care
inspectorate

A Meeting of the Care Inspectorate Board is to take place from
10.30 am-1.00 pm on Thursday 30 March 2023 in Compass House, Dundee

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

AGENDA

PUBLIC SESSION

Item		Time
1.	Welcome	10:30
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Previous Meetings (papers attached) 4.1 Private Board meeting held on 9 February 2023 4.2 Public Board meeting held on 9 February 2023	10:35
5.	Action Record of Board meeting held on 9 February 2023 (paper attached)	
6.	Matters Arising	
7.	Chair's Report – Report No: B-49-2022/23	10:40
8.	Chief Executive's Report – Report No: B-50-2022/23	10:45
	STRATEGY AND POLICY	
9.	Procurement Strategy 2023-26 – Report No: B-51-2023/23	10:55
10.	Draft Budget 2023/24 and Indicative Budgets 2024/25 and 2025/26 – Report No: B-52-2022/23	11:05
	MONITORING AND GOVERNANCE	
11.	Monitoring our Performance 11.1 Monitoring our Performance Report 2022/23 Quarter 3 – Report No: B-53-2022/23	11:30

Version: 0.3	Status: FINAL	Date: 22/03/2023

	11.2 Review of Performance Measures and Reporting – Report No: B-54-2022/23	
12.	Budget Monitoring and Staffing Update – Report No: B-55-2022/23	11:45
13.	Audit and Risk Committee – Report of Meeting held 9 March 2023 (papers attached)	11:55
14.	Annual Review of the Care Inspectorate's Financial Regulations – Report No: B-56-2022/23	12:00
15.	Equalities Mainstreaming Progress Report April 2021-March 2023 – Report No: B-57-2022/23	12:10
	S H O R T B R E A K (5 mins)	**12:20**
	OPERATIONAL ITEMS	
16.	Corporate Parenting Annual Update - Report No: B-58-2022/23	12:25
17.	HR Quarterly Report - Report No: B-59-2022/23	12:35
	STANDING ITEMS	
18.	Identification of Risk	12:45
19.	New Board Schedule of Business 2023/24 (paper attached)	
20.	Any Other Competent Business	12:50
21.	Close of Public Meeting and Date of Next Meeting: Thursday 11 May 2023 at 10.30 am in Compass House, Dundee	13:00

Minutes

Meeting:	Public Board
Date:	9 February 2023
Time:	11.00 am – 12 noon
Venue:	Rooms 0.6/0.7, Compass House, Dundee
Present:	Doug Moodie, Chair Naghat Ahmed Charlotte Armitage (by Teams link) Audrey Cowie Sandra Campbell Gavin Dayer Rona Fraser Paul Gray Ronnie Johnson Bill Maxwell Maria McGill Carole Wilkinson
In Attendance:	Jackie Irvine, Chief Executive (CE) Edith Macintosh, Deputy Chief Executive and Executive Director of Strategy and Improvement (DE/EDSI) Kevin Mitchell, Executive Director of Scrutiny and Assurance (EDSA) Jackie Mackenzie, Executive Director of Corporate and Customer Services (EDCCS) Gordon Mackie, Executive Director of IT and Digital Transformation (EDITDT) Kenny McClure, Head of Legal Services (HoLS) (by Teams link) Lisa Rooke, Head of Corporate Policy and Communications (HoCPC) (by Teams link) Fiona McKeand, Executive and Committee Support Manager (ECSM) Helen Happer, Chief Inspector, Strategic Scrutiny Kirsteen McLennan, Chief Inspector, Strategic Scrutiny Aileen Nicol, Strategic Inspector (item 8 only) Kirstine Rankin, Head of Organisational Workforce Development (item 9 only)
Observers:	Fiona Birkin, Joint Chair Partnership Forum (official observer) (by Teams link) Lynn Boag, Care Inspectorate staff observer (by Teams link)
Apologies:	Keith Redpath – Board member

Version: 1.0	Status: APPROVED 30.03.23	Date: 23.02.2.23

Item	Action

1.0 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, noting that this was the last meeting for Board member Gavin Dayer, whose term of office was due to end on 28 February. On behalf of the Board, the Chair thanked him for the valuable insight and contribution he had given to the work of the Board over the previous eight years.

2.0 APOLOGIES

Apologies were received, as noted above.

3.0 DECLARATIONS OF INTEREST

Board member Maria McGill declared an interest in respect of item 8, as a member of The Promise Oversight Board. Board member Sandra Campbell declared an interest in respect of the private meeting with Dame Sue Bruce of the Independent Review of Inspection, Scrutiny and Regulation.

4.0 MINUTES OF BOARD MEETING HELD ON 15 DECEMBER 2022

The minutes of the Board meeting held on 15 December 2022 were **approved** with amendments to be made as follows:

- Correction to Sandra Campbell's surname **E&CSM**
- Wording within the last paragraph under "General Comments" of item 10, to be changed from "final approval" to "final review".

5.0 ACTION RECORD OF BOARD MEETING HELD ON 15 DECEMBER 2022

The Board reviewed the action record and received updates as follows:

In respect of "Quality Conversations", the Chief Executive clarified that the Board would be kept informed of dates of future events and the topics to be covered.

It was noted that the slides from presentations referred to in the Chief Executive's December report had not yet been circulated to the Board for information and this would be followed up. **E&CSM**

Under the action relating to legal definitions covering regulation of tele-care, it was agreed that the Head of Legal Services would arrange for a briefing note to be circulated to members. **HoLS**

6.0   MATTERS ARISING

There were no matters arising.

STRATEGY AND POLICY

**7.0   DRAFT SCRUTINY AND ASSURANCE DIRECTORATE
          STRATEGY AND PLAN 2023/24 - REPORT NO: B-46-2022/23**

This item had been discussed earlier that morning, in private session with the Board.   It was noted that the Board had **approved** the draft Scrutiny and Assurance Directorate Strategy and Plan, subject to minor amendments, and the plan would be submitted to Scottish Government Ministers for final approval.

EDSA

The Chair thanked the Executive Director of Scrutiny and Assurance and his team for the quality of the work undertaken in the production of the documentation, and also to Board members for their input.

OPERATIONAL ITEMS

**8.0   KEEPING THE PROMISE – AN OVERVIEW OF ACTIVITY
          2021/2022: REPORT NO: B-47-2022/23**

The Executive Director of Scrutiny and Assurance presented the report, which provided the Board with information on the work that had been completed, in progress or was planned, directly related to the Care Inspectorate's corporate commitment to keeping the Promise, and with the anniversary having recently been reached of the publication of the original Promise report in 2020.

The Board was pleased to note the Care Inspectorate's approach to raising organisational awareness through internal governance, communication channels and collaborative relationships across directorates, working towards a common understanding of what the Promise meant to staff colleagues in their daily roles. It was also noted that there are some specific Promise workstreams which are outward facing.

The Board welcomed the detailed report and there was some discussion on how the impact, including emotional impact, of Promise-related work could best be monitored and evaluated, so that the Board was well-sighted on progress and resource requirements. The Chief Executive and Chair agreed to discuss this matter further and identify options for impact evaluation.

CE/Chair

Members expressed an interest in the number of Care Inspectorate staff who had taken part in bespoke online learning sessions and asked if this figure could be further broken down into types of staff groups.

**A Nicol
(Strategic
Inspector -
CYP)**

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In response to a question about the Care Inspectorate giving consideration to care experience being treated as a protected characteristic, the Board was advised that this conversation had emanated through a combination of Promise-related work and the Care Inspectorate's response to the United Nations Convention on the Rights of the Child.

The Board noted the report and the Chair agreed to consider with the Chief Executive the plans for fuller discussion on the Promise at a later Board meeting.

9.0 STRATEGIC WORKFORCE PLAN – REPORT NO: B-48-2022/23

The Board was invited to approve the draft strategic workforce plan covering the period 2023-26, which had been developed to support delivery of the 2022-25 corporate plan.

Board member Audrey Cowie had worked closely with staff colleagues in Organisational Workforce and Development and was pleased to note the plan's measure of progress and focus on the future and commended the plan to the Board.

Members sought clarification on specific timescales to enable monitoring of progress and were advised that a next-level operational plan with details of timings and named leads would be forthcoming, noting that an annual update would be presented to the Board.

