put forward for Ministerial approval.

Board Discussion:
- The Board asked if we have discovered if childcare costs are a barrier to recruitment and suggested our expense policy be highlighted more at recruitment to encourage applications.
- The Board asked if those who claim benefits are affected by claiming for expenses. We are clear with volunteers that it is important to only claim for actual costs incurred as this will reduce the risk of benefits being affected.

Board Decision:
1. **The Board approved the updated volunteer expense policy.**

12	**Q4 Performance Report**		

LH spoke to the report shared;
- The Q4 report is presented to the Board for oversight and assurance. It includes a data summary of key management information requested by the Board.
- As indicated in the covering report, with reference to the data summary, the chair and PM forecasting will be re-run in the first quarter as it is likely the current figures overstate the need.
- The data summary shoes an increase in chairing capacity, reflective of the ongoing work in this area.
- Within the report we have highlighted areas of significant work and resource not covered within the business plan which has revolved around the HSWG and Care and Justice.
- Five milestones have not been completed by the end of Q4. The details and follow up actions are in the report however the Board will be assured that they have been carried forward into 23/24 planning.
- CW noted that the Sponsor Team have attended a session on the data CHS now has available, which they found very helpful, and will continue to engage with CHS on the use of data.

Board Discussion:
- The Board asked how the average age of the new 330 recruits compares to the last cohort. This information will be included in the pre-service report in June.
- The Board asked if PPAs were being recruited PPA's for observations. PPA recruitment will continue to be a focusand we
  engage in a number of support events for PPA's throughout the year.

Board Decision:
    1. **The Board approved the Q4 performance report.**
    2. **To include details of age of new cohort in comparison to current Panel Member in recruitment report.**
		CM	June 23

13	**Board Self-Assessment**		

KK spoke to the paper shared;
   • The Board carries out an annual self-assessment and reflection exercise every year as part of its governance arrangements. The Board met on February 14th 2023 to review their effectiveness.
   • As in previous years, the adapted National Audit Office's standard questionnaire has been used for assessment, as well as group discussion based on a CHS developed Board questionnaire. An action plan based on Board reflections has been submitted for approval. Key areas include:
      o Increased exposure in the community;
      o A quarterly workstream report for oversight and assurance;
      o For SMT to provide feedback to the Board.
 	
Board discussion:
   • The Board expressed thanks to RKW for pulling the report and action plan together.
 	
Board decision:
   • **The Board approved the self-assessment report.**
   • **The Board approved the improvement action plan .**			

14	**ARMC**
	   • **Chair update**
	   • **Minute of last meeting**
	   • **ToR**
	   • **Financial Regulations**
	   • **ARMC Accounting Policies**
	   • **ARMC Self-assessment**		

HR spoke to the papers shared;
 	
<u>Chair update</u>
   • The Committee received a pensions update with no areas of concern raised.
   • We met our new Audit team from Audit Scotland. The fees have increased by 30.6% for this year. While not a huge sum in practical terms, the ARMC Chair has written to Audit Scotland to comment on the substantial single year increase.
   • We are current engaged in a procurement process to appoint a new internal auditors, in association with SCRA.
   • The strategic risk register was reviewed. There has been a reduction in overall risk levels and a new risk added around the change in leadership and how that may affect support for the reform agenda.			

	• The Committee reviewed and approved its ToR, submitted for approval by the Board. • The Committee reviewed their performance via the ARMC Self-assessment, submitted to the Board for approval. Policy reviews for approval • The accounting policies were presented for approval, which go into the statutory accounts annually. There is one change from previous years with a new accounting standard treatment for leases. • The financial regulations were presented and approved. There has been one change from previous years to bring bank reconciliations in line with other reconciliations. **Board Discussion:** • The Board noted the Chair updated and papers submitted for approval. **Board Decision:** 1. **The Board noted the Chairs update.** 2. **The Board approved the ARMC ToR.** 3. **The Board approved the Financial Regulations.** 4. **The Board approved the Accounting Policies.** 5. **The Board approved the ARMC Self-assessment.**		
15	**RAC** • **Chair re-appointment** • **Chair update** • **ToR** • **RAC Self-assessment** • **Whistle blowing Policy** • **Equalities outcome report**		
	JD spoke to the papers shared; Chair re-appointment • The Board Chair proposed that Jo Derrick be re-appointed as the Remuneration and Appointment Committee Chair for another 3 year term. • The Committee also approved the extension of B-AL's membership through June 2023. • The Board Chair suggested that we review membership of subcommittees and bring the terms of appointment in line with wider Board term appointments. Chair update • The Committee Chair thanked committee members for their contributions to the last meeting. • The Chair noted the wellbeing day which was included as part of the 22/23 pay policy has been well received by the National team. • The Committee received an update on the people strategy, which builds on the 22/23 strategy, and detailed focus of 4 priority areas: o Attract/retain great people		

- o Develop our people capability & measurement of performance
- o Nurture our people
- o Enhance our systems, policies & processes
- The Committee approved an extension to the Diversity, Inclusion, and Equalities strategy to bring it in line with other planning cycles, to the end of March 2024.
- The Committee welcomed the update from the Team Forum. The Chair noted the growth in leadership of the Team Forum and the way they have come together to refresh focus and engagement. The following areas were of particular note:
    - o A theme of health and wellbeing was chosen for the years activities;
    - o An activity challenge will shortly commence for the National team to 'bag a munro' virtually; and
    - o The annual staff chosen charity for the year is Who Care's Scotland.

- The Chair noted the Committee's desire to re-name the RAC in recognition of the full scope of work and focus of the Committee.
- The Committee reviewed and approved its ToR, submitted for approval by the Board.
- The Committee reviewed their performance via the RAC Self-assessment and is submitted to the Board for approval.

Whistle blowing Policy
- A full review of the policy has been undertaken. Key additions to the policy include:
    - o Addition of facility to raise anonymous concern via CHS complaints;
    - o Addition of information on how to raise concerns externally;
    - o Clarification of escalation of concerns;
    - o Re-allocation of reporting duty from Governance Officer to Complaints Management Officer
    - o Review section added formalising policy review and reporting arrangements
- The policy has been reviewed and approved by RAC and in included for Board approval.

Equalities outcome Report
- This progress report contains an update for 2022 – 2023.
- The RAC Chair noted the dedication of the team to keep this high on CHS' agenda.
- EDI learning remains high on the priorities for the strategic group, particularly around protected characteristics, which includes lived experience.

Board Discussion:
- The Board noted the 'Inclusion ambassadors' and asked for an update on this area of work. CM noted that this has not been implemented fully due to the current pressures and asks on our community.

		RKW	June 23
Board Decision: 1. **The Board agreed to review and amend the Subcommittee ToR's to bring tenure in line with Board appointment terms.** 2. **The Board approved the re-appointment of Jo Derrick as Chair of the RAC.** 3. **The Board approved the RAC ToR.** 4. **The Board approved the RAC Self-assessment.** 5. **The Board approved the Whistle blowing Policy.** 6. **The Board approved the Equalities outcome report.**			
15	**Change Strategic Steering Group (CSSG)**		
KK spoke to the paper shared; • The Chair noted the need for the Board to be agile and flexible in how it supports the executive and enables change at pace. • It is proposed that the Strategic Change Oversight Group (SCOG) be established for an initial 12 month period, with option to review and extend as required. • The Board are asked to approve the proposal to establish the Strategic Change Oversight Group (SCOG) and its Terms of Reference (ToR). **Board Discussion:** • EJ noted how appropriate this steering group is to enable the Executive freedom to act and assured the Board that the scope and limitations of this group are clear and will not infringe on current governance arrangements in place via the Board and Subcommittees. **Board Decision:** 1. **The Board approved the establishment of the Strategic Change Oversight Group and its ToR.**			
16	**AOB**		
1. **10th anniversary celebrations** • A parliamentary reception is scheduled for the 27th of June. • An update will be brought to the Board on the plans for the 10th anniversary celebrations for CHS.			

A/A	Action	Initiated	Target date	Owner	Progress Update	Status	Comments
22/23-4	Ensure future CSAS developments include the recording of CYP participation numbers in hearings.	Sep-21	~~Mar-22~~ Ongoing	LH		Ongoing	This work remains in CSAS backlog. Data sits on SCRA side.
22/23-42	To organise a meeting for the CEO/Chair with the new Chief Executive of COSLA.	Mar-23	Jun-23	RKW		Ongoing	
22/23-45	To review and amend the Subcommittee ToR's to bring tenure in line with Board appointment terms.	Mar-23	Jun-23	RKW		On agenda	
22/23-44	To include details of age of new cohort in comparison to current Panel Member in recruitment report.	Mar-23	Jun-23	CM		On agenda	
22/23-43	To include local authority breaches in regular reporting.	Mar-23	Jun-23	CW		On agenda	Included in the Board data summary
22/23-40	To bring the new Rights and Inclusion Strategy to the Board in 2023	Nov-22	Jun-23	CM		On agenda	
22/23-41	For CHS to explore increasing corporate recruitment reach through trade boards and bodies, such as Food and Drink Federation Scotland.	Nov-22	Sep-23	CM		On agenda	
22/23-38	To consider including the PPM in a Board development session.	Nov-22	Sep-23	SB		Not yet due	
22/23-31	KK to look at an opportunity to invite the Children's Commissioner to an upcoming Board meeting or development session.	Sep-22	Sep-23	KK		Not yet due	RKW to progress
22/23-28	To bring to the monthly Board development session in August the remuneration and support package for discussion and approval.	Jun-22	Aug-23	CM		Not yet due	recognition of the challenges faced in finding a supplier to provide support for remmuneration
22/23-39	To consider publishing the rights and inclusion strategy annual report to our website	Nov-22	Mar-23	CM		Completed	
22/23-15	To hold a workshop for Board members around the function and background of OHOV, what our asks of them might be, and how we ensure we are getting relevant voice input into all of our development work'.	Jan-22	~~Jun-22~~ Feb-23	LH	Date to be set for Board focus session - anticipate early in 2023	Completed	joint meeting with OHOV & SCRA Board planned for June 2023. Development session with the Board carried out March 2023.
22/23-14	Submit paper evaluating device pilot across the community. To include costs and plans to equip all panel members with devices.	Jan-21	~~01/06/2022~~ ~~Jan-23~~ June	LH	Passed to ARMC to review evaluation.	Closed	Evaluation underway. Paper will be submitted to ARMC in August 2023.
22/23-36	High level discussion at SCRA joint Board on how we work together on the operational flexibilities and specialist panels or hearings we require or may use.	Sep-22	Jan-23	KK		Closed	Joint Board in March 23

National Convener / Chief Executive Update

Agenda Item 6
CHS-2324-03

1.   Introduction

1.1   This report captures a range of organisational activity between the last Board meeting in March 2023 to now. It provides bite sized updates that can be expanded upon during the Board meeting.

2.   Publication of the Hearings System Working Group (HSWG)

2.1   The long-awaited HSWG report was published in May under the title, 'Hearings for Children: Hearings System Working Group's Redesign Report'. Our main communications aim with the Panel Community was to inform clearly on publication, ensure awareness of the timelines associated with the report, and deliver clear options to engage with the recommendations.

2.2   We trailed the report publication internally on Teams and then on publication day we posted out an initial response which linked the community to the report and encouraged them to read the document as headlines had not been supportive of our approach around change. It also included a message to the community from Sheriff Mackie which was a supportive piece of comms. Our main aim was to make sure that PMs knew that while change was coming, it was not happening today.

2.3   The following day we then published our official response to recommendations which set out the broad outlines for a redesigned Children's Hearings System. This post also had context added via a message from Minister for Children, Young People and Keeping the Promise, Natalie Don MSP to PMS and a video from The Promise Scotland called 'Isla's Story' which shows a child's journey through the system if the recommendations are adopted. Finally, we posted a series of FAQs to answer the questions put to us by PMs and some that the team thought would be asked.

2.4   The initial response from the community has been positive, the consistent focus that this is what children and young people are asking for really grounds the recommendations. There have been reports of PMs feeling hurt, they feel the report is negative about volunteers, but we have helped to frame the understanding around the children and young people's experiences that the report is based on. There's also clear evidence that those children and young people have told Sheriff Mackie their experience would be improved had they had more contact with the same PMs.

3.   Engaging the CHS Community

3.1   Following the publication of the Hearing System Working Group report, we are engaging widely with the community. To start, we are giving Area Conveners an open invitation from members of the Senior Leadership Team to visit local meetings and deliver our round up presentation. This presentation draws together the major challenges facing the Children's Hearings System, (Hearings System Working Group Report and Care and Justice Bill) and shows how these tie in with our work to implement the Tribunal Support Model.

3.2   We want to ensure that all PMs can engage but we also understand that in-person meetings in the summer may not be fully accessible. From July we will start to promote three monthly webinars (August / September / October) that we will be hosting. Along with a recap of where we are using the presentation mentioned above, we will also invite a special guest to talk about different aspects of the Hearings System and the impact of the proposed changes. The Panel Community will be able to submit questions for speakers.

The current plan for speakers is:

1.   Sheriff Mackie and a board member of Our Hearings Our Voice
2.   Fraser McKinlay, Chief Exec of The Promise Scotland
3.   Tom McNamara, Scottish Government: Unit Head for Youth Justice and Children's Hearings in the Scottish Government

This programme will allow us to engage with the community in a concerted way as we await the Scottish Government's response to the report later this year.

4.   Children (Care and Justice) (Scotland) Bill

4.1   CHS continues to engage with the Bill Team, the Scottish Government, and national partners to influence the design and implementation of the Children (Care and Justice) Bill. Training briefings and presentations have been provided to the national team with inputs at several Area Support Team learning and development events. CHS presented evidence to the Education, Children and Young People Committee on 16 May as part of the Stage 1 evidence gathering where we highlighted opportunities and challenges that the Bill will have for CHS. In addition to this, CHS have published articles highlighting the issues with the Bill and we are presenting on the Bill at the National Youth Justice Conference organised by Children and Young People's Centre for Justice. The Bill is a progressive step forward, but there are issues CHS has highlighted in relation to automatic Relevant Person status for the parents of 16- and 17-year-olds, the application of Movement Restriction Conditions and the resourcing of intensive support packages for new 16- and 17-year-olds referred into the system.

4.2   Our forecasting is predicting up to a 10% increase in demand on the system which equates to 1,020 new young people, an additional 2,415 hearings a year requiring an additional 273 tribunal members based on our existing volunteer operating model. The sequencing of the implementation of the various parts of the Bill is crucial. Although planned for implementation from April 2024 it is likely that the different parts of the Bill will be phased in from this date. Volunteer recruitment will remain a challenge, particularly considering the Hearings for

Children recommendation to move to a remunerated tribunal model. Mandatory training will be built into the new Learning Academy contract, CHS will be able to define the design the delivery of training and will collaborate with national partners in the development of the content. The key issue is the timescales for implementation of Part 1 of the Bill (raising the age of referral), and the capacity local authorities to respond to this upsurge in demand. Work is ongoing to influence the timescales for implementation and the Board will be kept updated on progress.

5.   Parliamentary Reception

5.1   Plans are well-underway for the 10th anniversary celebrations and Panel Members from across the country will be coming together at the Parliament on the 27th of June. Panel Members coming are either taking on the role of Ambassadors, which will see them feature in the recruitment campaign in their local areas or coming along for recognition and celebration. The latter group of PMs will have their story told either on screen while drinks / canapes are being served or by speakers who will be mentioning the brilliant efforts of the Panel Community. Speakers include Natalie Don MSP and members of our care experienced participation group. We also have stakeholders from across the sector coming along.

5.2   The event will help us to gather material that will be used for social media in the following weeks to celebrate our volunteers and build up to the recruitment campaign in September.

6.   Reimagining Securing Care

6.1   The Independent Care Review (2020) and the Scottish Ministers Programme for Government (2022) both state that there should be no under 18s placed in YOIs by 2024, with development to ensure the 'purpose, delivery and infrastructure' that supports secure care is therapeutic, and trauma informed (The Promise, 2020). The Scottish Government have commissioned the Children and Young People's Centre for Justice (CYCJ) to undertake a review of secure care, combining the opinions, knowledge, and experiences of all those involved to create a comprehensive understanding of what will be effective, meaningful, and sustainable for children deprived of their liberty. They will work collaboratively with children and young people in, on the edges, and with experience of secure care, and their families/carers to gather their views and similarly with all relevant partners who contribute to supporting children before, during and after secure care through a four-phased process:

- Phase 1 Discovery (Dec 2022 – May 2023)
- Phase 2 Define (June - September 2023)
- Phase 3 Develop (Oct 2023 – March 2024)
- Phase 4 Deliver (April 2024 - 2030)

6.2   CHS is a key stakeholder in this work with CYCJ. A consultation and engagement session with CHS staff and Panel Members took place at the start of June to secure their thoughts, ideas and solutions surrounding a reimagined Secure Care provision.

6.3   The final phase will deliver a redesigned secure care provision to meet the needs of all children and stakeholders, with no children remaining in YOIs, meeting the requirements of The Promise and a rights-upholding approach to justice for children in Scotland.

7.   Strategic Engagement

7.1   Together with other senior management team colleagues, I have participated in four key multi-agency meetings in the last quarter. These are the

1.   National Child Protection Leadership Group.
2.   Youth Justice Improvement Programme.
3.   Children's Hearings Improvement Partnership (CHIP); and the
4.   Age of Criminal Responsibility Ministerial Advisory Group

7.2   The senior teams at CHS and SCRA continue to meet regularly on operational and strategic issues.

8.   Local / National Community Engagement

8.1   Engagement with the wider CHS Community has ramped up in the last quarter with many ASTs hosting recognition evenings. Most recently, I attended Renfrewshire AST, Aberdeenshire AST, and Ayrshire AST in recognition of Panel/AST long service. The Chair attend the Central and West Lothian AST recognition event.

8.2   I also attended the National Panel Practice Advisor (PPA) Forum earlier in June. This was an excellent opportunity to hear at first hand the excellent work that our PPA's are doing locally to ensure quality. In addition to continuing to observe Hearings, they are keen to support CHS shape and develop a wider quality assurance framework.

Elliot Jackson
National Convener and Chief Executive Officer
June 2023

Finance Report: 2022/23 forecast outturn

Agenda Item 08
Paper number CHS-2324-04

Accountable Officer:	Head of Strategy and Development/DCE
Report author:	Finance Manager
Resources implications:	Within available resources
Approval(s) sought:	To approve

Impact Assessment Duties	Required	Completed
Equalities Impact Assessment	NA	
Children's Rights Impact Assessment	NA	
Data Protection Impact Assesment	NA	
Islands Impact Assesment	NA	

1 Background, summary and recommendation

1.1 The published revenue grant in aid (GiA) allocation for CHS for 2022/23 was £4.629m, with an acknowledgement from Scottish Government (SG) that CHS is carrying an additional ongoing £0.5m pressure each year. CHS has £0.25m of reserves from prior years, resulting in total available resource of £5.379m. The Board thus approved a revenue budget of £5.379m in March 2022.

1.2 CHS' 5 year strategic financial plan identified that, to deliver CHS' statutory duties to recruit, train and support Panel Members, to embed and derive best value from previous SG Digital investment, alongside development and delivery projects to meet the requirements of The Promise Plan 21-24, the revenue resource requirement for 2022/23 was £5.764m revenue. The provisional outturn for 22/23 is very close to this figure, at £5.739m. SG transferred £0.721m additional in-year funding to CHS, so the total revenue GiA was £5.35m. CHS used its reserves and cash balance to meet the reminder of the spend pressure (£0.392m).

1.3 The published capital GiA allocation for CHS for 2021/22 is £0.4m. The provisional outturn is £0.425m, with this overspend being met from reserves and cash balance.

1.4 The Board is asked to note the provisional 22/23 outturns: a revenue overspend of £360k and a capital overspend of £25k, financed from reserves as agreed with SG.