The Board also noted that, as part of ongoing staff engagement, a full survey of staff took place every two years, with a pulse survey being carried out in between, the next one due in May 2023. Through the survey, a number of themes had been identified including development of leaders and managers to help support staff.

The Board also expressed interest in how the Care Inspectorate attracted care experienced people to work within the organisation and noted that the plan intended to increase opportunities for a wider range of volunteers and secondments, and also would explore student placement options.

The Board **approved** the three-year Strategic Workforce Plan.

10.0 BUDGET DEVELOPMENT MEMBER/OFFICER SHORT-LIFE WORKING GROUP

Board member Ronnie Johnson, the Chair of the member/officer working group, provided members with a verbal update of the last meeting of the group. The group had considered areas of the Care Inspectorate's activity which it might be possible to modify and therefore impact the current budget position.

Officers were engaged in discussions with the sponsor department at Scottish Government in relation to finalising the position for 2023/24.

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Discussions were ongoing and remained confidential to officers and Board at this stage. The next meeting of the member/officer working group was on 23 February 2023.

The Board noted that there was no immediate impact to the Care Inspectorate, but remained a matter of the highest priority, and agreed that, through the member/officer working group, it would provide as much support to the organisation as possible.

STANDING ITEMS

11.0 IDENTIFICATION OF RISK

No additional risks were identified.

12.0 BOARD SCHEDULE OF BUSINESS 2022/23

The Board noted the schedule of business 2022/23, and that the governance review due to be held on 30 March was a separate session to the public Board meeting and would be taken as a development event.

13.0 ANY OTHER COMPETENT BUSINESS

On the matter of Board Development Events, the Chair thanked the members for their feedback on suggested topics that might be covered during the next cycle.

14.0 CLOSE OF PUBLIC MEETING AND DATE OF NEXT MEETING

The Board noted the date of the next Board meeting as Thursday 30 March 2023 at 10.30 am in Compass House, Dundee

Signed:

Doug Moodie, Chair

BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments Completed
Actions from 15 December 2022					
8.0	**CHIEF EXECUTIVE'S REPORT - REPORT NO: B-36-2022**	Circulate copies of presentations from Quality Conversations and SIRCC conference	**E&CSM**		Emailed on 23/2/23 **Completed**
		Confirm if legal definitions cover regulation of the tele-care sector. **Update 9.2.23 -** Briefing note to be circulated to Board	**Head of Legal Services**	End February 2023	
13.0	**COMPLAINTS ACTIVITY MID-YEAR REPORT – REPORT NO: B-41-2022**	Further discussion on the reporting of complaints activity to be held by the Board as part of annual review of Board Governance	**CE / Chair / EDIT&DT / Head of Legal Services**	In time for Board Governance Review	Ongoing
15.0	**HEALTH AND SAFETY ANNUAL REPORT 2021/22 – REPORT NO: B-43-2022**	Determine whether further breakdown can be provided for the drop in number of; a) stress/mental health risk assessments and b) lone working risk assessments	**Estates, Health and Safety Manager**	In time for Board meeting on 30.3.23 (under Matters Arising)	

17.0	HR QUARTERLY REPORT – REPORT NO: B-44-2022	Further information on: 1. Agency staff to be added as a separate line to the headcount numbers 2. Consideration of a graduate entry scheme for inspectors 3. Any trend data for CI's ageing workforce	Head of HR	For next quarterly report in March 2023	Completed
Actions from 9 February 2023					
4.0	MINUTES OF MEETING HELD 15/12/2022	Amendment to member's surname and last para under item 10 to read "…it would be brought for final **review** to the Board Development Event on 26 January 2023."	E&CSM	Immediate	Completed
7.0	DRAFT SCRUTINY AND ASSURANCE DIRECTORATE STRATEGY AND PLAN 2023/24 - REPORT NO: B-46-2022/23	Amendments to plan, as outlined in the minutes, to: * Reflect CI involvement in several intelligence sharing groups and to highlight the strategic level participation in Sharing Intelligence Group * Add in links to both the strategy and plan to KPIs and KOIs	EDSA	Immediate	Completed
8.0	KEEPING THE PROMISE – AN OVERVIEW OF ACTIVITY 2021/2022: REPORT NO: B-47-2022/23	Consider options for impact evaluation/assessment for onward reporting to Board Further break down into types of staff groups who have taken part in bespoke online learning sessions.	CE/Chair A Nicol – Strategic Inspector	 By 30 March Board meeting	Ongoing Completed

CE: Chief Executive

EDSA: Executive Director of Scrutiny and Assurance

EDSI: Deputy Chief Executive and Executive Director of Strategy and Improvement

EDCCS: Executive Director of Corporate and Customer Services

EDITD: Executive Director of IT and Digital Transformation

HoFCG: Head of Finance and Corporate Governance

HoCPC: Head of Corporate Policy and Communications

HoLS: Head of Legal Services

E&CSM: Executive and Committee Support Manager

BOARD MEETING 30 MARCH 2023

Agenda item 7
Report Number: B-49-2022/23

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

EXECUTIVE SUMMARY
This Chair's report will sum up some of my activities since the Board meeting held on 15 December 2022.

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

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

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

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

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

BOARD MEETING 30 MARCH 2023

Agenda item 7
Report Number: B-49-2022/23

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

CHAIR'S REPORT

1.0   INTRODUCTION

This Chair's report will sum up some of my activities since the Board meeting held on 15 December 2022.

2.0   CARE INSPECTORATE MEMBER APPOINTMENTS

10 January 2023 – Early Engagement Meeting with Public Appointments and what will be members of the selection panel. Considerable discussion on experience and knowledge required from potential candidates.

17 January 2023 – Planning meeting with Public Appointments and selection panel.

Advert placed and shortlisting scheduled for 28 March 2023 with interviews expected to take place on 18 and 21 April 2023. Considerable response received so far, which is very positive. Two roles advertised.

3.0   MEETINGS WITH KEVIN STEWART, MINISTER FOR MENTAL WELLBEING AND SOCIAL CARE

These regular meetings allow us the opportunity to update Mr Stewart about ongoing issues, and items of particular interest to Scottish Government.

4.0   WEEKLY SYSTEMS PRESSURE MEETINGS WITH HUMZA YOUSEF, CABINET SECRETARY FOR HEALTH AND SOCIAL CARE

These meetings involve NHS Chairs and Chief Executives as well as representatives from local government and we discuss how to address the winter pressures on the healthcare system. Of late, here has been a focus on bed capacity, and how best to free up beds mindful of keeping people safe. This has involved assessing where spare capacity might exist across the whole of the care sector, and latterly involved freeing up temporary space in care homes.

5.0   SSSC COUNCIL MEMBERS DEVELOPMENT DAY – 16 JANUARY 2023

I attended the SSSC Development day, where some of the topics discussed included the Strategic Plan, Risk Register and Appetite, Financial Strategy and Budget. A very informative day.

6.0   OFFICE VISITS WITH THE CHIEF EXECUTIVE

Some of these meetings have taken place virtually, where I attended Stirling in person on 9 January 2023 and virtually attended the Stornoway/Oban/ Shetland/Lerwick meeting on 19 January 2023. Unfortunately, due to my various eye operations, I have been unable to attend any of the other meetings, but look

forward to addressing this over the coming months. These sessions have proved highly informative for both Jackie and me. Subjects such as return to office, recruitment and new technology have been key in our colleagues' minds.

7.0   NHS CHAIRS' MEETINGS – 30 JANUARY 2023

These regular bi-monthly meetings allow the Cabinet Secretary to speak with NHS Chairs.

8.0   JOINT HEALTHCARE IMPROVEMENT SCOTLAND/CARE INSPECTORATE CHAIR AND CHIEF EXECUTIVE MEETING - 1 FEBRUARY 2023

This meeting enables collaboration and information sharing. Specific areas of interest are budgets, National Care Service review and other ongoing reviews.

9.0   SSSC COUNCIL MEETING – 27 FEBRUARY 2023

I attended the SSSC Council meeting where there were discussions on Budgets, the Risk Management Policy, the Strategic Plan and Financial Strategy 2023-26 and the review of SSSC Corporate Governance Framework amongst other items.

10.0   HEALTHCARE IMPROVEMENT SCOTLAND AUDIT AND RISK BUDGET DISCUSSION – 2 MARCH 2023

Ongoing budget pressures are facing all regulators – issues being faced are similar to those underpinning the challenges faced by the Care Inspectorate. We agreed to share knowledge and information wherever possible.

11.0   MEETINGS WITH CARE INSPECTORATE EXECUTIVE DIRECTORS

These quarterly meetings allow information sharing and updates on each Directorates on-going workstreams to be shared with the Chair.

Title:	**CHIEF EXECUTIVE'S REPORT**
Author:	Jackie Irvine, Chief Executive
Appendices:	None
Consultation:	N/A
Resource Implications:	None

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

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

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

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

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

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

BOARD MEETING 30 MARCH 2023

Agenda item 8
Report No: B-50-2022/23

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

CHIEF EXECUTIVE'S REPORT

1.0   SECTOR ENGAGEMENT

This section of my report covers attendance and participation at events, conferences, meetings, working groups, hearings and inquiries.

1.1   Scotland Policy Conference – Next steps for social care in Scotland

I spoke at the recent Scotland Policy Conference seminar 'Next steps for social care in Scotland' and gave an overview of our work and priorities for effective scrutiny, assurance and quality improvement. The event included contributions from social care, social work and provider organisations and provided an interesting discussion on the proposed National Care Service and forthcoming policy developments across the sector.

1.2   Independent Review of Inspection, Scrutiny and Regulation (IRISR)

I have been holding a series of meetings with a range of key regulatory and partner organisation, the Board having also been involved in a February meeting with the Chair and Vice Chair of the IRISR, Dame Sue Bruce and Stuart Currie. This is an ongoing dialogue as part of their work looking at how social care services are regulated and inspected across social care support services in Scotland.

1.3   My Active World Launch

I was delighted to visit Step by Step nursery in Cumbernauld this month to officially launch our 'My Active World' resource and celebrate active play with the staff and children of the nursery. 'My Active World' helps early learning and childcare services to promote physical activity every day in early years care settings. It highlights the importance of staying active, even at the earliest stages in life. The resource aims to help everyone, regardless of age or ability, find opportunities to get active in their own way. A copy has been sent to all early learning and childcare services in Scotland.

It was fantastic to see all the children enjoying physical activity in their environment – getting muddy in the hammocks, kitchens and climbing areas outside – and I was even able to join in a yoga session with the kids.
I would like to thank the manager of Step by Step Private Nursery, Claire Irvine, and all her staff for their enthusiastic welcome and for embracing the principles of My Active World and showing what an impact it can have on the health and wellbeing of the children.
https://www.careinspectorate.com/index.php/news/7000-scotland-s-citizens-of-the-future-say-namaste-to-new-resource-on-physical-activity

1.4 **Scottish Council of Independent Schools (SCIS) Conference**

We contributed to the Scottish Council of Independent Schools (SCIS) Conference by sharing information about our current methodology and our promotion of young people's rights in response to The Promise and the Scottish Child Abuse Inquiry.

1.5 **Learning Review**

We have met with colleagues from child protection committees to discuss the impact of the National Guidance for Child Protection Committees Undertaking Learning Reviews that was published in 2021. We will use the outcome of this to contribute to our annual report on Learning Reviews for children, scheduled for publication in the summer.

2.0 **DELIVERING OUR STRATEGIC OUTCOMES**

The undernoted areas of work have been carried out across the directorates and briefly highlight developments, new or completed activities that directly support our Corporate Plan and its strategic outcomes.

3.0 **STRATEGIC OUTCOME: HIGH QUALITY CARE FOR ALL**

Annual returns – An extended deadline through our website, social media channels and provider updates to encourage a high return rate.

Enforcement – Supporting a test of change working with two services going through enforcement action. New processes and pathways are being developed in real time and evaluation of this approach will be undertaken in late Spring 2023.

Care Homes Report – A short life working group has been convened to develop a report on our activity within care homes between 1 April 2020 and 31 December 2022. Its aims are to set out the cross-directorate work completed within these services, and strategic outcomes therein, to inform future activity.

Deprivation and Restriction of Liberty – A draft position paper, "Depriving and restricting liberty for children and young people in care home, school care and secure accommodation services" which is available for external consultation. Consultation on depriving and restricting liberty for children and young people position paper (careinspectorate.com)

Angus Significant Case Review – We have worked with Healthcare Improvement Scotland to provide improvement support and independent assurance following the publication of the review report last December.

Inspection of Adult Social Work and Social Care Services: City of Edinburgh – Inspection report published on 21 March 2023. City of Edinburgh

inspection report March 2023.pdf (careinspectorate.com). An Improvement Plan is required to be put in place and progress will be monitored through the Link Inspector arrangements

4.0   STRATEGIC OUTCOME: IMPROVING OUTCOMES FOR ALL

Safe Staffing Programme - The Oversight Board is monitoring progress across the programme, reviewing risks and ensuring alignment with other national policy. We plan to recruit a further two Improvement Advisors to support the expansion of our work.

Technology Enabled Care (TEC) – The workstream has published a practice guide: 'Using technology and digital devices to make a positive impact on health and wellbeing for people experiencing care' Technology good practice guide (careinspectorate.com). The workstream lead has had the role of advisory committee member for the European Social Services conference being in Malmo, Sweden, with this year's theme being the role of technology in promoting autonomy and inclusion in social services.

National Care Service (Scotland) Bill – We are continuing to monitor the debate around the proposed legislation, including various sub-committee reports. The timetable for Stage 1 of the Bill, has been extended to 30 June 2023.

Children (Care and Justice) Bill – Introduced in December 2022, the Children (Care and Justice) (Scotland) Bill will make changes to the law in relation to the care of children and the criminal justice system, including measures relating to the registration of secure accommodation and addressing issues in relation to the hosting of cross-border placements in Scotland. We will be responding to a call for evidence from the Scottish Parliamentary Criminal Justice Committee in April.

Other consultations – Since the last Board meeting, we have responded to the Improvement Service consultation on a Quality Improvement Framework for Trauma-Informed Organisations, Systems and Workforces and to the Scottish Government consultation on access to information rights.

Local Authority Occupational Therapy Network – Aiming to strengthen the contribution of allied health professions into adult social care, we co-chair this network, which has representation from over 150 occupational therapists, and is helping to shape and influence key areas of policy such as the National Care Service.

Practice Note for Staff Working with 1-2 year Old Age Group – Publication of Growing my potential | Care Inspectorate Hub, designed to provide support and guidance to ELC settings.

BOARD MEETING 30 MARCH 2023

Agenda item 8
Report No: B-50-2022/23

Recovery Play Post-Pandemic Webinars – Working with Highland Council's Educational Psychologist, we ran two well-attended seminars on the impacts of the pandemic on children's play, development and learning as a means of improvement support. Our analysis of the event evaluations will help us identify how best to support post-pandemic recovery in the sector.

Visiting Draft Directions – Meetings held with Scottish Government to develop draft directions on visiting for care homes for adults.

Scottish Care (SC) and CCPS Collaboration – Developing and agreeing our joint action plan and further areas of collaboration.

Joint Regulators Forum (for Housing Support and Care at Home) – Discussions around recruitment, staffing, sustainability and support for the sector.

Health and Safety Executive (HSE)– Meetings with the HSE team responsible for care services, aiming to develop a practice note on care home learning from incidents.

Unaccompanied Asylum Seeking Children (UASC) – Working with CELCIS, COSLA, the Scottish Guardianship Service, the Scottish Refugee Council, and a group of unaccompanied asylum seeking experienced young people, we are looking at how we can support the sector around UASC work, and to ensure outcomes are improved for this group of young people.

National Hub for Reviewing and Learning from the Deaths of Children and Young People – We co-host the national hub with Healthcare Improvement Scotland and published the hub's first annual report in February, which provides an overview of the activity that took place in the first year since the launch on 1 October 2021. 20230228-National-Hub-Flash-report-v1-0.pdf.

Secure Care Pathway Review - We continue to gather the views and experiences of 30 young people, their lead professionals and family members to gain a detailed understanding of the impact of the support provided to young people in, or risk of being in secure care. We will publish our final report following a third round of engagement in September.