Finance Report as at 31 March 2023 (unaudited)

	Actual YTD Period 12 £000	Variance YTD Period 12 £000		2022/23 Annual Budget £000	2022/23 Forecast £000		2022/23 Forecast Variance £000	2022/23 Forecast Variance %
Staff	2,630	+64		2,566	2,718		+152	+5.9
Board	64	+5		59	59		+0	+0.0
Training, travel and subsistence	70	-16		86	66		-20	-22.7
Property	72	-51		123	126		+3	+2.4
Other Operating Costs	40	-9		49	35		-14	-28.6
ICT Costs	627	+140		487	621		+134	+27.8
Corporate Costs	421	+271		150	408		+258	+171.9
Volunteer Expenses	262	-155		417	190		-227	-54.4
Panel and AST Training	1,135	+86		1,049	1,044		-5	-0.5
Support for hearings	131	-31		162	107		-55	-34.0
Volunteer recruitment	216	+36		180	259		+79	+43.9
PVGs	41	-1		42	42		+0	+0.0
AST Devolved Funding	50	-16		66	56		-10	-15.2
Income	-21	+36		-57	-20		+37	+64.9
Total	**5,739**	**+360**		**5,379**	**5,711**		**+332**	**+6.2**

2   2022/23 Revenue Financial Outturn

2.1   The YTD Actual figures above exclude a number of costs reported within the statutory accounts:

- Depreciation of £419k, a non-cash cost that is not met from revenue grant in aid;
- interest charges of £1,350 in respect of the Thistle House lease commitment;
- Capital digital spend of £425k; and
- £425k of International Accounting Standard 19 ("IAS 19") costs, comprising £59k finance charges and £366k pension contribution charges. These are required to be accounted for within statutory accounts but, as non-cash costs, are not reported within the management accounts above.

2.2   Staff costs are £88k less than forecast due to more vacancies in Q4, and lower agency staff spending in Q4, than anticipated. The overspend to budget arose due to the pay award in excess of the original SG Pay Policy.

2.3   Property spend is £54k less than forecast due to Thistle House rent payments (£54k) being treated as a reduction in long-term liability and an interest charge, neither of which are included in the management accounts. This is due to the change in the accounting treatment of leases.

2.4   The ICT overspend to budget arose when CHS entered a new 3-year licences contract, effective 1 October 2022, with costs increasing by £257k per year due to Microsoft restricting their licence cost structure.

2.5 Corporate costs included consultancy to support participation, consultation and engagement supporting CHS's contribution to Promise redesign activity. Costs in the second half of the financial year covered, for example, a review of the recruitment campaign and other activities.

2.6 Volunteer expenses are £72k higher than forecast due to an increase in claims and a backlog of claims, both of which were higher than anticipated. Activity still remains low post-pandemic, however, and work is underway to encourage more volunteers to claim for their activity.

2.7 Panel and AST training spend was £91k higher than forecast. 24k of the overspend relates to provision of learning packages for CHS staff which were provisioned for 2023/24 and brought forward. The remainder of the overspend relates to additional Quality Assurance, Management of Hearings, and Enhanced Practice training courses to support the in-year PPA recruitment campaign as well as drives to improve Panel Member and Chair capacity. 2022/23 financial year also included elements of both 2022 and 2023 pre-service training.

2.8 Volunteer recruitment costs were £43k lower than forecast due to the decision to refresh rather than procure a totally new creative for the 2023 Panel member recruitment campaign.

2.9 Income was lower than budgeted due to the secondee leaving mid-year.

2.10 The overall spend of £5.74m is £28k higher than forecast. CHS has drawn down £5.35m, and will use reserves of £0.39m to cover the difference. This effectively returns CHS to the position expected by SG for NDPBs such as CHS, i.e. no reserves beyond the necessary working capital.

3   2022/23 Capital Financial Outturn

3.1 CHS spent £129k on devices in 2022/23, and £297k on CSAS development. This is a modest £25k overspend on GIA of £0.4m, manageable within the margins of existing resources.

4   Conclusion

4 The Board is asked to note the provisional 22/23 outturns: a revenue overspend of £360k and a capital overspend of £25k, financed from reserves as agreed with SG.

Quarter 1 2023/4 Performance Report

Agenda Item 9
CHS-2324-05

Accountable Director	Head of Strategy, Development and DCE
Report author(s)	Business Support & Governance Lead, Data & Evidence Officer, Programme Manager
Recommendation	For Considerations and Discussion
Resources implications	Within available resources

Impact Assessment Duties	Required	Completed
Equalities Impact Assessment	No	
Children's Rights Impact Assessment	No	
Data Protection Impact Assesment	No	
Islands Impact Assesment	No	

1. Introduction

1.1 This paper includes the Quarter 1 Performance Report, 2023-24 and covering note highlighting completion, retiming, and any delays to milestones.

1.2 The Performance Report is designed to allow the Board, on a quarterly basis, to monitor the delivery of the objectives in CHS' Business Plan and scrutinise the overall performance of the organisation.

1.3 Accompanying the report is a data summary page for Board oversight of quarterly operational data and performance.

1.4 In-year changes to the objectives published in the Business Plan are managed and documented through the quarterly performance monitoring process. Specifically:
- In-year retiming of individual milestones are subject to decision by SMT.
- In-year retiming of objectives are subject to decision by SMT (but are marked 'Amber' to highlight this in the report).
- Removal of objectives (referred to as 'de-scoping') from the plan are subject to Board decision-making. These are marked 'Red' in the report.

2. Performance during Quarter 1

2.1 A selection of activities that have been completed during the quarter included:
- Delivery of bespoke UNCRC training to all staff;
- Roll out Trauma training modules and resources through CHS Learning Academy to all volunteers;

- Access to data dashboards has been implemented to the National Team, SMT, AST members and Rota managers;
- Implementation of a management information reporting structure to the Board, SMT, and National team;
- Carried out a Volunteer recognition campaign during Volunteers Week (1st - 7th June);
- Q1 Re-appointments scheduled for May and June have been completed;
- Continued membership and leadership with the Hearings System Working Group; and
- Implementation of a short term communication strategy and plan.

2.2   Three milestones have been retired (7.1, 15.3, 16.1). These changes are documented on the final page of the Performance Report, and as below:

- 7.1 - Development of an implementation plan for the agreed reforms arising from the Hearing System Working Group report will not be possible by the end of Q2. The target timelines have been extended to end of Q3/beginning of Q4 in line with the anticipated timelines for the Scottish Governments review of the report and recommendations.
- 15.3 - The revision of the CHS Learning and Development Strategy's target timelines has been extended to end of Q3/beginning of Q4. This work cannot progress without consideration of the accepted recommendations from the HSWG report.
- 16.1 - We continue to support AST's to complete area plans with timelines extended to Q2 for those areas still in progress.

3.   Data Summary
The quarterly data summary details key capacity and operational data from the last quarter alongside changes since the previous quarter.

3.1   Changes to content since the last report
- Hearings and sessions data have been removed due to the timing of this report and the lack of full quarterly data. The data remains within the graphs however from 21/22 onwards the figures are estimates only until SCRA publish their official statistics.
- The session observation rate has been replaced with the Panel Member observation rate, in line with the 23/245 Business Plan KPI. The target is for all eligible (active and appointed more than 3 months ago) Panel Members to be observed.
- The number of Compulsory Supervision Orders reported as not implemented has been added.

3.2   Forecasts and targets
- Panel Member and Chair forecasts are based on data and calculations from May 2023. The Hearings forecast includes a 2% increase to the estimated 22/23 hearings data. The 24/25 data includes the estimated additional Hearings anticipated from the incorporation of the Children's Care and Justice (CCJ) Bill.
- Targets have been updated since the last report. Please note that % changes in the 'Performance Overview' section compares data from the new targets to the old

targets.

4. Board Actions:

4.1   The Board are asked to note the content of report and make any comments.
4.2   The Board are asked to approve the retiming of three milestones.
4.3   The Board are asked to provide any feedback on the content or layout of the report.

Board Data Summary: 2023/24 Q1

Volunteer data 07/06/23

	Panel Members	Active PMs	ACs & DACs	PPAs	Chairs
Total	2,241	2,004	42	132	1,158
Change since 15/03/23	+186	+224	-1	+10	+9

Trends: Volunteer Numbers
- Increase in volunteer numbers since Q4 due to PM and PPA recruitment campaigns.
- Decline in volunteer numbers expected until end of Q4 when the next PM cohort is appointed.
- Risk dependent on rate of ends of service, levels of inactivity, and change in number of Hearings and sessions.

Trends: Demographics
- Data similar to Q4, with the exception of AST gender %. This is a result of more AST Members completing the equalities monitoring form.
- Very small increase in the number of lived exp. volunteers.

Demographics 07/06/23

Demographics 07/06/23	PMs	PM change	ASTs	AST change
Average length of service (years)	5.37	-0.58	3.39	-0.13
% Female	70.06%	+1.49%	52.87%	-+10.45%
% Male	29.81%	-1.48%	29.89%	+7.46%
% Other genders or no data available	0.13%	-0.01%	17.24%	-17.91%
Average age (years)	52.84	-0.10	58.80	-0.29
% Lived experience (at least this %)	3.80%	+0.54%	4.02%	+0.39%

Breaches in 23/24 up to 08/06/23
2 Compulsory Supervision Order implementation breaches reported.

Performance overview 07/06/23

- Number of appointed PMs (2,241) against target (2,342) — 95.69% +6.61%
- Number of active PMs (2,004) against target (2,100) — 95.43% +18.27%
- Number of Chairs (1,158) against target (1,546) — 74.90% -1.90%
- Number of active Chairs (1,088) against target (1,386) — 78.50% +7.64%
- Number of PMs observed (377) against target (2,004) — 18.81% n/a
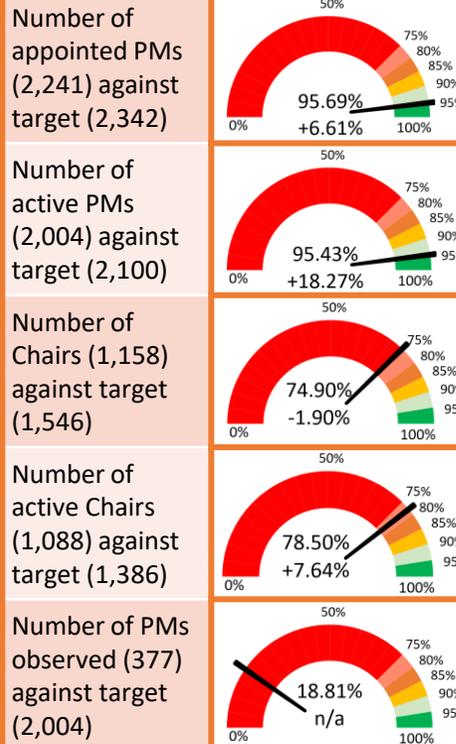
Trends over time to 07/06/23

Number of PMs against average monthly Hearings and Sessions

Legend: PMs, Active PMs, Average Monthly Hearings, Average Monthly Sessions

Number of Chairs and active Chairs

Legend: Chairs, Active Chairs, Average Monthly Hearings, Average Monthly Sessions
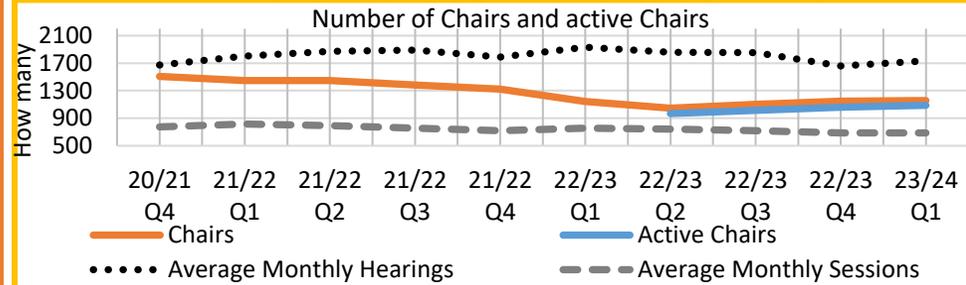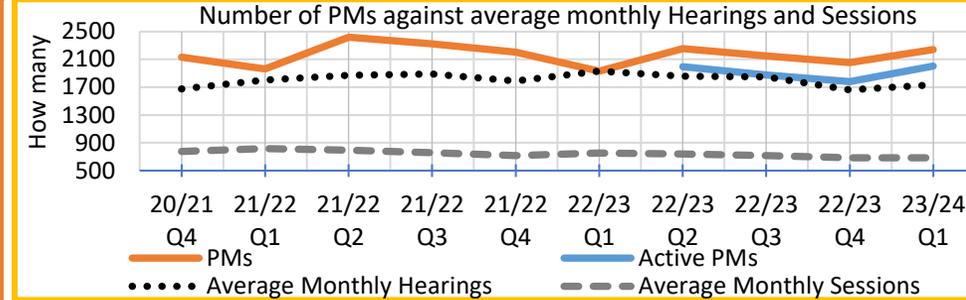
Chairs
No change since Q4 but % has decreased to 51.67% (-4.24%).

PMs
Increase in PMs since Q4 due to appointments.

Hearings & Sessions
21/22 onwards are estimates only, not official SCRA data and will change in future. Both appear to be remaining stable.

Note. Active is defined as being rota'd on in CSAS in the last 3 months or in future.

Panel Member forecast
Data last updated May 2023
- Hearings and sessions are forecasted to increase in 23/24 and 24/25, inline with the CCJ Bill. Forecasts will be updated when new data is available.
- Number of PMs will now decline until April 2024, when next PM cohort is appointed. We will closely monitor PM numbers throughout the year to monitor capacity and risk.
- A high number of PMs will need to be appointed in 2024 to manage the additional CCJ Hearings.
- Risk is dependent on number of Hearings and sessions, end of service rate, and inactivity rate.

Number of Panel Members against Panel Member target, Hearings, and Sessions

Legend:
- Panel Members we had (solid) & forecasted to have (dots)
- Panel Member target
- Monthly Hearings we had (solid) & forecasted to have (dots) (future has +2%)
- Monthly sessions we had (solid) & forecasted to have (dots) (future has +2%)

Chairs forecast
Data last updated May 2023
- This data in based on numbers in training now and estimated to join in autumn 23 and winter 24.
- Realising our target of 66% being chair-trained will take time given the number of new PMs and course timings.
- Risk dependent on number who join and pass training

Chair forecast with target (66%) and minimum (33%)

Legend:
- 66% target
- 33% minimum
- Chairs (solid = known to have had; dots = forecast)

Children's Hearings Scotland: Quarterly Performance Report
QUARTER 1 (April, May, June 2022)

Quarter Summary - Milestones:

	Milestones				
	B	G	A	R	-
Theme 1 - Rights	1	5			
Theme 2 - Hearings	2	7	1		
Theme 3 - Panel	2	8	2		
Theme 4 - Evidence & Environment	1	5			
Organisational Effectiveness and Staff Support	1	2			
TOTAL	7	27	3		

Milestones:

	Number of Milestones at End Q1
Planned to Complete*	6
Completed - Actual	5
Still to Complete during year	52
Descoped	0

* as published in the Business Plan

Key:

Blue = Objective completed
Green = Objective on track to be completed on time / budget
Amber = Objective at risk of not being delivered on time / budget, partially descoped, or whole objective re-timed
Red = Objective at serious risk of not being delivered on time / budget - or Objective has been descoped
Dash (-) = Not yet due for reporting / update

Theme 1: Better Protect and Uphold the Rights of Children

Business Objective and *Owner*	Status				Actions / Milestones / Deliverables		Timescales / Target	% Complete	Update
	Q1	Q2	Q3	Q4					
1 Continue to embed and give further effect to the **UNCRC** in our work – Practice & Policy (Learning)					1.1	Deliver UNCRC training to all CHS staff	Complete by end Q1	100%	All staff are expected to complete mandatory training by the end of Q1. In Q2, the Practice and Policy team will meet with all departments to support practical operational implementation of children's rights into their business areas.
					1.2	Report on CHS's work to incorporate UNCRC during 2020-23	Progress to end Q4	75%	First draft is complete and being reviewed. Work will now begin on a child-friendly version. The final reports will be presented at September's Board meeting.
					1.3	Revise our Children's Rights and Inclusion strategy	Progress to end Q4	25%	The CHS Participation Group have reviewed the current strategy for a refresh in Q1/2, and a full re-write in 2024 (pending Board approval). Improvements have been prioritised for implementation now, and those which should be incorporated in the re-written strategy.
2 Prepare for the implementation of the **Care And Justice Bill** in children's hearings – Practice & Policy (Learning)					2.1	Identify, develop and secure training programme for Tribunal members	Complete by end Q3	25%	On track, funding secured, initial enquires with expert providers, consulting with community and other key stakeholders in the design of the training. On track for delivery by end of Q3.
3 Enable collaboration with people with lived experience on emerging improvements and projects through our **Mutual Mentoring programme** – Rights & Inclusion					3.1	Work with the mentors to share the programme externally	Complete by end Q3	-	1st cohort of mentor pairs have been selected and attended training. After this first cycle is complete, an evaluation will be carried out and will determine the success of the programme and the potential for it to be expanded and shared externally.
					3.2	Evaluate the programme and consider expansion further within the CHS staff team	Complete by end Q4	-	Feedback to be gathered in June to create an ongoing evaluation.

4	Involve young people with lived experience in our work by **creating co-design opportunities** – Rights & Inclusion					4.1	Promote opportunities for those with lived experience through our participation hub	Complete by end Q4	15%	Currently, opportunities are promoted through Canva invitations and flyers which are shared via email with current participants and support workers from various organisations and are promoted on social media if required. The Participation Station, an online platform, will be launched in Q2.
						4.2	Recruit young people through the participation hub on CHS website	Complete by end Q4	-	Request to create Lived Experienced Recruiters adverts and to promote co-designing opportunities shared with Senior Comms Officer with timeline for these adverts to be created and shared. These will be published on Participation Station (hub) once 'live'.
5	Encourage hearing experienced feedback by young people through the provision of our **child-friendly complaints and feedback processe**s – Practice & Policy					5.1	Evidence improvements in response to feedback and complaints from children and young people including the development of a feedback loop	Progress to end Q4	-	On track for delivery by end of Q4.
						5.2	Improve our feedback systems and complaints process by reflecting best practice from the SPSO Child Friendly Complaints Guidance for public bodies in Scotland	Progress to end Q4	-	On track, awaiting progress from SPSO in development of their guidance. Have offered to contribute to the design of the guidance based on our experience. On track for delivery by end of Q4.

Theme 2: DELIVER CONSISTENTLY HIGH-QUALITY HEARINGS

	Business Objective and *Owner*	Status					Actions / Milestones / Deliverables	Timescales / Target	% Complete	Update
		Q1	Q2	Q3	Q4					
6	Improve the extent to which hearings and our work is **trauma-informed**– Area Support; (Learning)					6.1	Roll out Trauma training modules and resources through CHS Learning Academy to all volunteers	Complete end Q2	100%	Resources and training modules have been lunched on the CHSLA. All PM's attending pre-service have completed trauma training.
						6.2	All CHS volunteers and staff complete base-line training on trauma	Complete end Q4	40%	We are currently sitting at a national mean of 45% of the panel community having completed this course, with some AST's near complete.
						6.3	Develop and launch the Language in the hearing room advisory pack for PMs	Complete by end Q4	-	On track for delivery by end Q4.
7	**Develop an implementation plan for the agreed reforms** arising from the Hearing System Working Group report – Area Support					7.1	To be confirmed post the publication of the HSWG report and government response	Review by end Q2	-	To be agreed post recommendation acceptance. Due to predicted timings of government response, anticipate this work will not commence until Q3/4.
8	Keep Panel Members equipped with accurate, up-to-date information and advice to be able to make **effective and timely decisions** – Practice & Policy					8.1	Issue and update practice guidance focused on high-quality hearings and decision-making	Progress up to Q4	25%	A targeted survey of the implementation of orders over six weeks in six Local Authorities is underway. This will inform the development of new practice guidance.
9	Ensure our **quality management mechanisms** are operating effectively– Area Support					9.1	Continue to support PPA's to observe, quality assure, and improve practice in hearings	Complete by end Q4	25%	Provision of 3 bespoke PPA Trauma Awareness sessions with 59 PPAs/DACs in attendance. Ongoing operational support provided by ASIP.
						9.2	Develop and deliver engagement work focused on quality assurance	Progress to end Q4	25%	3 x 2 day Quality Assurance courses delivered in May by CHSLA to ensure greater consistency in written feedback. PPA Forum focus on moderation of written feedback.
10	Ensure Panel Members have access to a high quality **Independent Report Writers function** to support effective decision making - Practice & Policy					10.1	Review the effectiveness of the Independent Report function through audit and identify any areas for improvement	Progress to end Q3	25%	Interview process for recruitment has been completed. Auditing of the IRW function is planned for Q2-Q3.
11	Use management information/data available to **inform business planning and improvement work** through operational delivery – Area Support (Info & Performance)					11.1	Implement access to data dashboard for AST	Complete by end Q2	100%	Implementation complete. Evaluation to be completed. Data access for rota managers has been established.
						11.2	Implement a management information reporting structure to the Board, SMT, and national team	Progress through end Q4	100%	Implementation complete.