Adult Support and Protection (ASP) Roundtable Event - We attended this event, held at the Scottish Parliament and chaired by Mr Kevin Stewart MSP, the Minister for Mental Wellbeing and Social Care, and used as a focus the Care Inspectorate's report "*Triennial review adult initial case reviews and significant case reviews 2019-22*". This was an interactive event, with discussion on how best the ASP community can share and implement national learning coming out of Learning Reviews (previously known as Significant Case Reviews).

Education Reform Roundtable Discussion – At the invitation of Scottish Government officials, we took part in discussions on education reform with a small number of other colleagues relating to the new qualifications body and the new inspectorate.

Registration Guidance – This new guidance, which will be published shortly, clarifies our expectations when applying to register an existing care service (care homes and daycare of children). It will outline the reasonable timescales that will be agreed with the applicant where improvements are being made.

5.0   **STRATEGIC OUTCOME: EVERYONE'S RIGHTS ARE RESPECTED AND REALISED**

Health inequalities Cross Party Group – We are represented on this group which considers health and social care in prisons.

Collaboration in support of human rights – Continuing in the development of the 'Bairns' Hoose' standards with HIS, which are at the final stages and with an anticipated publication date of end of May 2023.

Anne's Law – Completion of a literature review focussing on meaningful connection for people experiencing care in care homes, currently being peer reviewed at the University of Edinburgh.

Continuing Care, Throughcare, and Aftercare – We have revised our 'Guidance for services on the provision of continuing care, throughcare, and aftercare' to ensure it reflects current practice and makes clear our commitment to Keeping The Promise.

6.0   **STRATEGIC OUTCOME: OUR PEOPLE ARE SKILLED, CONFIDENT AND WELL SUPPORTED TO CARRY OUT THEIR ROLES**

Protection Learning and Development Framework – Convened with SSSC, the Protection Group has developed this framework to ensure that our staff and those that support our work, including volunteers, will access and undertake appropriate learning and opportunities for continuous professional development.

Digital Transformation - Working on an initial 100+ day plan in advance of a more detailed programme being produced as part of the programme initiation. As part of our Stage 2 Business Case funding model it included the appropriate funding to make the resources we currently have on Stage 1 a permanent position.

Corporate and Customer Services Directorate Event – Held on 1 March, it gave colleagues the opportunity to share knowledge and views. Feedback will inform the work around the staff survey.

Support and grow our volunteers – Developed bite-size videos, shared on various social media platforms, as a means of attracting potential volunteers. We have also obtained views from volunteers on our work on complaints and follow-up inspections.

Learning Needs Analysis -The OWD team has developed an annual learning and development plan and budget proposal for 2023/24.

Guidance for Registration Inspectors on Assessing Applications – To provide guidance to inspectors on how to assess registration applications and support them in their decisions on granting or refusing.

Title:	**PROCUREMENT STRATEGY APRIL 2023 TO MARCH 2026**
Author:	*Gillian Berry, Accounting and Procurement Manager*
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services
Appendices:	1. Draft Procurement Strategy April 2023 to March 2026
Consultation:	Feedback from Scottish Government Procurement Policy on the previous strategy informed this draft strategy. The Procurement Development Group and Central Government Procurement Shared Service have also provided feedback.
Resource Implications:	**No**

EXECUTIVE SUMMARY
The Care Inspectorate's procurement contract values are below the threshold which requires a published procurement strategy as detailed in the Procurement Reform (Scotland) Act 2014. However, we develop and publish a strategy as good practice.

The purpose of this strategy is to set out how the Care Inspectorate will plan and manage its procurement processes to meet its corporate aims and objectives and comply with regulatory and legislative requirements in the next three years. The proposed strategy is attached as Appendix 1.

The procurement strategy sets out the following six procurement priorities:

- deliver best value.
- deliver sustainable procurement.
- raise the level of procurement knowledge, skills and expertise
- provide timely performance information.
- demonstrate a continuous improvement approach to our practice.
- deliver inclusive procurement.

The strategy also describes the arrangements for monitoring and evaluating its implementation, which culminates in the procurement performance report which is submitted annually to the Board. |

The Board is invited to:
1. Approve the draft procurement strategy April 2023 to April 2026.

Links	Corporate Plan Outcome (Number/s)	Outcomes 1, 2, 3 and 4	Risk Register (Yes/No)	Yes	
For Noting		**For Discussion**	x	**For Assurance**	**For Decision**	x

Equality Impact Assessment

Yes		**Not Ye**t		**No**	x
				1. Reason: An EQIA screening process was completed which determined that a full EQIA was not required.	

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

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

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

PROCUREMENT STRATEGY APRIL 2023 TO MARCH 2026

1.0   INTRODUCTION

The Care Inspectorate has a duty to ensure compliance with the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations. The Accountable Officer also has a specific responsibility to ensure compliance with the procurement section of the Scottish Public Finance Manual. This strategy sets out how we will meet these requirements over the three-year period beginning 1 April.

2.0   STRATEGY DEVELOPMENT

Scottish Government Procurement Policy colleagues reviewed the 2020-2023 strategy in December 2022 and advised the strategy was well structured and had a good level of readability. On this basis we have not significantly changed the draft 2023-2026 strategy. We have reviewed and updated the procurement priorities to reflect progress in our practice and to include a statement on our approach to regulated procurement for the provision of food (section 3.2.7 of the draft strategy).

The draft strategy is supported by an annual action plan. A cross-organisation Procurement Development Group reviews performance biannually.

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

3.1   Resources

There are no specific resource implications arising from the implementation of the Procurement Strategy.

3.2   Sustainability

The strategy itself promotes sustainable procurement as one of the six priorities.

3.3   Policy

The Care Inspectorate has a duty to ensure compliance with the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations. The Act, a key part of a procurement reform programme between 2006 and 2016, establishes a national legislative framework for sustainable public procurement and places a number of general duties on contracting authorities aimed at promoting good, transparent and consistent practice in procurement.

The Scottish Government's Procurement Strategy 2022-2024 sets out how the government will use the power of procurement to "to deliver and influence outcomes that are good for businesses and their employees, good for places and communities, good for society, and that are open and connected with the

communities we serve". When considering this paper, it is important to be aware of the need to ensure effective governance within the context of public service delivery and reform to the benefit of the people of Scotland. Relevant policy developments in this regard include Scotland's National Strategy for Economic Transformation**,** the National Performance Framework and the Four Pillars of Public Service Reform: Prevention, Performance, People and Partnership.

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

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

3.5   Customers (Internal and/or External)

The objectives of strategic theme 4 relate to our commitment to measure, monitor and publish our procurement performance. The strategy details how we will manage, monitor and report on our performance in achievement the strategic priorities.

4.0   CONCLUSION

The implementation of this procurement strategy and associated action plan will ensure we continue to strive for continuous improvement in procurement capability.

Care Inspectorate and Scottish Social Services Council Procurement Strategy April 2023 – March 2026

Publication date:

Publication code (leave blank – Comms will complete this)

Care Inspectorate and Scottish Social Services Council Procurement Strategy April 2023 – March 2026

<u>Strategy Sponsors:</u>
Jackie MacKenzie, Executive Director of Corporate and Customer Services (CI)
Lynn Murray, Interim Director of Finance and Resources (SSSC)

<u>Lead Manager:</u>
Gillian Berry, Accounting and Procurement Manager (CI)

Approved by the Board:
Approved by Council:

VERSION CONTROL

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
1.0	Accounting & Procurement Manager	First Issued Version	01/04/2023

Contents

1.0   INTRODUCTION

The Care Inspectorate and Scottish Social Services Council (SSSC) Procurement Strategy April 2023 – March 2026 has been informed by the Public Contracts (Scotland) Regulations 2015, the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations 2016.   The Strategy is designed to take a responsible and sustainable approach to procurement.

The purpose of this strategy is to set out how the Care Inspectorate and the SSSC will plan and manage their procurement processes to meet their corporate aims and objectives and comply with regulatory and legislative requirements.   The Procurement Strategy applies to all procurement conducted by the Care Inspectorate and the SSSC.

Procurement aims to deliver fair, transparent and effective procurement which delivers best value, is legally compliant and follows best practice. This is especially important in a challenging financial climate. Good procurement can generate savings and efficiencies that can be used to re-invest in other activities to support corporate objectives.

Procurement is a devolved responsibility within the Care Inspectorate and SSSC. Specific authority is required for staff to procure goods, services or works. The procurement must be undertaken within agreed policy and procedural parameters.

This document sets out the Care Inspectorate and SSSC's Procurement Strategy for the period from 1 April 2023 to 31 March 2026 and is supported by an annual Procurement Action Plan.

1.1   Our Corporate Objectives and Strategic Outcomes

The Corporate and Strategic Plans set out what we do and our objectives and outcomes to achieve our vision.

1.1.1   The Care Inspectorate strategic outcomes:

Outcome 1 High quality care for all	**Outcome 2** Improving outcomes for all
Outcome 3 Everyone's rights are respected and realised	**Outcome 4** Our people are skilled, confident and well supported to carry out their roles

1.1.2   The SSSC strategic outcomes:

Outcome 1 People who use services are protected by ensuring the regulated workforce is fit to practise.	**Outcome 2** The SSSC supports and enhances the development of the regulated workforce to deliver high standards of practice and drive improvement.
Outcome 3 Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.	**Outcome 4** Promoting the values of this workforce.

2.0 ACCOUNTABILITY

Care Inspectorate Board and SSSC Council	Approval of the Procurement Strategy.
Chief Executives	Accountable Officers - have specific responsibility to ensure that procurement activity is conducted in accordance with the requirements of the Procurement section of the Scottish Public Finance Manual. This responsibility will be discharged through the implementation of this strategy.
The Executive Director of Corporate & Customer Services (Care Inspectorate) and Interim Director of Finance and Resources (SSSC)	Sponsors of the Procurement Strategy
Finance & Corporate Governance	**Head of Finance and Corporate Governance:** Leadership and support for delivery of the Procurement Strategy **Accounting and Procurement Manager:** Responsible for ensuring compliance with the Public Sector Regulations, developing and delivering the Procurement Strategy **Procurement Team:** Responsible for supporting the delivery of the Procurement Strategy and associated action plan, including developing guidance and providing support and guidance.
Delegated Purchasers	Support delivery of the Procurement Strategy
Procurement Development Group	Supports continued development of procurement capability. Membership drawn from across both organisations

2.1 Influencing Factors

The following external factors influence the development of this strategy:

- Public Contracts (Scotland) Regulations 2015
- Procurement Reform (Scotland) Act 2014
- Procurement (Scotland) Regulations 2016
- Procurement Commercial Improvement Programme (PCIP)
- Freedom of Information and Data Protection Acts
- Equality Act 2010
- Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
- Employment Relations Act 1999 (Blacklists) Regulations 2010
- Scottish Public Finance Manual
- Scottish Procurement Policy Notes
- Climate Change (Scotland) Act 2009
- Climate Change (Emissions Reduction Targets) (Scotland) Act 2019
- Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015
- The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020
- Health & Safety at Work etc Act 1974
- Management of Health & Safety at Work Regulations 1999

Internal factors influencing the development of this strategy include:

- Care Inspectorate Corporate Plan
- SSSC Strategic Plan
- Care Inspectorate and SSSC Procurement Guidance Note
- Equality and Diversity Policy
- Corporate Health and Safety Policy

3.0   OUR PROCUREMENT PRIORITIES

Our procurement strategy:

- sets out our priorities and proposals for procurement over the planning period;
- identifies those factors that will influence how we manage the procurement process and
- describes the arrangements for monitoring and evaluating the strategy.

Our strategy has six key priorities as follows:
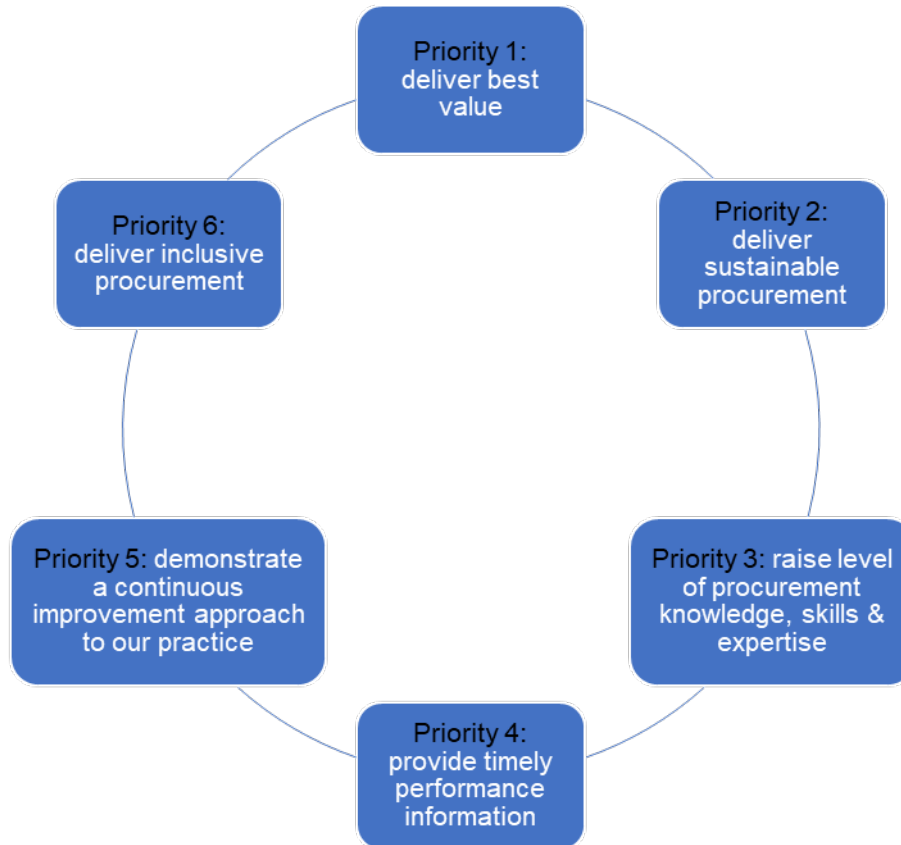
3.1 Priority one: deliver best value

We aim to deliver best value when procuring goods, services and works. This is based on the optimum combination of whole life cost, quality (or fitness for purpose) and sustainability to meet the user's requirement. Competition promotes efficiency and effectiveness in public expenditure therefore goods, services and works should be acquired by effective competition, including adequate publication of the contract unless there are convincing and justifiable reasons to the contrary. Our policy, where possible, is to advertise tender opportunities above £10k, excluding VAT, on the Public Contracts Scotland advertising portal. We will award contracts based on the most economically advantageous tender (MEAT) which balances value for money and the required quality of the service, goods or works.

We will continue to use collaborative frameworks led by Scottish Procurement and other national bodies where appropriate and continue to explore opportunities for further collaboration through our partnership with Central Government Procurement Shared Services (CGPSS) and membership of a multi-agency Cluster Group. These arrangements facilitate the sharing of knowledge and encourage partnership working to ensure we deliver value for money and pool resources and expertise.

Procurement activity contributes to the overall efficiency targets for the SSSC and the Care Inspectorate, with benefits realised reported in the annual Procurement Performance Report.

3.2 Priority two: deliver sustainable procurement

The Procurement Reform (Scotland) Act 2014 places a sustainable procurement duty on the Care Inspectorate and SSSC to improve social, environmental and economic wellbeing with a focus on reducing inequality.

Sustainable procurement is "a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment" (Department for Environment, Food and Rural Affairs, 2006).

Sustainable procurement to the Care Inspectorate and the SSSC means routinely considering the environmental, social (including equality) and economic opportunities and impacts of purchasing decisions.

We will take account of climate circular economy considerations in public procurement (SPPN 1/2021) and will complete the sustainability test for all procurements greater than £50,000, incorporating any opportunities to secure sustainability benefits into the Invitation to Tender (ITT) or Invitation to Quote (ITQ) as appropriate.