Theme 3: CONTINUE TO BUILD AN EFFECTIVE, EMPATHETIC PANEL, THAT IS WELL-SUPPORTED

	Business Objective and *Owner*	Status					Actions / Milestones / Deliverables	Timescales / Target	% Complete	Update
		Q1	Q2	Q3	Q4					
12	Promote the contribution of our volunteers through a dedicated **volunteer recognition campaign** – Communications					12.1	Volunteer recognition campaign during Volunteers Week (1st - 7th June)	Complete by end of Q1	100%	Comms delivered a week of targeted social media activity to support Volunteers Week.
13	Ensure CHS has appropriate and sustainable structures in place to **effectively support the people** needed to deliver a re-designed hearings system through a refreshed Tribunal Support Model– Strategy & Development					13.1	Work with staff, Area Conveners and the CHS community to deliver the first phase implementation of our Tribunal Support Model	Complete by end Q4	15%	Director of Tribunal Delivery identified and in post w/c 19th June. Internal restructuring complete w/c 5th June enabling identification of filled TSM delivery roles and vacancies. Entry and Exit criteria and stage gate identification for phased implementation in progress.
						13.2	Ensure digital infrastructure is in place to support the new model	Complete by end Q4	25%	National Rota Manager role implemented in CSAS. Discovery work to enable SMS notifications commenced. Improvements to rota function rolled out in Q1.
						13.3	Ensure there are facilities in place to support new and existing panel members wellbeing	Progress through end Q4	10%	National Wellbeing role and regional wellbeing resource identified in organisational restructure. Recruitment will take place in Q2
						13.4	Work with our community to improve rota management process to support sustainability and capacity	Complete by end Q4	25%	Rota Management centralisation project initiated end Q1, building off discovery work in 2022/23. Recruitment of key resource allocation role will be recruited in Q2. Activity supported by digital improvements identified in 13.2
14	Equip new Panel Members with the **skills and knowledge** they need to start making effective decisions in hearings – Learning					14.1	Delivery of Pre-service training which provides understanding of the legislative context in which Panel Members must make decisions, the care and development needs of children, the balancing of rights in a hearings context as well as the need to adopt a trauma informed approach at all points	Complete by end Q4	25%	Currently ongoing, with Q1 data to be gathered.

15	Continue to deliver learning and development via the Learning Academy to offer innovative solutions for learning – Learning, (Practice & Policy)					15.1	Support chairing capacity through the promotion of Enhanced Practice, Management Of Hearings and ongoing development training	Progress to end Q4 initially	25%	In Q1 there have been 5 Management of Hearings and Advanced Practice training courses run by the CHSLA. 59 Panel Members attended the former and 44 the later. Charing capacity has increased by 7.6% in the quarter.
						15.2	Design and deliver a high quality training programme and resources with subject matter experts in preparation for the implementation of the new requirements of the Care and Justice Bill	Progress to end Q4	-	On track for delivery by end of Q4, see update in 2.1 above.
						15.3	Revise CHS Learning and Development Strategy with consideration of the impacts from the HSWG report and proposed reforms	Q2 initially	5%	Currently dependant on the considerations of the recently released HSWG proposed reforms and internal recruitment to vacant learning posts.
16	Work with our community to implement **Area Plans** that identify key activities for each area based on national and local priorities – Area Support; (Info & Performance)					16.1	Support ASTs to develop local Improvement Area Plans	Complete by end Q1	50%	All areas have been supported to complete area plans. 50% have now been completed by AST's with the others being progressed. Area plans will be reviewed in line with TSM implementation planning through 2023/24. ASTs will continue to be supported by National Team in delivering national priorities.
						16.2	Support AST's to monitor and review improvement plans	Progress to end Q4	25%	Support is provided primarily by the ASIPs but also other members of the National team and is currently an ongoing process. Plans will be reviewed during implementation of TSM to ensure regional priorities are aligned.

17	Undertake **recruitment activities** to ensure capacity to meet hearing demand – Recruitment & Retention					17.1	Co-produce a refreshed recruitment creative with children and young people with lived experience	Progress to end Q2	50%	Currently on track and the first round of creative has been submitted with stage two currently in development.
						17.2	Undertake national Panel Member recruitment campaign with lived experience recruiters	Complete by end Q3	-	Annual Panel Member Recruitment campaign will take place in September 2023. In preparation, promotion, design and planning underway with Children's Rights & Inclusion Co-ordinator. Smaller meetings with community selectors have taken place to determine innovative approaches. Participation group reviewing creatives and selection processes.
18	Retain Panel Members by ensuring they are **reappointed** in an efficient and effective way – *Recruitment & Retention*					18.1	Carry out necessary reappointment processes	Complete by end Q1	100%	Q1 Re-appointments scheduled for May and June. To date, 80% of those scheduled for re-appointment in May 2023 were recommended for re-appointment which was approved by the National Convener.
19	Retain AST Members by ensuring they are **reappointed** in an efficient and effective way - Recruitment & Retention					19.1	Carry out necessary reappointment processes	Progress up to Q4	25%	Re-appointments scheduled throughout the year and in progress.
20	Ensure we have a **digitally enabled** and supported volunteer community – Digital; Business Support					20.1	Provision of devices to trainees	Complete by end Q4	50%	All trainees in Autumn 22 intake where furnished with a Chromebook in time for all trainings (Completed). The same will be provided for 23/24 recruitment.
						20.2	Provide on-going community support including frontline response, user guides and training	Progress to end Q4	20%	Digital Support review is in progress with initial Security Focus Group attended. Work continues to build a Digital Hub in CHS Intranet.

Theme 4 BE WELL-INFORMED AND INFLUENTIAL IN OUR ENVIRONMENT AND COMMUNITIES

	Business Objective and *Owner*	Status					Actions / Milestones / Deliverables	Timescales / Target	% Complete	Update
		Q1	Q2	Q3	Q4					
21	Create a **programme of engagement** that informs and engages our community and stakeholders as we enter a period of reform and change –					21.1	To be developed post the publication of the HSWG report and government response	Q2 initially	on track	Engagement events in development after the release of the HSWG report.
22	Continue to **lead change** in the sector and hearings system through on-going collaboration with national partners – Area Support					22.1	Continued leadership with the Hearings System Working Group	Progress to end Q1 initially	100%	The HSWG will continue to convene for a short period for consultation on the implementation plan of the HSWG report and CHS remains a key member of the group.
						22.2	Involvement with key national strategic groups e.g. Children's Hearings Improvement Partnership; Child Protection Leadership group and other national forums	Progress to end Q4	25%	CHS continues to have a seat at the table at national groups and forums to ensure we have stake in influencing and shaping policy and practice
						22.3	Involvement and influence with key local groups e.g. Corporate Parenting Boards; GIRFEC groups	Progress to end Q4	25%	CHS continues to have a seat at the table at national groups and forums to ensure we have stake in influencing and shaping policy and practice
23	Continue to embed our **digital systems** across our community and identify on-going improvements and developments to support the needs of CHS volunteers and staff - Digital					23.1	Transfer Learning Academy (LA) data into CSAS and ensure LA data is regularly uploaded and accessible	Progress to end Q4	25%	Upload has been successfully completed for Pre-service training 2021 and 2022: Enhanced practice training 2019 and 2021. Work continues with the uploading of historical enhanced practise and MOH training with a deadline of June 31st
						23.2	Begin to put in place a system for data validation and cleansing	Progress to end Q4	20%	Automated clean up on Recruitment in CSAS now deployed successfully. Next steps to clean up disabled accounts on CHS tenancy where no corresponding CSAS log-in or CHS Tenancy requirement exists.
						23.3	Improve our user engagement approach to digital development, that increases response of user needs	Progress to end Q4	20%	A survey is currently running for Chromebook users within the community from which user personas will be created to better understand and improve user engagement.
24	Continue to work with partners to **lead on the implementation** of the Care and Justice Bill – Practice & Policy					24.1	Continue to work closely with partners to feed into the development of the Bill	Complete by end Q3	30%	•Proposed Stage Two amendments presented to the Bill Team in relation to relevant person •Initial discussion with experts to develop training offer for panel members •Influence the design through providing written and oral evidence to the Education, Children and Young People Committee •Represented on the national Care and Justice Implementation group •Worked with media partners and published a blog on the implications of the Bill for CHS •Presented at the CYCJ National Youth Justice conference on the impact of the Bill for CHS
25	Influence and engage in the development of **emerging legislation** that can improve outcomes for children and young people through the hearings system – Practice & Policy					25.1	To be developed post the publication of the HSWG report and government response	Progress up to end Q4	-	CHS will be working closely with the Scottish Government and partners on the implementation of the recommendations of the report.
26	Collaborate as a key partner in **hearing system reform projects** to improve hearings environments and experiences– Area Support					26.1	To be confirmed post the publication of the HSWG report and government response	Progress up to end Q4	-	CHS remain engaged with the Hearing System Working Group, the Promise, Scottish Government and partners on the implementation of the recommendations of the report.

ORGANISATIONAL EFFECTIVENESS AND COLLEAGUE SUPPORT

	Business Objective	Status					Actions / Milestones / Deliverables	Timescales / Target	% Complete	Update
		Q1	Q2	Q3	Q4					
27	Ensure CHS has the **right skills and capacity** needed to implement changes to the systems and the tribunal support model– HR&OD					27.1	Identify critical roles needed within the organisation through a revised organisational structure	Progress to end Q2	75%	Revised organisation chart has been completed and shared with the CHS National Team with a further released w/c 19.06.23 placing all CHS colleagues against their new/revised posts and identify posts that will need to be recruited for.
						27.2	Introduce an organisation wide development programme to upskill and support our team to operate efficiently as part of our broader change programme	Progress to end Q4	25%	The CHS annual appraisal window is currently open. Once the window closes end of June, the results of the annual appraisal will be analysed and used to inform the wider development programme. This programme will further be informed by feedback received during all team day on 21.06.23 as well as the general organisation change programme.
28	Continue to build a culture of **engagement and wellbeing** across the organisation through a programme of structured activities – HR&OD					28.1	Implement a programme of pulse survey's across 2023/24 to engage with colleagues and inform staff development opportunities	Progress to end Q4	25%	The first mini pulse survey is to be made live on 09.06.23. HR/OD are working on developing further pulse surveys and identifying the timings for their launch.
						28.2	Launch a Wellness Programme (Be Well, Work Well) focused on building resilience, helping our colleagues to feel valued, motivated and part of the wider change process	Progress to end Q4	15%	HR/OD team are currently working on developing the Be Well, Work Well programme. The programme will be further informed by the 2023 annual appraisals as well as feedback received during the all team day.
29	Continue to deliver on our commitments to **Equality, Diversity & Inclusion** (EDI) Learning; (Area Support)					29.1	Continue supporting the EDI group to shape the work of CHS including the consideration of our new strategic outlook	Progress to end Q4	25%	The EDI strategy has been extended for one year to align it with our Strategic Outlook cycle. The EDI group has met and agreed an action plan for 2023/24 to progress priorities in year. An employer assessment has been carried out to set a baseline for CHS and inform those priority areas.
30	Ensure CHS has a **future focused communications** strategy in place - Communications					30.1	Implementation of short term communication strategy and plan	Through end Q1	100%	The communications team have built a new approach to communications with our community and the public focused on specific messaging to our various stakeholders. Results have been positive and this approach will be further expanded in the wider Communications Strategy.
						30.2	Revise the CHS Communications strategy to effectively promote and support CHS through reform and change	TBC Post the HSWG report	-	Current focus in on building infrastructure to engage with direct audiences through improvements to the community hub, newsletters, and teams/social engagement. Development of media planning and the wider Communications Strategy continues.
31	Continue to ensure CHS has policies and practices in place to **effectively manage our information** - Information Governance					31.1	Review, revise, and implement a more future focused records management plan	Progress to end Q4	25%	The review phase will be concluded by the end of Q1. Contact has been made with National Records Scotland, who have introduced CHS to an assigned Client Manager able to support understanding and address any additional or emerging needs for our updated records management plan. We anticipate receiving a formal invitation from the Keeper of the Records to submit our revised plan in December.
32	Continue to **improve our feedback and complaints processes** to ensure we maximise the opportunities for organisational learning – Practice & Policy, Learning					32.1	Continuous improvement plan based on lessons learned to be developed and operationalised	Progress through end Q2	25%	On track, improvement plan approved. Internal audit highlights good practice. On track for delivery by the end of Q2.
						32.2	Feedback and complaints report to include full set of new KPI's compliant with SPSO requirements to be published quarterly	Progress through end Q4	25%	KPI's included in improvement plan. Data now being collected and analysed. KPI's will be published at the end of Q1.

KEY PERFORMANCE INDICATORS

Strategic Theme	Objective	Performance Measure	Baseline	2023/4 Performance
1- Rights	1	% staff complete UNCRC training	New measure: 100%	Training ongoing, due for completion end of June
1- Rights	3	# of participants actively engaged in our Mutual Mentoring Programme	New measure: 4	Four pairs of mutual mentors
1- Rights	4	# of young people with lived experience taking part/recruited via participation hub	New measure: 6 Participants	N/A in Q1
1 – Rights	5	# of submissions made through the child friendly feedback complaints portal	New measure: No set target – monitor number submitted through portal to evidence use and awareness of child friendly feedback and complaints	N/A in Q1
2 – Hearings	6	% of PM and staff completed Trauma Informed training	New measure - 100%	39% Q1
2 - Hearings	9	% of active and eligible Panel Members observed during the year	New measure - 100%	18.81% for Q1
3 - Panel	14	% of pre-service trainees who felt that the learning objectives were met	2021/22: 99% 2022/23:98% 2023/24 target: 99%	N/A for Q1
3 - Panel	14	% of applicants put forward for preservice training who complete the full training	2021/22: 87% 2022/23: 83% 2023/24 target: 90%	91%
3 - Panel	15	% of eligible PM's completed Enhanced Practice and Management of Hearings training	New Measure - 70%	-
3 - Panel	17	% of areas recruiting do so with lived experience recruiters	New Measure - 100%	N/A in Q1
3 - Panel	18	% of Panel Members successfully reappointed	2021/22: 62% 2022/23: 70% 2023/24 target: 60%	80% (for those scheduled for re-appointment) in May.
3- Panel	New Measure	% of Panel Members retained during the year	2021/22: 86% 2022/23:78.50% 2023/24 target: 80%	95.5% in Q1
Organisational Operations		% CHS employee attendance	2021/22: 85% 2022/23: 93% 2023/24 target: 99%	95% (up until 26.05.23)
Organisational Operations		% invoices not in dispute paid within 10 working days, during normal operations	2021/22: 85% 2022/23: 83% 2023/24 target: 95%	83% for YTD 23/24

	Organisational Operations		% positive staff survey feedback on opportunities for learning and development	2021/22: NA 2022/23: 70% 2023/24 target: 80%	Not relevant in Q1: will be implementing more concentrated pulse surveys rather than one annual staff survey.

Record of Changes to Planned Delivery

Milestone(s) Changed	Date of Change	Details of Change	Rationale for Change
7	Jun-23	target timelines extended to end of Q3/beginning of Q4.	The anticipated timelines for governments review of the HSWG reports recommendations are likely to extend beyond Q2.
15	Jun-23	target timelines extended end of Q3/beginning of Q4.	The anticipated timelines for governments review of the HSWG reports recommendations are likely to extend beyond Q2.
16	Jun-23	target timelines extended through Q2.	ASTs will continue to be supported to complete area plans through Q2.

Childrens Rights and Inclusion Strategy update

Agenda Item 10
Paper number CHS-2324-06

Accountable Officer:	CEO/Director of Positive Outcomes
Report author:	Christine Mullen/Jennifer Smith
Resources implications:	Within available resources – if supported
Recommendation:	To approve
Approval(s) sought:	1. Minimal refresh on strategy with input from participation group.
	2. Re-write of strategy in-line with CHS business planning cycle.

Impact Assessment Duties	Required	Completed
Equalities Impact Assessment	No	
Children's Rights Impact Assessment	No	
Data Protection Impact Assesment	No	
Islands Impact Assesment	No	

1.   Introduction/Purpose:

1.1   This paper updates the Board on the CHS Childrens Rights and Inclusion Strategy. The Children's Rights and Inclusion strategy launched on Universal Children's Day November 20th 2020. The Strategy can be found on our website here. The strategy covers a three year period, in line with our Strategic Outlook. As the strategy is nearing the end of its three year cycle, a re-fresh is required, with a full re-write proposed for 2024, in line with other business planning cycles.

1.2   The role of the Childrens Rights and Inclusion Co-ordinator was brought in to lead and facilitate the implementation of Children's Hearing Scotland's programme of work in promoting and championing the human rights of children, and deliver on inclusion, participation and co-production activity for and within children's hearings. They are tasked with strategically identifying, planning and implementing operational improvements across the organisation to include people with lived experience of the hearings system. The purpose of delivering these sustainable improvements is driven by the needs and experience of infants, children and young people with their hearings, across Scotland.

1.3   The post holder has the lead role for developing and maintaining an infrastructure that supports and gives confidence to meaningful consultation, engagement, participation, co-design and co-production across the National Team and CHS Community. This paper sets out the continuation of embedding children's rights and inclusion strategically across the organisation.

2.   Refresh of Children's Rights and Inclusion Strategy

The strategy in its current form is fit for purpose however, given the changes coming to CHS and the wider sector, a re-write will be required in 2024/25.

2.1   Following the publication of the Hearings System Working Group report, the Children's Rights and Inclusion Coordinator convened a one-off 'Review and Refresh' session with the CHS Participation Group on 26th May 2023 to refine the strategy for updated publication by

the end of June 2023. The group described ways to improve the tone and layout, and information to refresh the current strategy. Feedback from the groups refresh session can be found in the table at Appendix A.

2.2   Key point for inclusion in this years refresh are:
- Removal of acronyms – use the full phrase/word;
- Adjust use of language throughout – simple changes suggested by group;
- Add child-friendly feedback and complaints into appropriate areas of strategy;
- Highlight the approach of including child's views about who should be in room, etc.; and
- Include a Review/Next Steps section to show what training etc has taken place and what is planned for 2023 to embed UNCRC rights approach.

2.3   Key points to be included in the 2024 re-write strategy are:
- The forward should be jointly from the NC and the Participation Group, and not solely the voice of the NC;
- The design and layout should be more accessible and take into account different accessibility needs;
- The most accessible version should be highlighted and promoted, with links to the corporate version embedded; and
- Align the strategy within the current context of changes and recommended changes to Hearings System.

3.   Recommendation

3.1   It is recommended that the suggestions from the CHS Participation Group are applied to the current Children's Rights and Inclusion strategy to refresh the current strategy. The Participation Group recognised the evolving landscape within the sector and the development of participation activities within CHS since the creation of the strategy. By using the suggestions from the Participation Group's 'Review and Refresh' session, the recommended approach will streamline overall planning and delivery cycles in line with other strategic timelines.

4.   Approvals

The Board are asked to approve:
- To extend the current strategy in line with CHS business planning and strategic cycles, with a minimal refresh based on the input from participation group .