3.2.1 Prompt payment to suppliers and their sub-contractors

We are committed to paying our suppliers promptly and include a clause in our standard terms and conditions stating that we will pay valid invoices within 30 days from receipt. To ensure this flows through the supply chain, we have a further clause stating, where there are sub-contracting arrangements in place, that suppliers must make payment within the same terms to their sub-contractors. This includes sub-contractor to sub-sub-contractor relationships.   Contract managers will seek confirmation of compliance where relevant and proportionate.

Although our standard terms are 30 days, we aim to pay suppliers within 10 working days of receiving an invoice. In the year to 31 March 2022, the Care Inspectorate and SSSC paid 99.38% and 99.6% respectively of suppliers' invoices within 10 working days. We will continue to work towards paying all valid invoices within this 10-day period.

3.2.2 Addressing Fair Work Practices, including paying the living wage through our regulated procurement

We consider Fair Work First for all procurement of £10,000 or greater. These practices ask businesses bidding for our contracts to commit to adopting the following:

- appropriate channels for effective voice, such as trade union recognition
- investment in workforce development
- no inappropriate use of zero hours contracts
- action to tackle the gender pay gap and create a more diverse and inclusive workplace
- providing fair pay for workers (for example, payment of the real Living Wage)
- offer flexible and family-friendly working practices for all workers from day one of employment

- oppose the use of fire and rehire practice

In accordance with the Statutory Guidance for Addressing Fair Work First in procurement, we will continue to incorporate evaluation of workforce matters into tenders for regulated procurements where the use of labour is a key deliverable and for lower value tenders where it is proportionate to do so.

Where suppliers have staff working on our premises, these employees are being paid the Real Living Wage.

3.2.3 Community benefits

The Procurement Reform (Scotland) Act 2014 includes a sustainable procurement duty on public sector bodies requiring them to conduct their procurement in a way that will secure economic, social and environmental wellbeing and a requirement that public bodies consider the use of community benefits in major contracts.

We will promote the use of community benefits within procurement exercises where relevant and proportionate to the contract.

3.2.4 SMEs, local businesses, supported businesses, and the third sector

In line with the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, we consider equality throughout tender processes and comply fully with legislation. Where relevant and proportionate, suppliers are required to provide details of any equality policies and systems that they have in place.

Our inclusive approach will increase supplier diversity by:

- Eliminating unnecessary barriers to the procurement process to give SMEs, minority-owned businesses, third sector, social enterprises and other different organisations fair and equal access to opportunities
- Working proactively to encourage these organisations to participate in the procurement process.
- Seeking feedback on the procurement process to ensure the process is as accessible as possible to as many as possible.

A 'supported business' means an economic operator whose main aim is the social and professional integration of disabled or disadvantaged persons and where at least 30% of the employees of the economic operator are disabled or disadvantaged persons.

We will consider using the Scottish Government's Commodities Reserved for Supported Businesses Framework where there is a requirement to purchase goods and services covered by this framework.

We fully support the Scottish Business Pledge, sharing the Scottish Government's ambition of boosting productivity, competitiveness, sustainable employment, and workforce engagement and development.

3.2.5 Fair & ethical trading

We support the sourcing of goods and services that are fairly and ethically traded. Where it is directly relevant, we will use appropriate standards and labels in our procurement to take account of fair and ethical trading considerations as well as consider equivalent offerings from suppliers who demonstrate they can meet the specified criteria without necessarily having the specific certification.

We use the Single Procurement Document as standard for regulated procurements which allows consideration of whether a potential supplier has been convicted of certain offences and/or committed any acts of professional misconduct and allows suitability to be assessed.

We will ask contractors to take corrective action where concerns over labour standards in the supply chain are identified.

3.2.6 Climate change

We will use the sustainability tools to identify opportunities to contribute to an overall reduction in our carbon emissions. We will also deliver climate literacy e-learning training for all staff who have a delegated procurement responsibility and work collaboratively to identify further opportunities to support the delivery of our net zero plans.

3.2.7 Provision of food

We have no requirement to purchase food through a regulated procurement process. This means the general policy on how we intend to approach regulated procurements involving the provision of food to improve the health, wellbeing and education of communities in the authority's area, and promote the highest standards of animal welfare is not applicable.

3.3 Priority three: raise level of procurement knowledge, skills and expertise

We will include procurement in the induction for new staff. Further detailed procurement training is provided to staff depending on the post and procurement responsibility.

All staff with responsibility for managing contracts must complete contract and supplier management e-learning modules. We provide a Contract Management Handbook to support staff to manage contracts and suppliers for all levels of spend and have regular meetings with key business areas.

The Procurement Competency Framework will inform the Procurement Team's ongoing training and development needs.

We will record on-going training needs in individual training and development plans as part of the performance and development process. The Procurement Team will also continue to maintain a central register of all procurement training undertaken by staff.

The Care Inspectorate and SSSC have in place a Counter Fraud and Corruption Framework which outlines where fraud and corruption may occur, who is responsible for reporting fraudulent activity and who to report it to. Appropriate preventative and detective controls, such as 'separation of duties' and robust systems of control, have been put in place to minimise the risk of fraud. We continue to participate in the National Fraud Initiative (NFI), which is an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. All staff with delegated authority or a role in Procurement will receive Counter Fraud training.

Both the SSSC and Care Inspectorate also have comprehensive guidance on whistleblowing which encourages employees to raise concerns about possible improprieties in the conduct of our business, whether in matters of financial reporting or other malpractices, at the earliest opportunity and in an appropriate way.

Our Procurement Development Group meet at least twice annually.

3.4   Priority four: provide timely performance information

We will provide annual procurement performance reports to the Procurement Development Group, Care Inspectorate's Strategic Leadership Team and SSSC's Executive Management Team, the Care Inspectorate Board and SSSC Council that show analysis of expenditure, transactions and suppliers. We will also measure the benefits and savings realised from our procurement activity.

3.5   Priority five: demonstrate a continuous improvement approach to our practice

Scottish Government introduced a new assessment regime, the Procurement and Commercial Improvement Programme (PCIP) in 2016/17, for which the Care Inspectorate & SSSC are assessed jointly. The most recent assessment was in November 2019, and we scored "green" across all of the assessed areas. Our next assessment is scheduled for 2024.

The procurement function is also subject to periodic review through the delivery of the Care Inspectorate and the SSSC's internal audit plans, where any recommendations for improvement will be considered for implementation by the Strategic Leadership Team (Care Inspectorate) and Executive Management Team (SSSC) as appropriate.

In addition to the above, the Procurement Team review spend activity monthly which informs the annual report to the Strategic Leadership Team (Care Inspectorate), Executive Management Team (SSSC) and Board, Committee and Council as appropriate. We address any non-compliance identified through this review directly with the relevant officer(s).

We will continue to review our business processes at least annually to ensure that delegated authority is appropriate, that there is appropriate separation of duties when procuring goods and services, all valid invoices are paid on time and all purchasing and procurement procedures are followed.

We will work closely with users of the goods, works and supplies procured to understand and help them articulate their requirements, and to secure savings from better procurement and contract management which allows resources to be directed to value-added activities. Savings delivered from procurement will be reported in the annual procurement report.

We will regularly seek ideas and feedback from internal procurement users, suppliers and the wider procurement community to continually improve our performance.

3.6 Priority six: deliver inclusive procurement

We consider equality, diversity and inclusion throughout our tender processes and comply fully with the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 as amended.

With regards to the Public Sector Equality Duty (PSED) under the Equality Act 2010 states that (as a public authority) the Care Inspectorate and SSSC will, within its procurement practices, give due regard to the need to:

a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Act

b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Care Inspectorate and SSSC, within its procurement practices, will take account of the following objectives when taking forward purchasing decisions:

- Making sure our contracts are delivered in a non-discriminatory way, advance equality of opportunity and foster good relations for the Care Inspectorate and SSSC's workforce, the public, and businesses.
- Making sure that the goods, works, and services provided by contractors cater for all users' needs.

We include a clause on the Employment Relations Act 1999 (Blacklists) Regulations 2010 which addresses blacklisting activities in our standard Terms & Conditions. This is also covered in the Single Procurement Document (SPD).

4.0 HEALTH & SAFETY

The Care Inspectorate and the SSSC have Health & Safety Policies and associated guidance and procedures. We have Health and safety policies, and associated information is requested where relevant from suppliers as part of the procurement process.

5.0 CARE INSPECTORATE AND SSSC SHARED SERVICE

This strategy supports the shared service arrangement between the SSSC and the Care Inspectorate, which includes the procurement and payment functions.

6.0   DELIVERY OF STRATEGY

6.1   Communication

The Care Inspectorate and SSSC have procurement related sections on their external websites where we outline our procurement processes, our standard terms and conditions, our procurement strategy, our commitment to the Scottish Business Pledge and useful links for supplier guidance and support. We also publish a forward plan of regulated procurement for the next two financial years.

To make sure that stakeholders can engage and contribute to the development of the strategy, a consultation on the strategy was undertaken as follows:

- Consideration by the internal Procurement Development Group
- Consideration by the Care Inspectorate Senior Leadership Team and SSSC Executive Management Team
- Consideration and approval by the Care Inspectorate's Board and SSSC's Council.

All of our regulated contracts are publicly available on a contract register hosted by Public Contracts Scotland.

We will communicate with all staff and other stakeholders by publishing the approved Strategy on the Care Inspectorate and SSSC websites.

6.2   Management and monitoring

The Procurement Team will implement the strategy on a day-to-day basis, working with colleagues within the Care Inspectorate and the SSSC who have procurement responsibilities.

We will translate the priorities contained in the strategy into specific tasks each year using existing operational and financial planning processes. We will also use the corporate and business planning process to identify new procurement projects which are likely to require additional support from the Procurement Team.

We will review the strategy and our associated procurement action plan annually. The outcome of the annual review will be a new programme of work and identified tasks that will feed into the operational and financial planning processes for the following year.

6.3   Reporting

As soon as practicable after the end of the financial year, we will publish an annual procurement report which will include:

- A summary of regulated procurements completed during the year covered by the report.
- A review of whether those procurements complied with the procurement strategy.
- Non-compliant regulated procurements and a statement of the intention to ensure future procurements do comply.
- Summary of community benefits as part of regulated procurements in the report period.
- Summary of steps taken to facilitate involvement of SMEs, supported businesses and the third sector in regulated procurements during the report period.
- Summary of regulated procurements expected to commence in the next 2 financial years.
- Any other information as required by Scottish Ministers.

We will submit an annual procurement performance report to the Care Inspectorate's Board and the SSSC's Audit and Assurance Committee, reporting procurement performance and progress towards achieving the priorities in this strategy. We will publish this report on the SSSC and Care Inspectorate's websites.

7.0   SUPPORTING POLICIES

Our strategy for procurement is supported by other SSSC and Care Inspectorate policies and procedures on:

- purchasing of goods and services.
- procurement procedures.
- data protection and records management.
- prevention and detection of fraud and bribery.
- whistleblowing.
- carbon management plan.
- health and safety; and
- equality & diversity.

Title:	2023/24 DRAFT BUDGET AND INDICATIVE BUDGETS 2024/25 AND 2025/26	
Author:	*Kenny Dick, Head of Finance & Corporate Governance*	
Appendices:	1.	Draft 2023/24 Budget by Funding Stream
	2.	Draft Detailed 2023/24 Budget
	3.	Draft Establishment 2023/24
	4.	Draft Specific Grant Funded Workstreams 2023/24
	5.	Indicative Budgets 2024/25 and 2025/26
	6.	Draft Capital Plan 2023/24
Consultation:		
Resource Implications:	Yes	

Executive Summary:

This report presents draft budget proposals for 2023/24 to the Board for approval and subsequent submission to the Sponsor Department.

The draft 2023/24 core operating budget shows a deficit of £2.507m on operating net expenditure. This deficit is to be funded in 2023/24 in part by drawing on the general reserve and through additional funding provided in-year by Scottish Government. The Sponsor Department has provided a letter of comfort providing a commitment to find up to £2.050m in 2023/24 to support this position.

It is intended to reduce the general reserve balance as at 31 March 2024 to be at the minimum of the target range set out in our financial strategy.

The budget position has been arrived at following discussion with the Sponsor Department and Health Finance.

In addition to our core operating budget, we are expecting confirmation of funding for stage 2 of our business and digital transformation programme.

We also receive specific time limited grant funding from the Scottish Government to undertake discrete pieces of work. We employ staff engaged on these specifically funded projects on a temporary basis and avoid committing to other costs that will extend beyond the funding available.

The indicative 2024/25 and 2025/26 budgets assume that grant in aid and fee income will remain broadly at 2023/24 levels. This creates significant budget deficits in these years. The Care inspectorate has been operating with budget deficits since the 2018/19 financial year. We will continue to work with our Sponsor Department and Health Finance to address the funding gaps as highlighted by this budget report.

The Board is invited to:	
1.	Agree the draft 2023/24 budget.
2.	Agree the draft 2023/24 Capital Plan (Appendix 6).
3.	Agree the fee rates to be charged to care service providers in 2023/24 are unchanged from 2022/23.
4.	Note the high-level projected budget position for 2024/25 and 2025/26.

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

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

Reason for Confidentiality/Private Report: None – this is a public Board report *(see Reasons for Exclusion)*
Disclosure after: Not applicable

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

BOARD MEETING 30 MARCH 2023

Agenda item 10
Report No: B-52-2022/23

2023/24 DRAFT BUDGET AND INDICATIVE BUDGETS 2024/25 AND 2025/26

1.0   INTRODUCTION

1.1   Corporate Plan

The budget proposals contained in this report have been developed to support the delivery of the Care Inspectorate Corporate Plan 2022–2025.

1.2   Background

1.2.1 The Care Inspectorate's new financial year commences on 1 April 2023 and there is a requirement to have in place an agreed budget before that date. This budget is then used as the basis for measuring financial performance throughout the year. The budget must be agreed by the Care Inspectorate Board and by the Sponsor Department for funding purposes.

1.2.2 The draft budget set out in this report is based on a core grant in aid allocation of £28.078m. This includes a budget uplift of £2.000m and the transfer of funding for the National Child Death Review Hub (£0.128m) and Adult Significant Case Reviews (£0.056m) from specific grant funding to core grant in aid. The Sponsor Department has provided a letter of comfort noting that an additional amount of grant in aid up to £2.050m will be identified in 2023/24 if this proves necessary. It is assumed fee rates remain unchanged. The budget also includes £2.715m of specific funding for delivering several different workstreams at the request of the Scottish Government. This comprises £1.969m for specific grant funded programmes and £0.746m for Stage 2 Business/Digital Transformation.

1.2.3 Our financial strategy sets a target range of 1.0% to 1.5% of gross expenditure for the general reserve balance.

2.0   DRAFT 2023/24 BUDGET COMPILATION

The draft budget is analysed across three areas in accordance with the funding available for each budget area as follows:

1. Core operating budget which is funded by recurring grant in aid and fees paid by care service providers.
2. Stage 2 Business and Digital Transformation.
3. Budget funded by specific grant. A proportion of this may become recurring grant in the future but there is no agreement on this yet.

Appendix 1 summarises the draft 2023/24 budget across these three areas.

The in-year funding available is not sufficient to meet our core operating costs. We will draw on our general reserve to fund a proportion of the shortfall and our Sponsor

Department has provided a letter of comfort setting out further funding of up to £2.050m will be made available during 2023/24.

Appendix 2 compares the 2022/23 and draft 2023/24 detailed budgets showing core operating budget variances between these years in cash and percentage terms.

2.1 Staff Costs

2.1.1 Incremental Progression and Pay Award

The salary related budget is based on the following:

- The draft budget assumes the 2022/23 pay award offer is accepted by our staff. Unlike previous years, Scottish Government pay policy will not set out pay uplift parameters for 2023/24. The 2023/24 budget includes provision for a pay award to be negotiated with our trade union partners.
- All staff not at the top of their grade (and who perform satisfactorily) will progress by one incremental step with effect from 1 April 2023.

2.1.2 Employer's Pension

Most Care Inspectorate staff contribute to the Tayside local government pension fund administered by Dundee City Council. The results of the latest triennial actuarial valuation set the common employer's contribution rate for financial years 2021/22, 2022/23 and 2023/24 at 17%.