WHERE	WHAT	WHY	HOW	WHEN
Throughout	Acronyms	If you don't know the acronym, you have to keep referring to the glossary. Should be jargon-free as much as possible.	Use the full term e.g. Area Support Team OR have the glossary at the beginning in an attractive format and child-friendly language. Have a link to a 'corporate' version if needed, but the published strategy should be user friendly for people with lived experience and for children and families.	June 2023
Forward	It's quite long and purely the voice of NC	Would be good to have a more succinct and representation from children and young people.	Create a shortened forward and have a joint statement from Elliot and the participation group	2024/25
Throughout	Language	Statements like…'as inclusive as possible' doesn't sit well as it suggests barriers.	Consider why phrases are being tagged onto the end of statements e.g. 'as possible'. Why would it not be inclusive? Does this need explained? Be aware of the language regarding the intention. Rather than saying… 'We want to…' say 'We are committed to…'	June 2023
Throughout	Take into account to new approaches, capabilities and changes	There have been many changes since 2020 – e.g. HSWG.	Raise awareness and highlight these in refreshed strategy so people know what is happening and how it affects children's rights and inclusions in hearings and in participation activities.	2024/25

Pillars of inclusion	Layout	The words are written over the shape and the black upon the yellow is difficult to read and not attractive.	Consider colour choices and how the visuals can be more accessible.	2024/25
	Development	Children should also get feedback after they have shared their views and decisions have been made.	Include feedback within the three statements at the top of the graphic.	June 2023
Throughout	'Hearts' showing link to strategic themes	Again, the words written across the shape is difficult to read and it also leads to very 'busy' pages which can be distracting. All participants agreed there was 'too much going on' with the hearts.	Refresh the way the links to strategic themes are presented	2024/25
Throughout	UNCRC articles	The appendix is the full text version and is difficult to read (text is too small and blurry).	Use images of the articles rather than text versions alone. If possible, these could be incorporated on the pages which describe the implementation of the pillars of inclusion (page 8 onwards).	2024/25
Choice (page 9)	Feedback, complaints, appeals are missing	Having choice to express oneself also extends beyond the hearing room.	Highlight this and link to the Child-friendly feedback and complaints process	June 2023
Throughout	Describing HOW	The intentions are clear within the strategy but it reassures children and young people to know how CHS will do the things they say they will.	Include 'How' when needed or add an action plan within the strategy	2024/25
Communication (page 11)	Update	Needs to be updated and more explicit e.g. are all ASTs being consistent? 'Where this is not possible' sounds like an excuse – perhaps clarify what this means e.g. legal words?	Highlight work on Language Leaders Ensure child-friendly language is being used throughout hearings process. Ensure child-friendly information is actually available e.g. webpage.	2024/25

| Action (page 12) | Update | Need to be clearer about embedding a rights based approach | Describe how and avoid making it sound like its 'because we have to….'

Capture work done so far in 'Feedback/Next Steps' section | 2024/25 |
|---|---|---|---|---|
| Space (page 13) | Update | Add more to reflect changes to the co-design approach which puts the child at the centre of planning the hearing which has been developing in some areas.
'communication friendly' feels like a clumsy phrase. | Include 'choice' and power about who is in the hearing space

Identify how it will be inclusive for communication needs | June 2023 |
| Appendix - Independent Care Review | Update, Layout | A lot of words and table isn't that easy to follow.
Needs updated to include things like Care and Justice Bill. | Keep in the 'corporate' version.

Consider layout. | 2024/25 |
| How – Implementing The Strategy | Update | Too many words here and not enough 'next steps' or action plan. | Change this to a Feedback and Next Steps page to show what has been done, how, what will be done next and how | June 2023 |
| Glossary | Needs to be more prominent if acronyms are going to be used | Distracting having to go and find word at the back when reading. | Move To Front and add images to help.

Avoid acronyms in general. | June 2023 |
| Acknowledgements | Update | To recognise contribution | Add 'refreshed by…..' plus names included and date | June 2023 |

ARMC Papers Cover Note

Agenda Item 11
Paper number CHS-2324-07

Accountable Officer:	Head of Strategy and Development
Report author:	Business Operations and Governance Lead
Resources implications:	NA
Recommendation:	To consider the papers submitted for review by the ARMC
Approval(s) sought:	To approve the revised ARMC ToR, the ARMC Annual Report, The Annual Report and Governance Statement. and the Internal Audit Annual Report

Impact Assessment Duties	Required	Completed
Equalities Impact Assessment	No	
Children's Rights Impact Assessment	No	
Data Protection Impact Assesment	No	
Islands Impact Assesment	No	

1.   Introduction and background

1.1   The following papers were considered and approved at the Audit and Risk Committee meeting on the 28th of February, 2023. The are submitted to the Board for oversight, assurance, and approvals.

2.   The Minutes of the previous meeting held on the 16th of May, 2023
2.1   The minute of the previous meeting is submitted for oversight of the Board.

3.   Follow up/annual audit report
3.1   The Annual Report of the internal audit was approved by the ARMC, and is submitted here for Board approval.

3.2   Of the recommendations due to be implemented, 69% of recommendations have been fully implemented, 19% have been partially implemented and 6% have been superseded. 1 recommendation was not due for implementation. Based on the performance, the auditors provided assurance that management's resolve to implement previously agreed Internal Audit recommendations is sound.

4.   CHS Annual Accounts 22/23 and Governance Statement
4.1   The CHS Draft Annual Accounts and Governance Statement was approved by the ARMC and is submitted here for Board approval ahead of inclusion in the full Annual Accounts.

4.2   The report outlines key steps in the preparation of the 2022/23 Annual Accounts as well as offering the opportunity to review the draft Governance Statement for inclusion in the 2022/23 Annual Accounts.

5.   ARMC Annual Report
5.1   The CHS Annual Report was approved by the ARMC and is submitted here for Board approval.

5.2   The report details the work of the committee in 2022/23 which included oversight of internal audit, annual accounts and report, risk management, and policy reviews.

6.   TOR

6.1   The ToR was last reviewed in February however a small amendment has been made to Committee member term lengths to bring them in line with Board appointment terms.

Agenda Item 2
ARMC-2324-0

AUDIT AND RISK MANAGEMENT COMMITTEE

Minutes

1st Meeting, 2023/24

16th May 2023

The Committee held a hybrid meeting at Thistle House/virtually via Teams 10:30 – 12:30pm

Present Committee Members
Sean Austin (SA), Chair (in person)
Henry Robson (HR), Committee member (in person)
Barbara Neil (BN), Committee member (virtual)

Also present:
Elliot Jackson (EJ), National Convener/ Chief Executive, CHS (in person)
Lynne Harrison (LH) Head of Strategy, Development and Depute Chief Executive, CHS (in person)
Ross MacKenzie (RM), Finance Manager, SCRA/CHS Shared Services (in person)
Claire Robertson (CR), Internal Auditor, BDO (virtual)
Asif Haseeb (AH), External Auditor, Audit Scotland (virtual)
Laura Nelson (LN), External Auditor, Audit Scotland (virtual)
Stephen Bermingham (SB), Head of Practice and Policy, CHS (virtual)
Sophie Elise Anker (SEA) Information Governance Officer, CHS (in person) Agenda items: 17 & 18
Rachel Kavish Wheatley (RKW), Business Support & Governance Lead (minute taker), CHS (in person) Agenda items: 6, 12, 13, 15

Apologies:
Katharina Kasper (GC), CHS Board Chair
Ed Morrison (EM), Head of Finance and Resources, CHS/ SCRA

Items		Actions / owner	Time-Scales
1	**Welcome / declaration of interests**		
The meeting opened at 10.34 The Chair welcomed everyone to the meeting. There were no declaration of interest from members.			
2	**Minutes of previous meeting 28th February, 2023**		
Decision/Actions The Committee approved the minutes of the ARMC meeting held 28th February, 2023 pending corrections as below; • Section 12 – Thistle House is coming on. Not off the balance sheet • Section 7 – Initials for Asif Haseeb to be corrected • Stephen Bermingham attended the meeting			

3	Matters arising		
	• There were no matters arising		

4	Action Log Update		
The Committee reviewed the action log; • The Chair noted all items due were on the agenda. • Action 1 – The Chair noted the change of timelines from the Scottish Government procurement team. • The Chair was assured that all other items on the action log were anticipated to be delivered on time.			

5	Chair update		
• The Chair has written to audit Scotland regarding the increased audit fees with no response to date. • The Internal Audit procurement activity has concluded with a recommendation sent to accountable officers. • The Chair attended an Audit Committee Chairs network meeting. Key issue arising were around the increased requirement for ESG reporting, which may be quite onerous for a small public body such as ourselves. There will be a need for public bodies to consider how they will influence their service users and suppliers to reduce impacts on the environment. A significant point of discussion during the meeting was the Audit Scotland increased fees.			

6	Review of the Strategic Risk Register		
RKW spoke to the risk register shared; • The full Strategic Risk register for Q1 is presented for approval, in line with the new business planning year. In Q2-4, in line with our processes, only those risks with a 4 point or higher discrepancy between residual and target scores will be included. Changes to the risk register since its last review in Q4 22/23 are noted in the covering report. • Seven risks have been closed since the last review, with a summary of those closed risks included within the report. Risks have been closed due to increased mitigating factors, reduction in scores and achievement of targets, completion of projects, or have been combined with other risks. • Three new risks have been added to the risk register, those includes risks around our learning and development strategy, potential disconnect between Scottish Government endorsements of reforms and our own, and the risk of inadequately engaging and supporting our staff during our time of significant change. • The Committee will note that two existing risks have increased in score. These are around Panel Member retention and SMT's ability to manage competing priorities. These scores have increased for Q1 during our organisational restructure and the launch of the HSWG report. We anticipate these risks to reduce in score through Q3 while TSM is embedded and stabilised and additional mitigating controls are put in place.			

Committee discussion: • The Committee noted the closure of the risk around implementing UNCRC due to our compliance levels. LH confirmed that regardless of incorporation, we will remain compliant in our activities with the principles of the UNCRC. • The Chair questioned the target score of 9 for risk 14 - *risk of inadequately engaging and supporting our staff during our time of significant change* – and if it was acceptable to the Committee. LH noted that the target score was reflective of the moderate risks around staff retention during an organisational restructure and was a realistic position for the organisation. There are a number of mitigating factors in place to reduce the risk but to target lower may be unachievable due to the process of change and tensions this naturally creates. The Committee requested that the target be reviewed to reflect the ambition rather than the realistic view. • EJ noted that while the risk levels for PM retention have increased that we are working closely with SG, HSWG, SCRA and other partners to ensure our communications and messaging are aligned. While we currently do not see evidence that large numbers of PM's will leave due to the release of the HSWG report, it is appropriate that the risk remains high during this quarter. • The Committee raised concern over the articulation of risks and that they do not reflect enough the potential for inadvertent harm to be caused to children and young people through instances of poor practice. While failing to meet our statutory obligations is a critical risk, so too is the failure to meet the needs of the child by causing inadvertent harm or trauma. **Action:** 1. **The Committee approved the strategic risk register.** 2. **To review the target score for risk 14 and to ensure it reflects our ambitions around the engagement and retention of staff.** 3. **To review the articulation of child related risks within the register to ensure they incorporate the risk of inadvertent harm caused by poor practice and re-traumatisation.**			
7	**External Audit**		
AH & KG updated on the following; <u>Annual Audit plan 2022/23</u> • The Audit Scotland update paper sets out high level audit timetable and engagement plans. Deadlines are in line with previous years and CHS governance requirements. • AH acknowledged the increased audit costs and assured the Committee the team are committed to delivering value for money. • Members are asked to make the auditors aware of any actual, suspected, or alleged incidents of fraud in the organisation. • Areas of audit focus for more detailed work revolve around IT risk with areas of concern and focus included in the annual report. • Auditors have conducted planning work and review of the key controls of the main accounting systems and are satisfied controls are working well and CHS have taken previous recommendations on board. <u>General update</u> • Authorisation of new start forms should include two signatures, which is a recommendation auditors will put forward, and CHS have no objections to. • Early substantive testing underway with no concerns raised. • Technical Bulletin is shared to highlight awareness of heightened risks, and Committee members are asked to note this.			

Committee discussion:			
- The management and finance teams did not have any comments or questions regarding the audit plan and the Committee were assured that that the audit was running well. - The Committee did not have any comments on the technical bulletin but were grateful for it being shared. The examples included in the bulletin are of particular interest to Committee members in terms of raising awareness. **Action:** 1. **The Committee noted the update.** 2. **The Committee noted the Audit Plan the 22/23 audit.**			
8	**Internal Audit** Audit report – complaints Audit report - Follow-up Annual Report 2022/23		
<u>Audit report – complaints</u> **CR spoke to the Internal Audit report on Complaints;** - The audit of CHS Complaints Management offered moderate assurance over the design and operational effectiveness of complaints management controls with 4 medium and 2 low level recommendations. - Areas of good practice were noted around responses to investigations and complaints being of a high quality, with time taken to learn from complaints raised. CHS Complaints Handling Policy aligns with the SPSO Model Complaints Handling Policy, with regular reporting to SMT and the Audit and Risk Management Committee (ARMC) reviewing themes, lessons learned, and improvements. CHS undertakes evaluations of underlying issues following a complaint and the review of responses found that there was a high degree of care taken when responding to complaints. While cases have been referred to the SPSO they have always determined there has been no mishandling of the complaint. - Issues revolved around responding to complaints within 5 days for a variety of factors, including volunteers availability and difficulty contacting complainants. There were also inconsistencies with logging complaints and how they are tracked, as well as a need for increased KPI reporting. - Overall, the audit found complaint management at CHS is a well-designed and well operated process with the following areas of recommended improvements: - That CHS updates its email templates and communicates the 5-day response deadline for stage 1 complaints to complainants and that an official extension is communicated to the complainant that either extends stage 1 or an escalation to stage 2, and that acknowledgements includes the date the complainant should expect a response from CHS. - The Complaints Handling Procedure is updated to reflect the requirement for the response to be signed off by a member of the senior management team for a stage 2 complaint. - That quarterly reporting on complaints includes actions taken to improve services, and that an annual complaints performance report be published on the CHS website which includes performance statistics in line with recommended SPSO KPIs, complaint trends, and actions that have been taken to improve. - That CHS track and report on the following KPI's: Total number of complaints received; Number and percentage of complaints at each stage that were closed (in full) within the set time scales; The average time in		

working days for a full response to complaints at each stage; and The outcome of complaints at each stage.

- That work is continued with IT to improve the functionality of the CSAS system and monitor correspondence received on this system, including tracking of types of complaints and stages.
- That additions are made to the complaints tracking spreadsheet to record: The true date a complaint was received; Set deadlines for complaints to be responded to with automated email reminders being sent out to relevant individuals; and that the spreadsheet allows categorisation of complaints received.
- The management accepted all recommendations.

Committee discussion:
- The management agreed with the recommendations, commending the process and how helpful it was in refining and improving processes. The management are confident these recommendations are achievable and will be put into place and practice.
- The Committee felt the audit was fair and were assured by the recommendations.
- The Committee acknowledged the difficulties in responding within 5 days to a complaint when volunteers may not always be available.
- SB noted that there is and has always been a complaints log however it did not record the detail of attempts being made to contact complainants, which has now been added. CHS are working closely with the digital team to embed this tracking into CSAS.

Committee decisions:
- **The Committee approved the complaints audit.**

CR spoke to the Follow up report shared;
- Of the recommendations due to be implemented, 69% of recommendations have been fully implemented, 19% have been partially implemented and 6% have been superseded. 1 recommendation was not due for implementation.
- Based on the above, the auditors can provide assurance that management's resolve to implement previously agreed Internal Audit recommendations is sound.

Committee discussion:
- The Committee noted there were some errors in the numbers within the report which the auditors will correct, noting there were more fully implemented recommendations than noted in the report.
- The Committee noted the high level of engagement and commitment by management and their teams to implement the recommendations, acknowledging their commitment.

Committee decisions:
- **The Committee approved the follow up report, pending corrections to the number of completed recommendations.**

CR spoke to the Annual report shared;
- The annual report summarises the annual internal audit activity. Management and teams have actively engaged with the process and accepted all recommendations. The paper confirms the auditors have completed all work to schedule and budget.

Committee discussion: • There were no additional comments from the Committee and they thanked the auditors for their work over the year. **Committee decisions:** • **The Committee approved the Annual audit report.**			
9	**CHS Annual Accounts 22/23 and Governance Statement**		

LH spoke to the paper shared;
• The report outlines key steps in the preparation of the 2022/23 Annual Accounts as well as offering the Committee the opportunity to review the draft Governance Statement for inclusion in the 2022/23 Annual Accounts.
• The finance team are currently ensuring CHS has as accurate a position as possible presented in the financial statements of the year to, and position at, 31 March 2023.
• The Governance statement is included for assurance in line with the FReM and provides an overview of governance arrangements and reviews throughout 2022/23 including:
    ○ The activities of the Board and subcommittees;
    ○ Procurements exercises and management of the CHSLA contract, which satisfies one of our audit recommendations;
    ○ Management of risk, which reflects the step change within the organisation to raise awareness of risk management;
    ○ Personal Data related incidents; and
    ○ The Digital programme
 	
Committee discussion:
• The external and internal auditors were content with the contents of the accounts outline and governance statement.
• The Committee asked EJ as accountable officer to confirm he was satisfied to sign the governance statement, which he confirmed.
• AH noted IAS19, which is the pension liability, and if it is seen as an asset for CHS. The actuaries have given a deadline of the 7th of June to determine, they are aware of the complexities of accounting for pension assets and are ready to engage if we have more requirements from them.
 	
Committee decisions:
1. **The Committee approved the CHS Annual Accounts 22/23 and Governance Statement.**			

10	**CHS Annual Compliance Report**		
LH spoke to paper shared; • This report provides an update to the Committee on compliance with Data Protection Act, Freedom of Information (Scotland) Act, Health and Safety, Fraud Response, and other regulatory compliance. • The report is a compliance framework provided by SG for annual review and assurance. Some areas are not relevant to us as an NDPB but the overall process is helpful for an annual review and to provide assurance.			

Committee discussion:		
• The auditors were content with the report and commended the organisation for areas of good practice. • The Committee were pleased to note that DSE assessments are carried out as part of induction but cautioned that accident reports should be encouraged as there may be small accidents or near misses going un-reported. **Committee decisions:** • **The Committee approved the report.**		
11 **ARMC Annual Report**		
SA spoke to the paper shared; • The report is presented to members for comment and revision ahead of submission to the Board to report on the work of the Committee over the past year. **Committee discussion:** • The Committee did not have any additional comments. • The auditors noted a typo in relation to the 21/22 audit. **Committee decisions:** 1. **The Committee approved their annual report, pending correction as noted above.**		
12 **ARMC ToR**		
RKW spoke to the ToR shared; • The ToR was last reviewed in February however a small amendment has been made to Committee member term lengths to bring them in line with Board appointment terms. **Committee discussion:** • The Committee agreed to the changes proposed to the Committee terms of appointment and aligning them to the Board appointment terms. **Committee decisions:** 1. **The Committee approved its ToR.**		
13 **Policy updates** **Risk & Business Continuity Plan Policies**		
RKW spoke to the polices shared; • The CHS Business Continuity (BC) Policy, as well as the revised Risk Management Policy were reviewed and approved by the Audit and Risk Management Committee in May of 2022. • After internal review of the policies it was noted that neither had a section for review and approvals. This has now been addressed within the polices and a recommendation made that the polices are approved every two years rather than annually, unless required earlier by significant changes to ways of working. **Committee discussion:** • The Committee agreed a two yearly review was a sensible approach.		

Committee decisions: 1. **The Committee approved the amendments to the policies.**			
14	**Digital Disaster Recovery Plan (DDRP)**		
LH Spoke to the report shared; • The DDRP is submitted to the Committee for oversight and approval. The DDRP works in conjunction with the BCP providing detailed, technical guidance for IT related incidents. It provides escalations routes, SLA's, contact information and detailed steps for resolving digital related issues. **Committee discussion:** • The Committee asked the management to seek reassurance around the location of SG servers and failsafe's. RKW confirmed that SG has two servers within different locations in Scotland. • The Chair recommended having more than one point of contact for resolution within the DDR plans. • The Committee noted the need to ensure there are additional/alternative contact numbers for each supplier or key individual within the plans that do not require the use of systems which may have failed. **Committee decisions:** • **The Committee approved the report.** • **To amend the DDRP to include additional contact details and for suppliers and incident managers**		**MOB**	**June 23**
15	**Business Continuity Review & Live incident reports**		
RKW spoke to the paper shared; • The reports provide the Audit and Risk Committee with an overview of the plans for business continuity testing going forward, a synopsis of the annual review of the Business Continuity Plans, and two live incident reports. • The first incident report records the timeline of the CHS website going down, actions taken to understand the cause, and the remedial actions taken to prevent a re-occurrence. • The second incident report provides an in-depth timeline and review of the actions taken to improve Panel Member and Chairing capacity. Of the actions tested and taken, an analysis has been carried out and the most successful measures included in the continuity plans for PM capacity to inform and support future incidents. **Committee discussion:** • The Committee were pleased to see the live reporting and lessons learned incorporated into continuity planning. • The Committee looked for assurance that training of the BCP was in train for staff. LH confirmed that testing will commence in Q2 and training will follow. **Committee decisions:** 1. **The Committee noted the reports.**			

16	Pension update		
RM spoke to the paper shared; • CHS has completed its mandatory 3-yearly auto-enrolment exercise for those individuals not enrolled in the pension scheme. EJ has signed this off as accountable officer and we will shortly be informing The Pensions Regulator. **Committee discussion:** • The Committee did not have any further comments. **Committee decisions:** • **The Committee noted the update.**			
17	Information Governance Report		
SEA spoke to the paper shared; • The report provides an overview of Q1, as well as the 22/23 year end summary which shows a sustained decrease in statutory information requests. • There has been a notable increase in data protection incident however we are confident this comes from better a understanding within the National team and increased reporting. • The Information Audit (IA) has been completed showing maturation in the approach made by Clerks towards records and data management. **Committee discussion:** • The Committee were pleased to see the report, particularly the result of the Information Audit. The Committee asked for clarification of who puts the onus on the Clerks. S-EA confirmed that there is pressure from councils to reduce paper records and we have noted through the IA that the mindset has shifted. There were themes coming through from the Clerks around the ability to reduce paper records due to the use of CSAS, and we anticipate this will reduce further with the use of Power Bi reporting. • The Committee commended the progress made by the IG team and the Clerks over the past three years. **Committee decisions:** • **The Committee noted the update.**			
18	Information Asset Register Report		
SEA spoke to the paper shared; • This report represents a significant piece of work for the IG team in 22/23 providing the organisation with a mature and compliant register that will allow us to fulfil our obligations and track our information assets. • The IG team are content with the process of the resulting register. It contributes significantly to our overall compliance. **Committee discussion:** • The Committee were pleased to see the report and the resulting compliance it provides.			

	Committee decisions: • **The Committee noted the update.**		
19	**Feedback and Complaints Report**		
	SB spoke to the paper shared; • The report covers the period between January and March 2023. It has been reformatted with additional KPI's and data fields to bring us in line with SPSO reporting requirements and audit recommendations. The report will be published on our website, as per the SPSO requirements. • There has been a slight delay to our child friendly complaints and feedback launching on our website however we anticipate this will be resolved shortly. • We are working with SCRA to create a single point of entry into the system for children and families for complaints; making it easier to navigate. **Committee discussion:** • The Committee raised concern around points 4.1 & 4.2 in the report which are around the re-traumatisation caused through poor practice. This raises a risk for the organisation around re-traumatising and causing harm through the experience in and of a hearing. EJ acknowledged that there is a risk that the system as a whole can cause harm, and that CHS can be part of this. LH committed to reviewing this risk and drawing it out in the strategic risk register. • The Committee noted that poor practice within a hearing is the responsibility of the individuals in the room and our responsibility is to learn from this and incorporate that learning in training and communication going forward. • Out of 5000 hearings in the quarter only 4 complaints were received. While this does not reflect all areas of concern, there is heightened awareness in the sector of trauma informed practice and we are actively working to reduce causing trauma within the system through mandatory training and the development of tool kits to support Panel Members in their practice. **Committee decisions:** 1. **The Committee noted the update.** 2. **To consider either the addition of a risk around harm and re-traumatisation, or to re-articulate existing risks to incorporate this and any mitigations and action to be put in place.** 3. **To review the risk register and language used to draw out risks of affect on children and young people.**		
20	**AOB**		

The Meeting closed at 12:23

BDO

CHILDREN'S HEARING SCOTLAND

INTERNAL AUDIT ANNUAL REPORT 2022-23

May 2023

CONTENTS

EXECUTIVE SUMMARY

Background

Our role as internal auditors is to provide an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. Our approach, as set out in BDO's Internal Audit Manual, is to help the organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

Responsibilities

BDO LLP has been appointed as internal auditors to Children's Hearing Scotland to provide the Board (via the Audit & Risk Management Committee), the Chief Executive and other managers with assurance on the adequacy of the following arrangements:

- Risk Management;
- Corporate Governance; and
- Internal Control.

Responsibility for these arrangements remains fully with management, who should recognise that internal audit can only provide 'reasonable assurance' and cannot provide any guarantee against material errors, loss or fraud. Our role at Children's Hearing Scotland is also aimed at helping management to improve risk management, governance and internal control, so reducing the effects of any significant risks facing the organisation.

Our risk evaluations and tests are designed to ensure that controls are sound both in design and effective in operation. Our conclusions are based on evidence obtained during the course of our audit work, verification tests and samples selected from the year's transactions to date. However, our conclusions should not be taken to mean that all transactions have been properly authorised and processed or that all elements of systems have been tested.

EXECUTIVE SUMMARY

Audit Approach
We have reviewed the control policies and procedures employed by Children's Hearing Scotland to manage risks in business areas identified by management set out in the 2022-23 Annual Internal Audit Plan approved by the Audit & Risk Management Committee. This report is made solely in relation to those business areas and risks reviewed in the year and does not relate to any of the other operations of the organisation.

Our approach complies with best professional practice, in particular, Public Sector Internal Audit Standards and the Chartered Institute of Internal Auditors' Position Statement on Risk Based Internal Auditing.

We discharge our role, as detailed within the audit planning documents agreed with Children's Hearing Scotland management for each review, by:

- Considering the risks that have been identified by management as being associated with the processes under review
- Reviewing the written policies and procedures and holding discussions with management to identify process controls
- Evaluating the risk management activities and controls established by management to address the risks it is seeking to manage
- Performing walkthrough tests to determine whether the expected risk management activities and controls are in place
- Performing compliance tests (where appropriate) to determine whether the risk management activities and controls are operating as expected.

The assurance statement provided on page 8 of this report is based on historical information and the projection of any information or conclusions contained in our opinion to any future periods is subject to the risk that changes may alter its validity.

Coverage	
During 2022-23 BDO LLP has reviewed and evaluated Children's Hearing Scotland's processes in the following areas:	
• Freedom of Information • Project Management	• Complaints Management • Follow up

EXECUTIVE SUMMARY

Recommendations

To assist management in addressing our findings, we categorise our recommendations according to their level or priority. There was 17 recommendations in the three audits completed in the year.

Summary of Recommendations (SEE APPENDIX I)

High	▲	
Medium	■	11
Low	●	6

Total number of recommendations: 17
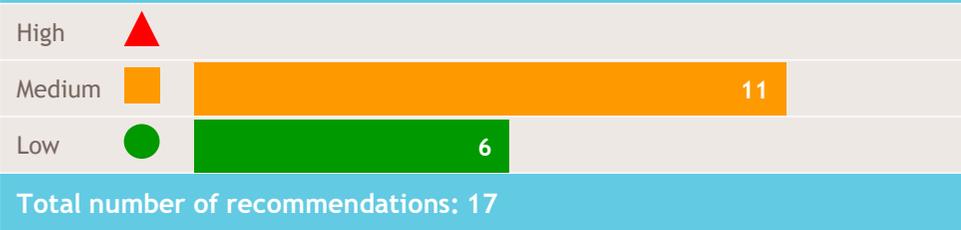
Reporting mechanisms and practices

Our initial draft reports are sent to the key officer responsible for the area under review in order to gather management responses. In every instance there is an opportunity to discuss the draft report in detail. Therefore, any issues or concerns can be discussed with management before finalisation of the reports.

Our method of operating with the Audit & Risk Management Committee is to agree reports with management and then present and discuss the matters arising at the Audit & Risk Management Committee meetings.

Management action on our recommendations

Management have been conscientious in review and commenting on our reports. For the reports which have been finalised, management have responded positively. The responses indicate that appropriate steps to implement our recommendations are being put in place.

EXECUTIVE SUMMARY

Relationship with external audit

All our final reports are available to the external auditors through the Audit & Risk Management Committee papers and are available on request. Our files are also available to External Audit should they wish to review working papers in order to place reliance on the work of Internal Audit.

Follow up

During the year we undertook independent exercises to assess the progress made by Children's Hearing Scotland in implementing internal audit recommendations made in previous years.

Implementation of recommendations is a key determinant of our annual opinion. If recommendations are not implemented on a timely basis then weaknesses in control and governance frameworks will remain in place. Furthermore, an unwillingness or inability to implement recommendations reflects poorly on management's commitment to the maintenance of a robust control environment. Within Children's Hearing Scotland we found a reasonable level of commitment and effort in clearing as many outstanding recommendations as possible from previous audit reports. However, there are two finding outstanding from 2016/17 & 2018/19.

Of the 30 recommendations due to be implemented, 22 recommendations (73%) have been categorised as fully implemented, 6 (20%) have been categorised as partially implemented and 2 (7%) have been categorised as superseded. On that basis we can take assurance that management's resolve to implement previously agreed recommendations is sound, on the whole.

Summary of work performed

Details of the three internal audit reviews and the follow up review have been reported to the Audit & Risk Management Committee throughout the year and have been discussed at length with consideration and scrutiny of management responses and timescales proposed.

For the purpose of this annual report, we set out in the following pages our summary of recommendations and assessment of the design and effectiveness of the risk assurance for each of the audit areas reviewed.

REVIEW OF 2022-23 WORK

Reports Issued	Overall Report Conclusions – see appendix I				
	🔺	🟧	🟢	Design	Operational Effectiveness
Freedom of Information	0	1	3	Moderate	Moderate
Project Management	0	6	1	Moderate	Moderate
Complaints Management	0	4	2	Moderate	Moderate

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ANNUAL STATEMENT OF ASSURANCE

Report by BDO LLP to Children's Hearing Scotland

As the internal auditors of Children's Hearing Scotland we are required to provide the Board, via the Audit & Risk Management Committee, and other management with a view on the adequacy and effectiveness of Children's Hearing Scotland's risk management, governance and internal control processes.

In giving our view it should be noted that assurance can never be absolute. The internal audit service provides Children's Hearing Scotland with reasonable assurance that there are no major weaknesses in the internal control system for the areas reviewed in 2022/23. Therefore, the statement of assurance is not a guarantee that all other aspects of the internal control system are adequate and effective. The statement of assurance should confirm that, based on the evidence of the audits conducted, there are no other signs of material weakness in the framework of control.

In assessing the level of assurance to be given, we have taken into account:

- All internal audits undertaken by BDO LLP during 2022-23;

- Any follow-up action taken in respect of audits from previous periods for these audit areas;

- Whether any significant recommendations have not been accepted by management and the consequent risks;

- The effects of any significant changes in the organisation's objectives or systems;

- The requirements of the Public Sector Internal Audit Standards; and

- Any limitations which may have been placed on the scope of internal audit (no restrictions were placed on our work).

Conclusion

In our view, based on the reviews undertaken during the period, and in the context of materiality:

- The risk management activities and controls in the areas which we examined were found to be suitably designed to achieve the specific risk management, control and governance arrangements.

- Based on our verification reviews and sample testing, the risk management, control and governance arrangements were operating with sufficient effectiveness to provide reasonable, but not absolute assurance that the related risk management, control and governance objectives were achieved for the period under review.

PERFORMANCE AGAINST OPERATIONAL PLAN

Visit	Date of visit	Proposed Audit	Planned Days	Actual Days	Status
1	August 2022	Freedom of Information	5	5	Completed
2	November 2022	Project Management	5	5	Completed
3	January 2023	Complaints Management	5	5	Completed
4	April 2023	Follow up	2	2	Completed

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AUDIT PERFORMANCE

AUDIT	COMPLETION OF FIELDWORK	DRAFT REPORT	MANAGEMENT RESPONSES	FINAL REPORT
Freedom of Information	02/09/2022	07/09/2022	16/09/2022	16/09/2022
Project Management	13/01/2023	06/02/2023	13/02/2023	14/02/2023
Complaints Management	25/01/2023	08/02/2023	09/03/2023	10/03/2023
Follow up	27/04/2023	27/04/2023	09/05/2023	09/05/2023

On average:

• All reports were issued in draft within 10 working days of completion of our fieldwork and a debrief meeting with management.

• Initial responses were received within 10 working days of the draft report being issued.

• Final reports were issued within 1 working day of final management responses being received.

APPENDIX I – DEFINITIONS

LEVEL OF ASSURANCE	DESIGN of internal control framework		OPERATIONAL EFFECTIVENESS of internal controls	
	Findings from review	Design Opinion	Findings from review	Effectiveness Opinion
Substantial 🟢	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
Moderate 🟦	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
Limited 🟧	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
No 🔺	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

Recommendation Significance	
High 🔺	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
Medium 🟧	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
Low 🟢	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.

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children's hearings scotland

CHS Annual Accounts & Governance Statement 2022/23

Agenda Item 11
Paper number CHS-2324-09

Accountable Officer:	Head of Strategy and Development, DCE
Report author:	Business Operations and Governance Lead, Finance Manager
Resources implications:	Within available
Recommendation:	To note the key dates in the preparation of CHS's 2022/23 financial statements and review the Accountable Officer's draft Governance Statement for inclusion in the 2022/23 Annual Accounts.
Approval(s) sought:	

Impact Assessment Duties	Required	Completed
Equalities Impact Assessment	NA	
Children's Rights Impact Assessment	NA	
Data Protection Impact Assesment	NA	
Islands Impact Assesment	NA	

1. Introduction and background

1.1 The purpose of this report is to inform Audit Committee & Board of the key steps in the preparation of the 2022/23 Annual Accounts and to give the Audit Committee the opportunity to review the draft Governance Statement for inclusion in the 2022/23 Annual Accounts. The Accounting Policies were approved at the February ARMC and the March Board.

2. Key steps in the preparation of the Annual Accounts

2.1 The Finance team is currently ensuring that spend is accurately recorded in the ledger, including accruals, prepayments, and year-end accounting adjustments such as movements in pension liabilities. This is to ensure as accurate a position as possible is presented in the financial statements of the year to, and position at, 31 March 2023.

2.2 In the second half of May, the Performance and Accountability Reports will be finalised and reviewed by the Finance Team and the Depute Chief Executive.

2.3 CHS's external auditors, Audit Scotland, have carried out their interim audit visit and discussed their findings with the Finance Team.

2.4 Audit Scotland will conduct their external audit fieldwork between 5 and 30 June. The draft accounts will be reviewed at the August Audit and Risk Management Committee, following which the Accounts are formally signed at the Board at the September meeting before being laid before the Scottish Parliament at the end of October.

3. Governance Statement

3.1 The 2022/23 FReM sets out a requirement for inclusion of a 'Governance Statement' in the Annual Accounts. The FReM indicates that guidance on the content of the statement is provided for specific jurisdictions governed by the 'Relevant Authorities'. In CHS's case, the Relevant Authority is the Scottish Government, and guidance is set out in the Scottish Public Finance Manual (SPFM) which indicates that there is no set format for a governance statement, but identifies certain essential features.

3.2 A governance statement, for which the Accountable Officer has personal responsibility, is a key feature of the organisation's annual report and accounts. It should cover the accounting period and the period up to the date of signature and provide the reader with a clear understanding of the organisation's internal control structure and its management of resources. The statement should be informed by work undertaken throughout the period to gain assurance about performance and risk management, providing an insight into the organisation's risk profile and its responses to identified and emerging risks.

3.3 The draft 2022/23 Governance Statement is attached at Appendix 1. The Scottish Government's Certificates of Assurance process, referenced in the Governance Statement, is now under way. The checklist has been completed.

3.4 CHS's external auditors will review the Governance Statement for its consistency with evidence collected in the course of auditing the financial statements.

4. Recommendations
The committee is asked to:
4.1 note the key dates in the preparation of CHS's 2022/23 financial statements
4.2 review the Accountable Officer's draft Governance Statement for inclusion in the 2022/23 Annual Accounts.

CHS 2022/23 Governance Statement

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of CHS' policies, aims and objectives, as set by Scottish Ministers, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in the Memorandum to Accountable Officers for Other Public Bodies.

Governance framework

CHS' governance framework accords with generally accepted best practice principles and guidance from Scottish Ministers in the Scottish Public Finance Manual and has been in place for the financial year ended 31 March 2023 and up to the date of the approval of the annual report and accounts.

CHS has a Board which meets at least every two months to consider the overall strategic direction of CHS within the policy, planning and resources framework determined by the Scottish Ministers. The Board seeks assurance that corporate objectives are being progressed through the delivery of agreed targets in the business plans and corporate plan on performance, implementation of strategic projects, effective use of resources and management of strategic risks.

The Board Committee structure comprises a Remuneration and Appointments Committee (RAC) and an Audit and Risk Management Committee (ARMC). Each Committee has developed its terms of reference which are documented, approved and reviewed on an annual basis.

The Remuneration and Appointments Committee meets a minimum of three times per year (in this year it met four times) and reviews the arrangements for:
- the performance appraisal process for the Chief Executive, Directors and CHS staff;
- the recruitment and remuneration of all CHS employees;
- the monitoring of the People Strategy and workforce planning arrangements.

In 2022/23 the Committee also considered Staff Forum progress, Equality, Diversity & Inclusion outcomes reporting, progress against Fair Work First requirements, HR policies, and the results of the employee engagement survey.

The Chair of the Remuneration and Appointments Committee briefs the Board following each meeting and the latter receives an annual report on the performance of the Committee.

The Audit and Risk Management Committee meets quarterly and reviews the adequacy of the arrangements for ensuring sound internal control arrangements and provides the Board and Accountable Officer with advice and assurance with regard to the arrangements for:
- financial control and reporting;
- risk management;
- Information Governance;
- legal and regulatory compliance;
- Digital Programme.

The Chair of the Audit and Risk Management Committee briefs the Board following each meeting and the Board receives an annual report on the performance of the Committee.

CHS has an internal audit service provided under contract by BDO, which operates to standards defined in the Public Sector Internal Audit Standards. During 2022/23 Internal Audit undertook reviews of the CHS Project Management Framework, Complaints Management, and Freedom of Information requests. The Committee scrutinises all internal audit reports and the actions taken by managers in response to audit recommendations.

In the auditor's opinion, The risk management activities and controls in the areas which they examined were found to be suitably designed to achieve the specific risk management, control and governance arrangements. Based on their verification reviews and sample testing, the risk management, control and governance arrangements were operating with sufficient effectiveness to provide reasonable, but not absolute assurance that the related risk management, control and governance objectives were achieved for the period under review.

Operation of the Board
The Board met five times for public meetings during 2022/23, held five Board development sessions for training opportunities and discussion, and two Strategy sessions to support ongoing work within the organisation and with the Hearing System Working Group.

Key issues for the Board in 22/23 included:
- CHS Participation Framework
- Impact Report
- Approving quarterly performance reports
- Board Standing Orders and Self-Assessment
- Scrutiny of ongoing work to improve capacity
- Approving the Budget for 2023/24
- Approving the Business and Corporate Parenting Plans for 2023/24
- Approving the Annual Accounts and Impact Report
- Reviewing Learning Academy progress
- Volunteer Recruitment
- Equalities
- OHOV Calls to Action
- Development and Approval of a new Tribunal Support Model
- Approving the accounting policies to be used for the preparation of CHS' statement of accounts for 2022/23

Strategic and operational finance support is provided through a shared services arrangement with SCRA and CHS has a dedicated HR/OD Lead. The Head of Finance & Resources provide strategic finance advice to the CHS Board and Committee meetings and other meetings as appropriate.

Assessment of corporate governance arrangements
As Accountable Officer, I have reviewed the effectiveness of corporate governance arrangements. My review is informed by:
- the executive managers within CHS who have responsibility for the development and maintenance of the internal control framework, including the organisation's Senior Information Risk Officer
- the work of the internal auditors who submit to the Audit and Risk Management Committee

- regular reports which include the Head of Internal Audit's independent and objective opinion on the adequacy and effectiveness of CHS' system of internal control together with any recommendations for improvement
- comments made by the external auditors in their management letter and other reports

The following internal control systems are assessed annually as part of the Scottish Government Certificates of Assurance process which must be completed by the National Convener. This process is underway for 2022/23 and to date no major control gaps have been identified.

- Risk Management
- Business Planning
- Major Investment
- Project Management
- Financial Management
- Fraud
- Procurement
- Human Resources
- Equality and Diversity
- Information
- Health & Safety
- Compliance

Assessment of procurement activities

As Accountable Officer, I have reviewed the effectiveness of procurement activities and arrangements. CHS is committed to fair process and best value resourcing and therefore in sourcing suppliers utilises SG procurement frameworks where possible and utilises shared service expertise from the SG procurement team through their Procurement Lite service. CHS has put in place a series of procurement KPIs to help demonstrate the contribution of procurement approaches to the efficient, effective and economical running of the organisation.

CHS reports on the effective contract management CHS Learning Academy by monitoring the contract meetings held, the financial management of the contract, and the KPIs delivered.
In 2022/23 there were 12 Operational meetings held and 3 Strategic contract meeting held.
There were 18 KPIs reported against throughout the year. 13 were met or exceeded, 3 were not comparable with previous targets, and 1 KPI did not achieve its target (retention of trainees achieved a score of 83% against a target of 90%).

CHS reports against procurement activity for its annual recruitment campaigns as well as any contracts awarded above £5,000, contracts awarded using the SG framework above £20,000, and the number of contracts awarded using the 'quick quotes' approach

In 2022/23 the following procurement activities took place which were awarded either via Quick Quotes, through SG framework, and other procurement exercises.
- 12 procurement activities were awarded with a value between £5,000 - £20,000 which included the following services: consultancy services, learning and development, internal and external auditing, legal services, IT, wellbeing support, and business services.
- 10 procurement activities were awarded above £20,000 which included the following services: consultancy, digital design, IT equipment, media services for the recruitment campaign, legal services, and the provision of the CHS Learning Academy.

- **Key issues and risks**

A framework for identifying, measuring, controlling and monitoring strategic risks has been in place throughout the financial year during which time the senior team and the Audit and Risk Management Committee reviewed and approve the Risk Management Policy. A regular review of the Operational and Strategic Risk Registers is undertaken by the Senior Management Team and the Strategic Risk Register is reported to the Audit and Risk Management Committee on a quarterly basis. Strategic and operational risk management is embedded in CHS' corporate and business planning processes and performance management arrangements.

The key strategic risks identified and monitored during 2022/23 included: An inability to fulfil ambitions due to budgetary constraints; Lack of quality assurance and consistency of practice; Systems fail due to poor cyber resilience, Damage to credibility by failing to deliver and improve our functions in a data and evidence driven manner; Failing to have an influential voice in sector policy and practice; Failure to meet UNCRC obligations; Failure to contribute to positive outcomes for babies, infants, children, young people and their families due to poor quality hearings and hearings decisions and not maintaining an informed, trauma sensitive, sustainable, resilient and motivated volunteer community; and a Reduction in Panel member capacity leading to inability to fulfil statutory requirements, loss of volunteers due to changes in the sector and CHS.

Digital Programme

The main focus of activity throughout 2022/23 has been continued functional improvements to our CSAS platform across several areas including Rota, Observations and Recruitment. Development work has also taken place to support the implementation of a new Tribunal Support Model in 2023/24. Joint Change Control Board and Control Assurance Boards are now in place with SCRA to support the governance and implementation of improvements or changes to the digital platform.

A digital Strategy and Implementation plan has been developed in year alongside significant work to access and provide Management Information derived from CSAS to National Team and ASTs through Power BI reporting and dashboards to support the operation and improvement of our services. This can be evidenced through the provision of data snapshots in our quarterly performance reports.

We continue to support Panel Members to participate in virtual children's hearings through training and provision of devices to support virtual activity including provision to all new trainees in year.

Personal data related incidents

During 2022/23, CHS has had 44 information security incidents recorded and investigated (including near misses), two of which were reportable to the Information Commissioners Office. The increase in incidents, outside of identifiable trends, indicates a higher standard of consistency in reporting, and increased awareness of types of suspected incidents that may require investigation.

Mitigating measures are in place to reduce the likelihood of data breaches and include compulsory training for all panel and AST members, Clerks, CHS National Team and Board members. Observed trends in breaches lead to the introduction of new or updated mitigations when necessary.

Conclusion

As Accountable Officer, I am satisfied that CHS has effective corporate governance arrangements in place.

Elliot Jackson, CEO/NC Children's Hearings Scotland

Annual Report for the year ended 31 March 2023

Agenda Item: 11
Paper number: CHS-2324-10

Accountable Officer:	Head of Strategy, Development & DCE
Report author:	Business Operations and Governance Lead
Resources implications:	Within available resources
Recommendation:	To approve the minor amendments to policies stating review
Approval(s) sought:	and approval period will be every 2 years

Impact Assessment Duties	Required	Completed
Equalities Impact Assessment	No	
Children's Rights Impact Assessment	No	
Data Protection Impact Assesment	No	
Islands Impact Assesment	No	

1. **Background**

    1.1   The report covers the work of the Audit and Risk Management Committee (ARMC) from 1 April 2022 to 31 March 2023.

    1.2   The ARMC meets quarterly and is responsible for providing the Board and Accountable Officer with advice and assurance about the arrangements for:

    - financial control and reporting
    - risk management
    - corporate and information governance
    - legal and regulatory compliance

    1.3   The Committee scrutinises all audit reports and actions taken by managers in response to audit recommendations.

2. **Overview**

    2.1   The Audit and Risk committee met on four occasions during the reporting year: 10 May, 23 August, 8 November 2022 and 28 February 2023.

    2.2   Members of the committee who served during the reporting period were:

    - Henry Robson (Chair 30 June 2017 – 20-Sept 2022)
    - Sean Austin (Chair 21 Sept 2022 – present)
    - Barbara Neil

2.3   Attendance
       Members' attendance at committee meetings was as follows:

	11 May 2022	23 Aug. 2022	8 Nov. 2022	28 Feb. 2023	Attendance
Henry Robson	√	√	√	√	4/4 100%
Barbara Neil	√	√	Apologies	Apologies	2/4 50%
Sean Austin	√	√	√	√	4/4 100%
Katharina Kasper (Chair of the Board)	N/A	Observing	N/A	N/A	N/A
Beth Anne Logan (Board member)	N/A	N/A	N/A	N/A	N/A
Jo Derrick (Board member)	N/A	N/A	N/A	N/A	N/A
Katie Docherty (Board member)	N/A	N/A	N/A	N/A	N/A

Over the course of these meetings I confirm the Audit and Risk Management Committee met its Terms of Reference during 2022/23.

3.   Audit and Risk Management Committee Meetings

3.1   The ARMC meetings are attended by the National Convener/ Chief Executive (NC/CEO), who is also the Accountable Officer, and the Depute Chief Executive. The Head of Finance and Resources (shared services CHS/SCRA), the Head of Strategy, Development and DCE and the Business Operations and Governance Lead also attend the meetings. Internal Auditors (BDO) and the External Auditors (Audit Scotland) attended all meetings.

3.2   A programme of work was agreed for the ARMC and allocated over the four meetings during the year. The ARMC discussed 51 items of business during the year.

3.3   Standard agenda items at each meeting are:

- Register of Interests
- Minutes of the previous meeting and matters arising.
- Action Log
- Digital programme update
- A report summarising any significant changes to the organisation's Strategic Risk Register
- Internal Audit Reports summarising :
    - work performed (and a comparison with work planned)
    - key issues emerging from Audit work
    - management response to audit recommendations
    - any changes to the Annual Plan
- Information Governance Practice and Compliance reports
- Feedback and Complaints report
- External Audit general update report

4. **Review of 2022/23 Annual Accounts**

   4.1   The 2022/23 Annual Accounts including the Governance Statement were reviewed and approved and the Committee recommended the signing of the Accounts to the Board and the Accountable Officer. The 2022/23 Annual Accounts received an unqualified opinion from the External Auditors.

5. **Strategic Risk Register**

   5.1   Changes in the strategic risk register were reviewed at each meeting and the Risk Management Policy was reviewed and approved at the May 2022 meeting.

   5.2   A framework for identifying, measuring, controlling and monitoring strategic risks was in place throughout the financial year. Operational responsibility for risk management sits with the Senior Management Team (SMT) where risk management (strategic and operational) is a standard item on SMT meeting agendas.

   5.3   Risk management is embedded in CHS' planning management processes. At the strategic level, corporate and business strategies are aligned to the risk management process; at the operational level, SMT reviews the Operational and Strategic Risk Registers and follows a similar process of risk review/ interrogation.

   5.4   The Committee routinely interrogates key strategic risks to test the robustness of CHS' risk management processes and the assurances provided through this executive process. The Board of CHS has an oversight role and receives a quarterly update from the ARMC Chair at Board meetings.

   5.5   The key strategic risks identified and monitored during 2022/23 included: An inability to fulfil ambitions due to budgetary constraints; Lack of quality assurance and consistency of practice; Systems fail due to poor cyber resilience, Damage to credibility by failing to deliver and improve our functions in a data and evidence driven manner; Failing to have an influential voice in sector policy and practice; Failure to meet UNCRC obligations; Failure to contribute to positive outcomes for babies, infants, children, young people and their families due to poor quality hearings and hearings decisions and not maintaining an informed, trauma sensitive, sustainable, resilient and motivated volunteer community; and a Reduction in Panel member capacity leading to inability to fulfil statutory requirements, loss of volunteers due to changes in the sector and CHS.

6. **Information Governance**

   6.1   The ARMC focused its work on;
   - Monitoring of data breaches and subsequent actions;
   - Monitoring of FOISA/SAR activity;
   - Complaint reporting.

7. **Internal Audit**

7.1 The annual Internal Audit Plan 2022/23 was presented to the Committee by BDO in May 2021 and approved.

The following internal audits were carried out during 2022/23:
- Freedom of Information requests: September 2022
- Project Management: February 2023
- Complaints Management; March 2023

7.2 The audit of response to Freedom of Information (FOI) requests offered moderate assurance, finding that in general policies and procedures are well designed. Areas of good practice were noted in the use of the SIC publication scheme and published in good time; clear lines of responsibility and governance arrangements were in place to manage and monitor FOISA requests and processes; and FOI policies and procedures provide clear guidance regarding FOISA related processes.

Notwithstanding the areas of good practice, the audit recommended the following improvements:
- That separate staff members respond and investigate FOI reviews.
- That evidence of the review of FOI response should be done by separate members of staff should be documented via an email trail rather than verbally discussed.
- That all staff should complete this training in good time and that FOI should be covered at staff induction.

These recommendations were accepted by management and are currently in train.

7.3 The audit of CHS Project Management offered moderate assurance and that the Project Handbook outlined the governance arrangements in place. Areas of good practice were noted in the monitoring of projects through progress meetings, promise programme updates and reporting to SMT; and There is a project closure template in place which is used to evaluate projects post completion.

Notwithstanding the areas of good practice, the audit recommended the following improvements: Areas for improvement were noted:
- Project Initiation Document (PID) template should include consideration of success measures, risks, and deadlines/timescales.
- Financial implications, including resource, should be included in PID's.
- There should be a template to record approved changes with a clear outline of thresholds and the required approval process for changes to timelines, cost, quality, risk and expected benefits.
- Staff members should consistently input and update task statuses as required in Zoho.
- Issue logs and risk registers should more consistently be completed and reviewed by the Programme Manager quarterly.

These recommendations were accepted by management and are currently in train.

7.4 The audit of CHS Complaints Management offered moderate assurance over the design and operational effectiveness of complaints management controls. Investigations and written responses to complaints are of a high quality and time is taken to learn from complaints raised. Areas of good practice were note in that the CHS Complaints Handling Policy aligns with the SPSO Model Complaints Handling Policy; There is regular reporting to SMT and the Audit and Risk Management Committee (ARMC); and CHS undertakes evaluations of underlying issues following a complaint.

Notwithstanding the areas of good practice, the audit recommended the following improvements: Areas for improvement were noted:

- That CHS updates its email templates and communicates the 5-day response deadline for stage 1 complaints to complainants and that an official extension is communicated to the complainant that either extends stage 1 or an escalated to stage 2, and that acknowledgements includes the date the complainant should expect a response from CHS.
- The Complaints Handling Procedure is updated to reflect the requirement for the response to be signed off by a member of the senior management team for a stage 2 complaint.
- That quarterly reporting on complaints include actions taken to improve services, and that an annual complaints performance report be published on the CHS website which includes performance statistics in line with recommended KPIs, complaint trends, and actions that have been taken to improve.
- That CHS track and report on the following KPI's: Total number of complaints received; Number and percentage of complaints at each stage that were closed (in full) within the set time scales; The average time in working days for a full response to complaints at each stage; and The outcome of complaints at each stage.
- That work is continued with IT improve the functionality of the CSAS system and monitor correspondence received on this system.
- That additions are made to the complaints tracking spreadsheet to record: The true date a complaint was received; Set deadlines for complaints to be responded to with automated email reminders being sent out to relevant individuals; and that the spreadsheet allows categorisation of complaints received.

These recommendations were accepted by management and are currently in train.

8. **External Audit (EA)**

8.1 The committee endorsed the accounting policies to be adopted by CHS for the preparation of its statement of accounts for 2022/23 and recommended no change to the Board and the Accountable Officer. The Board of CHS approved the accounting policies at its meeting on 28th February 2023.

8.2 The Committee reviewed the outline annual audit plan and strategy in relation to the 2022/23 Accounts at their meeting on May 16th 2022. The Head of Strategy and Development, and the Finance Manager were comfortable with the high level

timetable for financial statements and reporting deadlines for the August CHS Audit committee meeting.

9.   Terms of Reference (ToR)

9.1   The Committee reviewed its ToR (see Annex A) in February 2023. The Board of CHS approved the ARMC's ToR in March 2023.

10.   Strategic issues to be examined during 2023/24

10.1   The 2023/24 internal audit plan was reviewed and approved at the February 28th 2023 meeting. The internal audit will cover the Independent Reports function, Clerking Services, and the Quality Assurance and the Panel Practice Advisor (PPA) role.

10.2   The Committee anticipates focusing its energies on the key strategic risks facing the organisation over the next year. I would highlight the following areas of challenge:

1. The ongoing challenges to recruit and retain Panel Members during time of significant changes within CHS and the wider sector, and the resulting impact on our ability to fulfil our statutory duties;
2. Ensuring CHS delivers on its organisational redesign and is able to operationalise the coming reform agenda successfully while maintaining and improving its services;
3. Coming under more focus and scrutiny within the media, via stakeholders, or within our community based on the changes to the hearing system.

10.3   The external auditors will complete their review of the 2022/23 annual accounts in June 2023 and the audited accounts will be presented to the ARMC in August 2023 and to the Board in September 2023.

11. Support to the Committee

On behalf of the Committee I would like to record our thanks to CHS Management, the Internal Auditors, BDO, and the External Auditors, Audit Scotland, for their contribution and support throughout the year.

I would also like to record our thanks to Rachel Kavish Wheatley for the continued governance support provided to the Chair and the Committee.

On behalf of the Committee I also thank Henry Robson for his contribution as Chair for the first half of the year, and personally, I would like to thank henry for his support and assistance during the handover to me.

Sean Austin
ARMC Chair
May 2023

ARMC Terms of Reference

1. 1. Constitution

1.1 1.1 The Board hereby resolves to establish a committee of the Board to be known as the Audit and Risk Management Committee (ARMC).

2. Membership

2.1 The ARMC comprises a minimum of three non-executive members appointed by the Board, not including the Chair of the Board.

2.2 The Board appoints one of its members to serve as the chair of the committee. Details of the current members, including the committee Chair, are shown in Appendix 1.

2.3 All members are appointed for a three year term, which can be extended for up to a maximum further three years.

2.4 The ARMC may co-opt independent members who are not members of the Board for a period of time (not exceeding a year) to provide specialist skills, knowledge, and experience subject to budgets agreed by the Board.

2.5 The Committee may appoint a substitute drawn from the membership of the Board of CHS, with the exception of the CHS Board Chair, in line with the requirements at 2.1.

2.6 A committee substitute may participate at a committee meeting in place of a member.

2.7 When a committee substitute attends a meeting (or other committee activity), he or she assumes the full rights of an ordinary member of the committee. In particular, the substitute can vote and is entitled to receive all committee papers.

3. Authority

3.1 The ARMC is authorised by the Board to review and approve any activity within its terms of reference.

4. Meetings and Quorum

4.1 The ARMC meets at least four times a year. The Chair of the committee may convene additional meetings as he/she deems necessary. Meetings may be held virtually if required.

4.2   The Chair of the Board may also ask the ARMC to convene further meetings to discuss particular issues on which he/she seeks the Audit and Risk Management committee's advice.

4.3   A minimum of two members of the ARMC must be present for the meetings to be deemed quorate. In the absence of the Chairperson, one of the other non-executive members will assume that role for the duration of the meeting. To ensure that the meeting is quorate, committee substitute(s) may be required to attend.

4.4   The National Convener/Chief Executive Officer, Depute Chief Executive, the Director of Finance are required to attend each meeting.

4.5   The Audit and Risk Management committee may ask any other officials to attend in order to assist with discussions and offer expertise on a particular matter.

4.6   The CHS Business Support Team will provide the ARMC with secretarial support services.

4.7   The agenda and meeting papers are issued to members at least seven calendar days prior to the meeting, unless agreed otherwise.

4.8   The CHS Business Support Team minutes the proceedings and resolutions of all committee meetings including the names of those present and in attendance.

4.9   Minutes of every committee meeting are circulated to the committee for approval and approved minutes referred to the Board for noting as soon as practical.

4.10   The internal and external auditors attend all meetings.

4.11   The ARMC may ask any or all of those who normally attend, but who are not members, to withdraw in order to facilitate open and frank discussion of particular matters.

4.12   An Action Log is maintained to monitor progress on key issues raised at meetings.

5.   Reporting

5.1   The Chair of the committee reports back to the Board, verbally or in writing, after each meeting. The committee takes directions from the Board on general or specific actions.

5.2   The ARMC provides an Annual Report, timed to support preparation of the Governance Statement, summarising its conclusions from the work it has done during the year.

6.   Responsibilities

The Audit Committee advises the Board and the Accountable Officer on:

6.1   The strategic processes for risk control and governance;

6.2   Corporate and information governance arrangements;

6.3   The accounting policies, the approval of the Unsigned Annual Report and Accounts following competition of the audit and Management's Letter of Representation to the external auditors;

6.4   The planned activity and results of both Internal and External Audit;

6.5   The adequacy of management response to issues identified by audit activity, including external audit's report to those charged with governance;

6.6   The annual and longer term operating plans for internal audit and the resourcing of the internal audit to deliver these plans;

6.7   Monitoring the implementation of approved recommendations;

6.8   The external audit reports and, where appropriate, reports to the Board of any issues from the external audit of CHS, and any matter that the external auditors bring to the attention of the committee;

6.9   The adequacy of the arrangements for the management of CHS' compliance with legislation and regulation focusing on: data security, freedom of information, health and safety and equality;

6.10   Fraud and Corruption prevention policy, Whistleblowing policy, and arrangements for special investigations.

7.   Information Requirements

7.1   Agree a work programme at the start of each financial year for the year ahead.

7.2   For each meeting the ARMC is normally provided with:

7.3   A report on performance relating to risk management, including a summary of any key changes to the risk register;

7.4   Information Governance reports;

7.5   A report from Internal Audit detailing, as appropriate:
         audit performed;

7.6   key issues emerging from internal audit work;

7.7   management responses to audit recommendations;

7.8   the current internal audit plan including proposed changes;

7.9   any issues affecting the delivery of internal audit objectives;

7.10   progress on the implementation of agreed recommendations.

8.   As and when appropriate, the Committee:

8.1   Annually reviews its Terms of Reference. Proposals for amendment to the terms are submitted to the Board for formal approval.

8.2   Annually reviews its own effectiveness.

8.3   Considers the Draft Annual Report and Accounts prior to submission to the Board and reviews the Draft Governance Statement.

8.4   Reviews any changes to accounting policies.

8.5   Reviews the Management's letter of Representation.

8.6   Reviews the effectiveness of CHS' financial and other control systems.

8.7 Monitors CHS' arrangements to secure Value for Money, whether these are made via internal or external audit or other means.

8.8 Monitors the effectiveness of Internal and External Audit, reviews the Internal Audit Annual Report and the ISA 260 from External Audit.

8.9 Alerts the Board and, where necessary, Scottish Ministers to factors which might affect the ability of CHS to carry out its statutory functions and achieve its strategic objectives.

_____ _____

Chair Date

Appendix 1 - Membership of the Audit and Risk Management Committee

Name	Term	Term
	1st Appointment	2nd Appointment
Sean Austin ARMC Chair	07/21-07/24	
Henry Robson	08/17-08/20	08/20-08/23
Barbara Neil	05/19-05/22	05/22 – 05/25

ARMC Terms of Reference 2023

Agenda Item 11
Paper number CHS-2324-11

Accountable Officer:	Head of Strategy & Development/DCE
Report author:	
Resources implications:	Within available resources
Recommendation:	To approve
Approval(s) sought:	Approve changes to ARMC ToR for 23/24 aligning Committee membership to Board appointment terms

Impact Assessment Duties	Required	Completed
Equalities Impact Assessment		
Children's Rights Impact Assessment		
Data Protection Impact Assesment		
Islands Impact Assesment		

1. **Introduction and background**

   1.1   The ARMC Terms of Reference are submitted for review and approval.

   1.2   The ToR was last reviewed in February however a small amendment has been made to term lengths, as indicated by the section at 2.3 highlighted in yellow, and the changed term dates highlighted in yellow in the appendix.

2. **Recommendations**

   2.1   ARMC are recommended to consider and approve the ToR for submission to the CHS Board

3. **Appendices**
   3.1   ARMC ToR

ARMC Terms of Reference

1.   **1. Constitution**

1.1   1.1 The Board hereby resolves to establish a committee of the Board to be known as the Audit and Risk Management Committee (ARMC).

2.   **Membership**

2.1   The ARMC comprises a minimum of three non-executive members appointed by the Board, not including the Chair of the Board.

2.2   The Board appoints one of its members to serve as the chair of the committee. Details of the current members, including the committee Chair, are shown in Appendix 1.

2.3   All members are appointed for the length of their current Board appointment which may be extended in line with any Board re-appointments. All re-appointments must be approved by the Board.

2.4   The ARMC may co-opt independent members who are not members of the Board for a period of time (not exceeding a year) to provide specialist skills, knowledge, and experience subject to budgets agreed by the Board.

2.5   The Committee may appoint a substitute drawn from the membership of the Board of CHS, with the exception of the CHS Board Chair, in line with the requirements at 2.1.

2.6   A committee substitute may participate at a committee meeting in place of a member.

2.7   When a committee substitute attends a meeting (or other committee activity), he or she assumes the full rights of an ordinary member of the committee. In particular, the substitute can vote and is entitled to receive all committee papers.

3.   **Authority**

3.1   The ARMC is authorised by the Board to review and approve any activity within its terms of reference.

4.   **Meetings and Quorum**

4.1   The ARMC meets at least four times a year. The Chair of the committee may convene additional meetings as he/she deems necessary. Meetings may be held virtually if required.

4.2   The Chair of the Board may also ask the ARMC to convene further meetings to discuss particular issues on which he/she seeks the Audit and Risk Management committee's advice.

4.3   A minimum of two members of the ARMC must be present for the meetings to be deemed quorate. In the absence of the Chairperson, one of the other non-executive members will

assume that role for the duration of the meeting. To ensure that the meeting is quorate, committee substitute(s) may be required to attend.

4.4   The National Convener/Chief Executive Officer, Depute Chief Executive, the Director of Finance are required to attend each meeting.

4.5   The Audit and Risk Management committee may ask any other officials to attend in order to assist with discussions and offer expertise on a particular matter.

4.6   The CHS Business Support Team will provide the ARMC with secretarial support services.

4.7   The agenda and meeting papers are issued to members at least seven calendar days prior to the meeting, unless agreed otherwise.

4.8   The CHS Business Support Team minutes the proceedings and resolutions of all committee meetings including the names of those present and in attendance.

4.9   Minutes of every committee meeting are circulated to the committee for approval and approved minutes referred to the Board for noting as soon as practical.

4.10   The internal and external auditors attend all meetings.

4.11   The ARMC may ask any or all of those who normally attend, but who are not members, to withdraw in order to facilitate open and frank discussion of particular matters.

4.12   An Action Log is maintained to monitor progress on key issues raised at meetings.

5.   Reporting
5.1   The Chair of the committee reports back to the Board, verbally or in writing, after each meeting. The committee takes directions from the Board on general or specific actions.

5.2   The ARMC provides an Annual Report, timed to support preparation of the Governance Statement, summarising its conclusions from the work it has done during the year.

6.   Responsibilities
The Audit Committee advises the Board and the Accountable Officer on:

6.1   The strategic processes for risk control and governance;
6.2   Corporate and information governance arrangements;
6.3   The accounting policies, the approval of the Unsigned Annual Report and Accounts following competition of the audit and Management's Letter of Representation to the external auditors;
6.4   The planned activity and results of both Internal and External Audit;
6.5   The adequacy of management response to issues identified by audit activity, including external audit's report to those charged with governance;
6.6   The annual and longer term operating plans for internal audit and the resourcing of the internal audit to deliver these plans;
6.7   Monitoring the implementation of approved recommendations;

6.8 The external audit reports and, where appropriate, reports to the Board of any issues from the external audit of CHS, and any matter that the external auditors bring to the attention of the committee;

6.9 The adequacy of the arrangements for the management of CHS' compliance with legislation and regulation focusing on: data security, freedom of information, health and safety and equality;

6.10 Fraud and Corruption prevention policy, Whistleblowing policy, and arrangements for special investigations.

7. Information Requirements

7.1 Agree a work programme at the start of each financial year for the year ahead.

7.2 For each meeting the ARMC is normally provided with:

7.3 A report on performance relating to risk management, including a summary of any key changes to the risk register;

7.4 Information Governance reports;

7.5 A report from Internal Audit detailing, as appropriate:
audit performed;

7.6 key issues emerging from internal audit work;

7.7 management responses to audit recommendations;

7.8 the current internal audit plan including proposed changes;

7.9 any issues affecting the delivery of internal audit objectives;

7.10 progress on the implementation of agreed recommendations.

8. As and when appropriate, the Committee:

8.1 Annually reviews its Terms of Reference. Proposals for amendment to the terms are submitted to the Board for formal approval.

8.2 Annually reviews its own effectiveness.

8.3 Considers the Draft Annual Report and Accounts prior to submission to the Board and reviews the Draft Governance Statement.

8.4 Reviews any changes to accounting policies.

8.5 Reviews the Management's letter of Representation.

8.6 Reviews the effectiveness of CHS' financial and other control systems.

8.7 Monitors CHS' arrangements to secure Value for Money, whether these are made via internal or external audit or other means.

8.8 Monitors the effectiveness of Internal and External Audit, reviews the Internal Audit Annual Report and the ISA 260 from External Audit.

8.9 Alerts the Board and, where necessary, Scottish Ministers to factors which might affect the ability of CHS to carry out its statutory functions and achieve its strategic objectives.

_____   _____
Chair   Date

Appendix 1 - Membership of the Audit and Risk Management Committee

Name	Term 1st Appointment	Term 2nd Appointment
Sean Austin ARMC Chair	06/21-06/24	
Henry Robson	08/17-08/20	08/20-02/25
Barbara Neil	05/19-05/22	05/22 – 01/25

Pre service report 2023

Agenda Item 13
Paper number CHS-2324-12

Accountable Officer:	Head of Learning/Director of Positive Outcomes
Report author:	National Training Lead/CHSLA Manager
Resources implications:	Within available
Recommendation:	To note the content of the report

Impact Assessment Duties	Required	Completed
Equalities Impact Assessment	NA	
Children's Rights Impact Assessment	NA	
Data Protection Impact Assesment	NA	
Islands Impact Assesment	NA	

1.   Introduction and background

1.1   The CHS Learning Academy (CHSLA) successfully delivered the 2023 Pre-service training for the latest Panel Member cohort, with 98% of candidates stating their outcomes of the course were met. This paper provides a review of the pre service training delivered, evidence of where/how adaptions were made within the course, data on retention, and outcomes met.

1.2   The paper highlights a number of key areas of activity, such as;

- Implementing the Kirkpatrick evaluation approach– By consulting with 2022 cohort and AST to find evidence of the result and effectiveness of the embedded learning in practice of pre service within the hearing room environment;
- Rolling out improvement recommendations from 2022 evidence - Extension of the delivery model from four days to five days, to ensure more time dedicated to skills practice;
- Embedding trauma informed approaches around the use of language within the training environment;
- Trauma informed training of all frontline administration staff;
- Retention rates second highest since records began (2014); and
- Almost a 2% increase in satisfaction rates of training outcomes, since 2021.

2.   Recommendations

2.1   The Board are asked to note the report and its contents.

PRE-SERVICE TRAINING 2023 – REVIEW

1.   BUILDING ON THE SUCCESS FROM 2022

1.1   We utilised the Kirkpatrick layered approach to evaluation of the 2022 cohort and reflecting on the impact pre service training made for this group.

Level 1: Reactions
Pre service evaluation - Participants in pre-service training 2022 evaluated and reflected on each training day on a day by day basis. This gave us a snapshot of how each day had been received.

Level 2: Learning
We followed up with these participants once they had undertaken a number of hearings to gauge the effectiveness of training in preparing them for service. These gave us evidence of how the learning had been put into practice.

Level 3: Behaviour
We gathered feedback from ASTs and the community to establish where the participants have put into practice the knowledge and skill learned from the training, as well as the ability of new Panel Members to undertake their role via CHS.

1.2   As well as receiving responses to the Facilitator evaluation form online, the Learning Academy management team conducted a Facilitator roadshow to unpick and further discuss comments made and showcase proposed changes going forward.

1.3   All data was interrogated at the pre-service review day where the whole team, informed by the good, neutral and challenging feedback, created a change document to assist the redevelopment team in keeping, enhancing and replacing aspects of the training.

2.   IMPACT OF THE REVIEW ON 2023 COURSES

2.1   **Extended delivery**
It was clear during the review process that four days did not allow enough time for supporting knowledge development and practicing skills. We increased to five days delivery, four in-person and one virtually, to give learning space for the existing training content and new content which was added providing the most up to date legislation and best practice .

2.2   **Improved online access**
Trainees gained quicker access to working through materials in advance of first day's training – at least 4 weeks.

2.3 **Supported the learner journey**
We made the first task on the Induction module the Enrolment Form to get a quicker indication of adjustments for support needs and added questions to determine Care Experience to offer support throughout the training process.

The evaluation data from 2022 told us the trainees found the amount of self-directed learning for some subjects was problematic. We reduced the amount of e-learning required and reintroduced some of this learning in the face-to-face space where it was better supported. We did not, and will not remove e-learning completely, there is still very much a role for this in Pre-service which then allowed the in-person sessions to concentrate on further developing knowledge and time for skills practice.

2.4 **Rights based approach**
Each of the training days involved promoting the rights of young people in the hearing room in the first instance and understanding the rights of others in respect of that child. We further enhanced the topics in delivery to improve the use of destigmatising language and behaviour in general but specifically in the hearing room. Sessions to help to understand and overcome unconscious bias to fully engage with everyone in the hearing room to ensure voice is heard and appropriate decisions are made to support the young person and their family.

2.5 **Multi -layered learning**
We made good use of micro-learning, short sharp inputs of information via videos, sound-bites, animations and quick-reads which was perfect for mobile learners, rapidly filled knowledge gaps and was a gateway to other learning materials.

3. **TRAINEE PANEL MEMBER INFORMATION**

3.1 We collate trainee panel member personal information through our training enrolment form which is issued prior to the trainees commencing their learning journey. When trainees withdraw from training their details are removed from our systems.
We gather this data for SQA enrolment purposes which is carried out towards the end of the training activity. Therefore, we only held information on 320 trainees at the point of this data being compiled.

3.2 **Gender**

GENDER

PREFER NOT TO SAY, 1, 0%

MALE, 62, 20%

FEMALE, 257, 80%

■ MALE ■ FEMALE ■ PREFER NOT TO SAY
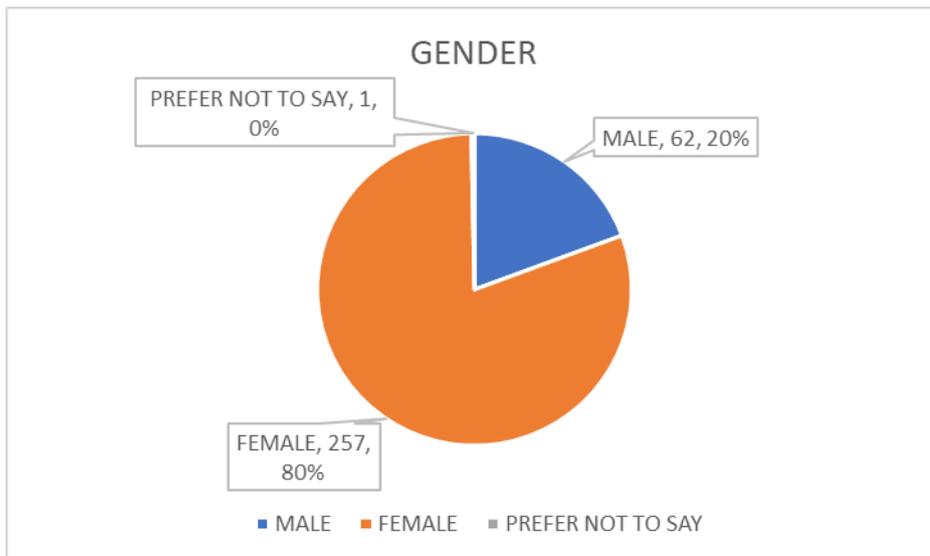
Comparing this cohort of 320 trainees to the Panel Member community in March 2023, the trainees comprises of 80% female vs. 69% in the Panel Member community. This means a higher percentage of females than reflective of the community has been recruited. The opposite pattern is seen with males – 20% in the trainee cohort vs. 31% in the community.

3.3 Average Age

AVERAGE AGE

	MALE	FEMALE	OTHER
	51	48	40
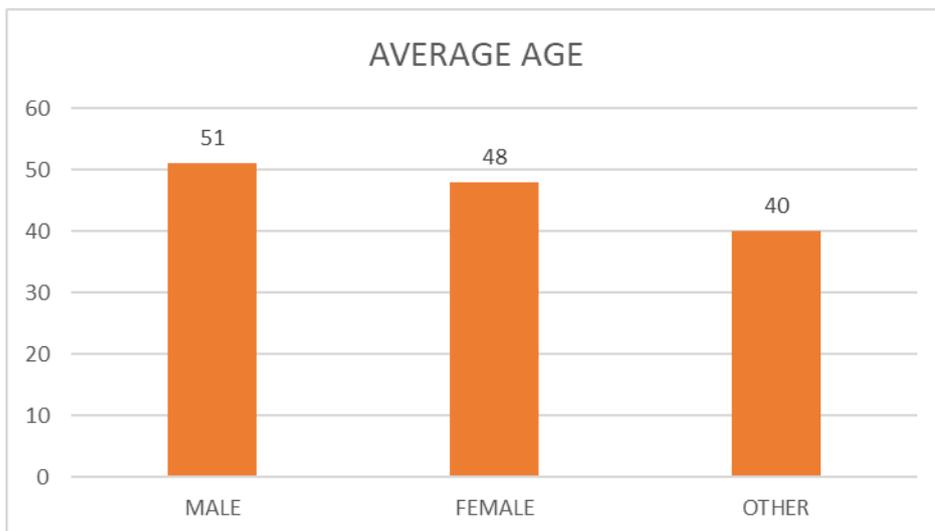
The average age of the 320 trainees by gender above.
The average age was 47 years old. The average age of the Panel Member community in March was 53, so those in the trainee cohort have a lower average age.

3.4 Care Experience

CARE EXPERIENCE

I PREFER NOT TO SAY 1%

I AM CARE EXPERIENCED 4%

I AM NOT CARE EXPERIENCED 95%

■ I AM CARE EXPERIENCED ■ I AM NOT CARE EXPERIENCED ■ I PREFER NOT TO SAY
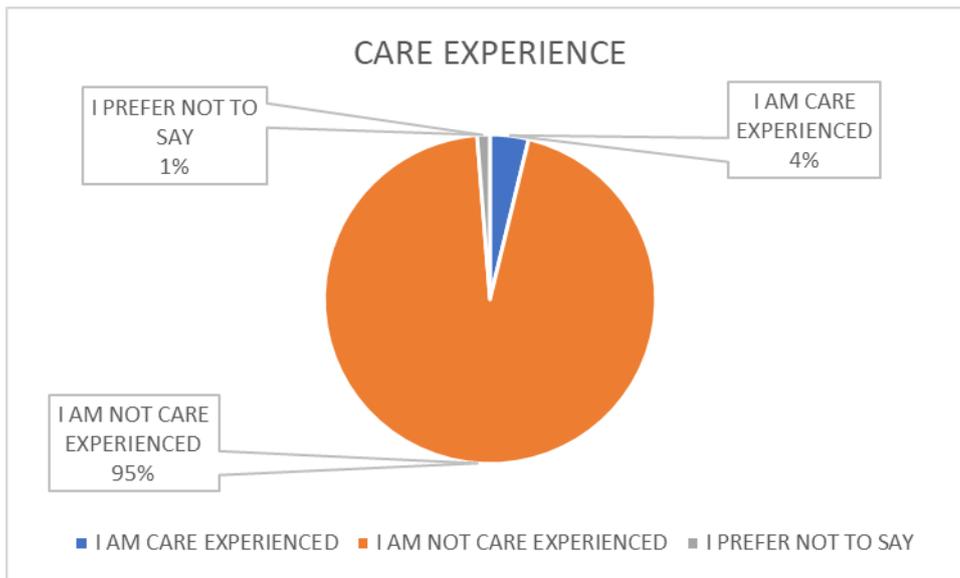
4% of the 320 trainees stated they were care-experienced. The Panel Member community in March 2023 comprised of (at least) 3.3% care-experienced people, so the new cohort has a slightly elevated percentage as the Panel Member community.

3.5   **If Care-Experienced – Do You Require Additional Support?**

Yes   2
No   10
Maybe   0

3.6   **Do You Require Additional Learning Support?**

Yes   14
No   316

4.   RETENTION

4.1   **Joined up approach**
The Learning Academy collaborated with Area Support Teams to ensure a meaningful Welcome Evening. Most were in-person sessions therefore direct support with tech issues, course queries and necessary adjustments could be dealt with in real time.

There was a longer lead-in time from appointment to first day's in-person training allowing more support to be given with setting up and using their new chrome-books negotiating new platforms, specifically CHS Community Hub and Learning Academy Online.

4.2 **Trauma-informed**
Administrative staff underwent trauma training as they are usually first line support when trainees are unable to attend a session for any reason, were also available during core working hours. The Management Team assumed this duty over the weekend.

This year some trainees left due to triggering of declared and undeclared lived experience causing them negative well-being. In these cases, we offered individual support and signposting to various organisations and Health Assured. We approached CHS for allowance to not immediately remove them from systems to extended their ability to seek support prior to withdrawing. Moving forward we would support this being the case to ensure a truly trauma-informed approach to supporting members.

Where we could not accommodate any trainees who had missed their scheduled training day on an alternative course, we offered catch-up sessions. There were thirteen in total, some in person, some online allowing us to retain those who otherwise would not have progressed further.

5. **OUTCOMES**
Outcome 5 - By the end of the session trainees should: Reflect on any experience to date of hearing observations.

5.1 **Hearing Observations**
We added a question on hearings observations on Day 3 to gauge the effectiveness of this input to training, which was queried last year by ASTs. In the response for Outcome 5 on Day 3 (see above) a number of trainees had not undertaken a hearing observation by this point and this was unsettling for them. Conversely, some trainees had observed numerous hearings which added to their hours' in training' which was also problematic. This topic was also noted in some trainee's personal reflection statement at the end of a number of days up to and including Day 5. Moving forward, an appropriate direction for ASTs must be set regarding the expectations on the number and timing of hearings observations.

5.2 **Impact**
The measures we put in place resulted in the highest retention figure we have seen since 2017 (Fig. 2) and a huge leap from last year, up by 6.7%.

5.3 **Withdrawals**
As usual, the main reasons given for withdrawal was work commitments and family priorities. However, this year some trainees withdrew due to triggering of declared and undeclared lived experience causing them negative well-being. In these cases, we offered individual support and signposting to various organisations as well as support via Health Assured. We approached CHS to approve allowances for an extension in order to not immediately remove them from system and offer time to engage with the support offered prior to withdrawal. Moving forward, we would support this way of working to ensure a truly trauma-informed approach to supporting members.

Fig. 2

Pre-service (not incl. CHS staff)	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014
Invited to training	**376**	571	714	477	520	520	514	538	515	578
Withdrew Pre-day 1	**25**	49	46	31	45	48	36	43	37	27
Started Training	**351**	522	668	446	475	472	478	495	478	551
Withdrew Post day 1	**13**	30	17	9	6	7	4	20	18	
Withdrew Post day 2	**9**	22	27	17	8	9	4	12	9	
Withdrew Post day 3	**4**	11	14	16	6	7	6	10	6	
Withdrew Post day 4	**2**	18	12	14	7	8	6	7	3	
Withdrew Post day 5	**3**	-	-	27	5	5	4	5	1	
Withdrew Post day 6	-	-	-	15	8	8	2	5	7	
Withdrew Post day 7	-	-	-	-	5	3	5	2	10	
Current / Appointed	**320***	441	603	281	430	425	447	434	424	462
	91.2%*	84.5%	90%	63%	91%	90%	94%	88%	89%	84%

*CHS appointed 319 Panel Members which is 90.88%

6.   EVALUATION

The learning outcomes responses can be seen in Fig.3 where we note an increase from last year at 98.92% for the course.

Fig. 3

PRE-SERVICE EVALUATION SCORES			
OUTCOMES MET	2023	2022	2021
Day1	99.81%	98.50%	98.34%
Day 2	99.40%	98.66%	97.83%
Day 3	98.50%	99.00%	97.25%
Day 4	98.14%	98.40%	96.75%
Day 5	98.76%		
COURSE TOTAL	**98.92%**	98.64%	97.54%

7.   CONCLUSION

In conclusion, changes made in the development and delivery of pre-service training has paid dividends as can be seen in the retention and satisfaction data. The National Training Lead and The Learning Academy Manager will work over the coming months to implement change based on evaluative feedback given to ensure this current positive trend continues.

Panel Member Recruitment Plan and Evaluation

Agenda Item
Paper number

Accountable Officer:	National Convener
Report author:	Catherine Goodfellow Will Searle Anwen Dobson
Resources implications: Recommendation: Approval(s) sought:	To note the plan and to approve the evaluation approach

Impact Assessment Duties	Required	Completed
Equalities Impact Assessment	Y	N
Children's Rights Impact Assessment		N
Data Protection Impact Assesment		N
Islands Impact Assesment		N

1. Introduction and background

1.1 This report outlines the 2023 – 2024 Panel Member Recruitment Plan and Evaluation proposal.

1.2 The plan has been shaped in response to data and evidence, internal evaluation, and feedback and analysis of the 2022 – 2023 Panel Member Recruitment Campaign.

1.3 With detailed analysis provided by Data and Evidence colleagues, it has been identified that to meet capacity demands and the requirements of the Care and Justice bill, CHS will require to recruit in the region of 500 to 700 new Panel Members.

2. Purpose of the Recruitment Plan and the Evaluation proposal

2.1 The plan sets out CHS's project planning approach to the achievement of new Panel Members to join the Panel Member rota in spring 2024. Comprehensive planning data sits behind this.

2.2 The evaluation proposal focuses on relevant and achievable outcomes in the light of the changing environment in which CHS is operating and will be operating within in future.

3. Summary

3.1 CHS will deliver the Panel Member recruitment campaign through a variety of planned and managed mechanisms including an external media campaign to attract suitable applications. An internal recruitment project team formed of members of the Participation Group and the Recruitment and Retention Reference Group (RRRG) advisory forum will shape, contribute and develop the recruitment plans. **Appendix A** shows the Recruitment plan.

3.2 We will continue to use our online application system delivered via the CHS digital system, CSAS. As in previous years, local Area Support Teams and lived experienced recruiters will select and recommend trainees to the National Convener.

4. Evaluation

4.1 CHS has previously evaluated Panel Member recruitment via a range of mechanisms including:

- collation and analysis of feedback from recruiters and selectors;
- collation and analysis of the externally delivered campaign success including against the meeting of targets; and
- feedback from those who did not complete or chose not to progress applications and from samples of those successful in applying.

Appendix B shows the Evaluation proposal.

5. Approach

5.1 The Creative agency, The Union, have been contracted to deliver the campaign collateral and the media buying agency, The Media Shop. are contracted to deliver the actual campaign.

6. Recommendations

6.1 To note the recruitment plan and to approve the evaluation proposal.

7. Appendices

A Recruitment Plan
B Evaluation proposal

Appendix A 2023 Panel Member Recruitment Plan

Programme and Project Plan: As of Spring 2023

2023 – 2024 Recruitment Programme

1   Purpose

1.1   To fulfil the National Convener's obligation to deliver the statutory duty to recruit and train sufficient and suitable tribunal decision makers to deliver hearings. The purpose of the annual recruitment programme at this time is to attract quality applications from members of the public who wish to volunteer to become lay tribunal members of the Children's Panel. Specifically, our 2023-24 business plan includes the following actions:

Undertake **recruitment activities** to ensure capacity to meet hearing demand – *Recruitment & Retention*	Co-produce a refreshed recruitment creative with children and young people with lived experience
	Undertake national Panel Member recruitment campaign with lived experience recruiters

1.2   Our 2023 – 2024 Business plan also has a new measure that 100% of our Areas across Scotland have lived experience recruiters taking part:

% of areas recruiting do so with lived experience recruiters	New Measure	100%

1.3   The role of those involved in the recruitment programme is to select and recruit volunteers who are empathetic, compassionate, and committed to become Panel Members who will make the best decisions with and for infants, children, and young people.

1.4   By promoting our campaign to seek volunteer Panel Members, this provides an opportunity to raise public awareness about CHS, the Children's Panel, and our volunteer community. Learning from previous campaigns and the heightened interest and scrutiny from the external children's and care sector, it is essential that we include partner organisations and interested individuals in our developments.

2   Desired Outcome of Recruitment Campaign

2.1   The aim of the 2023 campaign is:

- to appoint in the region of 500-700 volunteer Panel Members. Targets are under regular review taking into account Panel Member retention rates, capacity to support new Panel Members per local Area Support Team and external factors.

- to ensure a diverse community, an ambitious target has been set of:

- 12% of new Panel Members appointed will be aged 30 and under

- 38% of new Panel Members are male

- 8% of new Panel Members will come from a Black Asian Minority Ethnic background

- 15% of new Panel Members will declare a disability

- 8% of lived/care experienced Panel Members.

3   How our recruitment aspirations will be achieved:

3.1   Through the participation and engagement of hearings experienced children and young people

- to strengthen the contribution of hearings experienced young people in the design of our 2023 campaign and throughout the programme for recruitment of Panel Members;

- by providing resources and guidance for ASTs;

- those with lived experience will be involved in the creative development for the campaign and messaging;

- those with lived experienced will be integral in the recruitment and selection processes at national and local level.

3.2   By refreshing the previous campaign to be engaging and striking attracting the general public's attention and inspiring them to apply:

- through radio, social media, and printed materials.

- by targeting specific communities, establishments and sectors, our key messaging and creative campaign will attract applications from diverse communities to reflect the infants, children and young people being presented to Panels.

- by focusing on specific messaging to meet the agreed targets to corporate parents; targeted sector partners and employers; and local community and equality networks (including Champions Boards, dedicated equality officers etc).

3.3   By collaborating with a broad range of partners and employers:

- we aim to widen the reach of the campaign by specifically targeting dedicated corporate parents, local and national, to provide support to allow employees and networks to volunteer on the Children's Panel.

- we will emphasise the support and benefits provided by existing employers supporting current Panel Members. Target employers across Scotland to ensure they actively support our volunteer community and recognise the transferable skills that volunteering for the Children's Panel brings.

- we will establish partnerships and engagements with agencies and sector leaders to promote the campaign, highlight the benefits of volunteering with the Children's Panels and direct contact to attract sound and competent applications.

- we will promote current supportive employers of Panel Members through case studies.

- we will build relationships with overarching organisations which will disseminate volunteer Panel Member opportunities increasing our reach and credibility such as through Young Scot, trade unions, dedicated equality groups (e.g. Stonewall, LGBTI, National Union of Students), sports governing bodies and organisations.

3.4   By confirming a robust infrastructure of IT/digital systems:

- by processing the online expressions of interest and number of applications, draft, in train and submitted;

- by testing in advance to ensure all applicants can register, start applications, return to applications, submit application with ease and speed.

3.5   In engaging closely with an increased number of sector leaders, we will extend the reach of the campaign, working closely with several agencies through:

- **Partnerships:** with sector leaders, agencies, and fellow corporate parents.

- **Volunteer Network:** raise awareness of opportunities through the volunteer centre networks (the Third Sector Interfaces) throughout Scotland and make links with similar national organisations delivering services through volunteer networks (e.g. Samaritans, Children 1st etc).

3.6   By developing and shaping our processes, resources and systems from feedback and learnings from previous campaigns to assist our AST community in effectively selecting and recruiting volunteer panel members, ensure the guidance and supporting documentation is comprehensive:

- equality monitoring to be aligned with census categories to ensure that we can report accurately on applicants.

- comprehensive training through the CHS Learning Academy will be developed for selection and recruitment for ASTs, revising current content, determining what training required.

- developments on online systems and processes will be well communicated and disseminated.

- interview questions to be revised alongside lived experience recruiters.

4   Transition from Candidates to Trainees

4.1   Applicants will be interviewed during October-November by local Area Support Team selectors alongside lived experienced recruiters, successful candidates recommended for appointment in November to start their pre service training in December with

completion in March.

4.2 Retention of trainees will be important. The CHS Learning Academy will have a dedicated induction to prepare trainees for Pre Service and offer individual support. In addition, ASTs will be encouraged put in place a mentoring/buddy system to support trainees focus only on Pre Service (learnings from autumn 2022 campaign to be shared where ASTs have retained the number of trainees selected).

5   Governance

To ensure the programme is delivered on time, on budget and as agreed, or has the flexibility/agility to adapt and improve the following is in place:

5.1   Reporting to and monitoring:

- o   Project Teams (internal and external);

- o   Project Sponsors (Senior Management Team); and

- o   CHS Board

5.2   Data and evidence

- o   estimating targets based on current capacity, forecasting of numbers of hearings and with new legislation, the number required to meet this demand.

- o   estimated targets will also require local input as capacity will be essential to support trainees/new Panel Members.

5.3   Research and auditing:

- o   by proactively and systematically engaging with, and participation of young people with experience of the Hearings system in developing creative images for campaign; by gathering feedback from young people to shape the promotion and information to prospective volunteers; and, throughout the recruitment campaign *(videos, materials, devising questions etc)*

- o   accessing feedback and views of current Panel Member community through Community Support Leads, advisory groups.

- o   awareness of, and learnings from, similar sector campaigns, attitudes, and developments to shape and ensure relevance of our programme in the external Children's Hearings system environment.

- o   third sector developments and findings in volunteer recruitment, attraction, and retention.

- o   public opinion and user-testing of those with an allegiance to volunteering and interest in children and young people.

5.4   Risk analysis:

- o   to determine the risk appetite of the programme, minimising risks and

ensuring mitigating actions are in place. The Project Manager will maintain an active risk register for the project.

5.5 Quality assuring:

- o will engage with RRRG working groups to ensure plans, developments and operational delivery are on track or make recommendations that plans should be revised or adapted.

- o feedback from AST colleagues delivering programme.

- o during campaign, by tracking of numbers of applications received, will be able to determine levels of support or targeted approach required.

6 Recruitment Timelines

Proposed 2023 timelines

- o March – May: creatives developed, tested, into production

- o May – July: resources, including digital changes, reviewed, established

- o August – distribution of resources; website/guidance uploaded/finalised

- o 30 August – 3 October 2023: campaign

- o 19 September – recruitment campaign extension review date

- o 9 October 2023 onwards: shortlisting

- o 14 October – 18 November 2023: interviewing and selection

- o 20 November 2023: recommendation of trainees to National Convener for approval

- o 4 December 2023 – 16 March 2024: Pre Service Training

- o 31 March 2023: cohort of volunteer Panel Members appointed

- o Mid April 2024: cohort included in rota.

7 Resourcing

- **Internal:** Retention and Recruitment Lead and Communications Lead: to drive, promote and deliver the programme, supported by teams to administer, co-ordinate and project manage.

- **Project Team**: to drive forward, deliver and monitor the 2023 Panel Member Recruitment campaign.

- **External agencies:** providing creative input and co-production support, which will include support from Frameworks, to ensure relevance and appropriateness of messaging and promotion. Those with lived experience will shape and input to the creative development.

- **Advisory Group, Retention & Recruitment Reference Group (RRRG)**: set national direction and provide leadership with CHS and influence those in the local community.

- **CHS Board**: as ambassadors and advocates, while providing the strategic approval.

- **Project Board:** Senior Management Team.

8   Risks

For the 2023 campaign, there could be several external factors impacting on attracting a sufficient number of new Panel Members:

- cost of living: impacting on volunteer recruitment through the volunteer sector.

- the Hearing System Working Group publication: depending upon the recommendations may impact on numbers putting themselves forward to volunteer.

- the ambitious number to be recruited to meet new legislation.

- maintaining the energy and motivation for current Community to promote, recruit and select new Panel Members.

9   In Summary

Delivering the recruitment programme, will provide us the potential to fulfil our role proactively as a Corporate Parent in:

- *improving our functions to meet the needs of looked after children and young people; assessing the needs of looked after children and young people for the services and support we provide; and provide opportunities for looked after children and young people to participate in the activities designed to promote their wellbeing.*

Appendix B CHS Panel Member Recruitment Evaluation Brief

1. Background and Context

1.1 Children's Hearings Scotland (CHS) <u>recruit</u>, <u>train</u> and <u>support</u> volunteers across Scotland. Our volunteer roles are Panel Members and Area Support Team (AST) members. Panel Members make legal decisions (in their capacity as lay tribunal members) in children's hearings, and AST members provide support and guidance to those Panel Members locally. We are sometimes referred to as the Children's Panel.

1.2 In Our Strategic Outlook 2020 - 2023 we identified four themes as follows:

- **Theme 1** Better Protect and Uphold the Rights of Children

- **Theme 2** Deliver Consistently High-Quality Hearings

- **Theme 3** Continue to Build an Effective and Empathetic Panel that is Well-Supported

- **Theme 4** Be Well-Informed and Influential in our Environment and Communities

1.3 To enable CHS to deliver our Strategic Outlook and our supporting Annual Business Plans, CHS must regularly recruit and retain sufficient new, motivated Panel Members both to meet the requirements of our strategic themes, and to cover the required number of Children's Hearings. Recruitment campaigns take into account existing Panel Member retention rates. Every year a percentage of the CHS Panel Member community will resign from the role.

1.4 CHS Panel Member Recruitment operates via the following key strands:
- A large-scale media campaign delivered by an external agency;
- An online applications process via a CHS digital system named CSAS;
- An internal CHS project team and two project leads, one for Recruitment and Retention, and one for Communications;
- Local Area Support Teams (volunteer led selectors and interviewers supported in organisational and administrative functions by paid clerks employed by Local Authorities);
- The participation of people with lived experience of children's hearings as selectors and interviewers.

2. The Project Brief

2.1 **CHS is seeking a supplier to evaluate aspects of our Autumn 2023 national Panel Member Recruitment campaign** specifically the impact of the campaign creative in attracting interest, meeting recruitment targets, who we engage with, is it cost effective etc In our

most recent Panel Member Recruitment Campaign, CHS attracted less applications than in previous recruitment rounds. The supplier is asked to be as wide ranging as possible in their evaluation approach and in their recommendations.

2.2   Information available to the supplier includes:
- Statistical data, analytics, and analysis for all promotional activities, including evidence of success rates in driving people to the application site
- Access to CHS Recruitment information pages and the recruitment application website
- Information on the CHS online recruitment application system and associated processes

2.3   CHS have a number of target groups in our campaign to ensure diversity, including to attract as many suitable men as possible (historically CHS attract many more women than men), to attract younger people as well as people with lived experience of the hearings and / or care system.

The table below outlines key aspects of the project:

Project Name	CHS Panel Member Recruitment Campaign Evaluation
Timescale	- Submission of a costed and timed proposal by September 2023 - Evaluation report and recommendations to be submitted by Friday 15 December 2023
Project Client	Children's Hearings Scotland
Project Overview	CHS wishes to evaluate the effectiveness of it's Panel Member Recruitment Campaign and to receive recommendations to inform future recruitment campaigns
Goals & Objectives	- To evaluate the externally delivered promotional campaign designed to attract new Panel Members - To analyse the extent to which the recruitment campaign positively reflects the branding and messaging of CHS. - To evaluate the most cost-effective recruitment promotional tools and activities for future use - To assess the cost effectiveness of the promotional campaign per head by number of applications received - To make recommendations for CHS future approach to effective Panel Member recruitment
Constraints & Assumptions include:	- That this is a time limited piece of work and that there are some key aspects to the evaluation - That the provider will have access to range of internally and externally collated data and information
Project Scope	Project deliverables: - A project plan outlining how this evaluation will be undertaken - An evaluation report identifying any strengths and areas for improvement in CHS' Panel Member Recruitment campaign, and associated activities. CHS is keen to understand the positives and to draw recommendations for change - Recommendations that will inform CHS' future Panel Member Recruitment strategy - A presentation on findings to the CHS Senior Leadership Team and members of the CHS National team most actively involved in Panel Member Recruitment

Target Audience	• CHS Board (the final report and recommendations) • CHS Senior Leadership Team (report and presentation) • CHS internal project group for Panel Member Recruitment (report and recommendations)
Success Criteria	• Delivery of the evaluation report and associated recommendations on time and within budget • Minimal intervention with CHS volunteer community • All Project Plan milestones met • Evaluation report and recommendations to be submitted by Friday 15 December 2023.
Budget	The potential supplier is invited to submit a costed proposal in the region of £10,000 – 15,000

3. Additional Context

3.1 CHS is an active participant in the redesign of the Children's Hearings system. The majority of children and young people who are referred to the Children Hearing System are children for whom there is concern about their care and protection (75%). Children are also referred because they have come into conflict with the law (25%). The circumstances of children who are referred has become increasingly complex requiring more detailed knowledge of the law, trauma, child development and impact of decision making in the long, as well as the short, term.

3.2 The Independent Care Review - The Promise
The Independent Care Review - The Promise report highlighted the need for a redesign of the Children's Hearing System in Scotland. When the report was launched CHS committed to #keepthepromise, and work with others to consider what needed to change and plan how to achieve this. To keep the Promise CHS is reviewing the structure, capacity and skills needed to be a member of the tribunal in Scotland that makes decisions for infants, children, and young people from 2023 onwards. CHS currently recruits new Panel Members to become tribunal members in the knowledge that the future requirements of a Panel Member and of those chairing panels, will change.

3.3 Our Children's Rights and Inclusion Strategy is the golden thread to ensure that the voice of those people with lived experience will heard throughout our work.

3.4 The supplier will be asked to take into account the above information in relation to CHS' Panel Member recruitment work.

4. Evaluation of Project Brief Response

Suppliers will be evaluated against the following criteria:

• Experience / demonstrable record and evidence to support this;
• Knowledge of CHS operational and strategic environment;
• Quality of proposal submitted;
• Cost effectiveness; and
• Willingness to comply with any data protection / Information Governance requirements.

4.1 The suppliers will be asked to answer the following in terms of the promotional campaign – and questions to consider are:

- the campaign impact: to what extent did the promotional campaign work for CHS? What sources and imagery worked best?
- review the ease of applying: from accessing the application from the CHS website to submission.
- application conversion specifically the reasons why applications did not progress through to submission.
- how effective is the campaign in attracting applicants that meet the qualities CHS seeks in volunteer Panel Members.
- is the CHS Recruitment campaign value for money benchmarked against other similar recruitment campaigns?