2.1.3 Employers' National Insurance and Apprentice Levy

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

The Apprentice Levy rate is unchanged from 2022/23.

2.1.4 Staff Costs Slippage

Staff cost slippage is a saving that arises through the normal turnover of staff i.e., the salary and on-cost saving associated with the delay between an employee leaving and the vacant post being filled. The draft budget adopts a slippage assumption of 3.50% (2022/23: 3.50%) for all staff excluding the Chief Executive and Executive Directors where no slippage is assumed. This slippage is recognised in the detailed budget against the appropriate staff cost line.

2.1.5 Staff Establishment

Appendix 3 details the 2022/23 budgeted establishment and the establishment proposals used for the preparation of the 2023/24 base draft budget.

Included in the 2023/24 draft establishment are all agreed permanent posts and several temporary posts associated with transformation and specific grant related work or previously agreed temporary posts that extend into 2023/24.

2.1.6 Other Staff Costs

The core budget has reduced by £0.021m compared to 2022/23. This is mainly due to the 2022/23 budget for hired agency staff not being required for 2023/24.

2.2 Accommodation Costs

2.2.1 Rent and Rates

IFRS16 Leases was introduced with effect from 1 April 2022 and this changed the accounting treatment. Instead of a budget for rent there is now a depreciation charge and interest included in the administrative costs budget.

The rates budget has increased by £26k compared to 2022/23 in line with an expected 5% increase in non-domestic rates.

2.2.2 Other Property Costs

The Other Property Costs budget is £1.462m (2022/23: £1.231m). This includes provision for a 20% increase in energy costs (as advised by Scottish Government) and a 5% uplift for cleaning, security and service charges.

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

2.3 Administration Costs

2.3.1 This budget of £2.141m has reduced by £0.084m compared to 2022/23.

This is due to:

- A £0.080m reduction in telephony costs through a savings project led by IT, Transformation & Digital.
- The professional fees budget has reduced by £0.058m due to the funding for a 2022/23 project to review how we are exploiting the benefits of Microsoft 365 not being required in 2023/24.
- The "Other Administrative Costs" budget has increased by £0.054m due to property related interest and depreciation charges (IFRS16).

2.4 Travel and Subsistence Costs

2.4.1 The budget for core travel and subsistence costs has been maintained at the same level as the previous three financial years ie 2020/21 to 2022/23.

The 2020/21 travel budget included a challenging budget reduction of £0.250m. Actual expenditure on travel and subsistence since then has been significantly affected by Covid-19 restrictions and as a result it has not been possible to determine if the £0.250m saving is achievable.

2.5   Supplies & Services Costs

The Supplies & Services core budget has increased by £0.129m compared to 2022/23. This is mainly due to cost increases associated with the cost of living crisis.

2.6   Relevant Income

2.6.1   Shared Services Income

This budget has increased by £0.301m to reflect current shared service agreements and an adjustment to reflect the anticipated pay award for staff involved in delivering shared services.

2.6.2   Other Income

There are no outward secondments currently planned for 2023/24.

Minor adjustments totalling £0.008m have been made to increase the miscellaneous income budget.

3.0   STAGE 2 BUSINESS AND DIGITAL TRANSFORMATION

Scottish Government has confirmed funding for our Stage 2 Business and Digital Transformation Programme. The Programme is scheduled to take place over the next three financial years. For budgetary control purposes the business case can be distilled down to three main elements:

1. **Development and transformation costs** that will be incurred only for the duration of the programme.
2. **Recurring costs** which will initiate during the programme but will continue to be incurred to maintain the transformed position after the transformation process has ended.
3. **Cost savings** the transformation programme will deliver as well as time releasing efficiencies and other non-financial benefits. The budget position focusses on the cash savings the programme will deliver.

The above elements are analysed across three budget expenditure headings:

1. Staff costs – permanent and temporary staff directly employed by the Care Inspectorate
2. Professional fees – services procured to support the delivery of the programme.
3. IT costs – mainly software licences

The Programme costs are summarised in the table below:

	2023/24 (full year)	2024/25 (full year)	2025/26 (part year)	Annual Recurring
	£000	£000	£000	£000
Development & Transformation:				
Staff costs	492	818	161	
Professional Fees	1,579	2,488	885	
IT Costs				
Recurring:				
Staff costs	559	576	294	600
Professional Fees				
IT Costs	116	405	253	497
Savings:				
Staff costs				
Professional Fees				(100)
IT Costs				(147)
Programme Total:				
Staff costs	1,051	1,394	455	600
Professional Fees	1,579	2,488	885	(100)
IT Costs	116	405	253	350
Total Net Cost	**2,746**	**4,287**	**1,593**	**850**

The above assumes a 1 April 2023 start date which looks increasingly unlikely. Scottish Government have provided notice by email that the £8.6m funding for the programme has been approved. Formal notification is awaited. The 2023/24 (Year 1) funding will use £2.000m from our general reserve balance with the remaining £0.746m expected as grant.

4.0 SPECIFIC GRANT FUNDING

The Care Inspectorate receives specific funding to take forward several workstreams. Where there is an ongoing need for this workstream we engage with our Sponsor Department to work towards incorporating funding into our core grant in aid.

Specific grant funding is agreed on a time limited basis therefore staff engaged or deployed to work on specific grant funded workstreams are employed on a temporary basis. We do not commit to any recurring or non-recurring other (non-staff) expenditure that is not funded.

Appendix 4 provides details of the £1.969m specific grant budget.

5.0   DRAFT 2023/24 BUDGET FUNDING POSITION

5.1   Net Expenditure Funded by Grant in Aid and Regulatory Fees

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

We are expecting funding as follows:

	2023/24	2022/23
	£m	£m
Cash grant in aid per Sponsor	27.389	25.389
Appropriate Adults	0.180	0.180
Community Justice funding	0.325	0.325
Adult Significant Case Reviews	0.056	0.025
National Child Death Review Hub	0.128	0.000
Core Budget Funding	**28.078**	**25.919**
Stage 2 Transformation[1]	0.746	0.000
ELC Expansion	0.835	0.738
Safer Staffing	0.650	0.339
ELC Improvement	0.243	0.221
Care About Physical Activity (CAPA)	0.025	0.194
Meds Care Home Project	0.000	0.157
Anne's Law	0.011	0.186
Telecare Services	0.000	0.073
Adult Support & Protection	0.205	0.559
Specific Grant Funding	**2.715**	**2.467**
Total Grant Funding	**30.793**	**28.386**

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[1] Stage 2 transformation will be funded by drawing on £2.0m of general reserves and £0.746m of grant funding in 2023/24.

BOARD MEETING 30 MARCH 2023

Agenda item 10
Report No: B-52-2022/23

The Sponsor Department has provided a letter of comfort setting out further funding of up to £2.050m will be made available during 2023/24. There is also anticipated specific grant funding of £2.715m (including £0.746m of funding towards Stage 2 Transformation Programme).

This grant funding will not be confirmed until the Scottish Government provide formal grant in aid/grant letters.

It is assumed fee income will remain at the 2022/23 level of £11.900m. This provides a funding figure of £44.743m. The draft 2023/24 budget shows net expenditure of £47.458m. Therefore, there is a budget deficit of £2.715m and this will be funded by drawing on our General Reserve. The table below summarises this position:

	Operating Budget £m	Stage 2 Business & Digital Transform £m	Expenditure funded by Specific Grant £m	Total Budget £m
Net Expenditure	**42.486**	**2.746**	**2.226**	**47.458**
Funding:				
Grant in aid & grants	(28.078)	(0.746)	(1.969)	(30.793)
Fees	(11.900)	-	-	(11.900)
Letter of Comfort	(2.050)	-	-	(2.050)
Total Funding	**(42.028)**	**(0.746)**	**(1.969)**	**(44.743)**
Deficit / (Surplus)	**0.458**	**2.000**	**0.257**	**2.715**
Available reserves	(0.907)	(2.000)	(0.318)	(3.225)
To fund budget deficit	0.458	2.000	0.257	2.715
General Reserve balance at 31 March 2024	0.449	0.00	0.061	0.510

	General Reserve Target Range	
	Bottom of Range	**Top of Range (1.5% Gross Controlled Expenditure)**
	(1.0% Gross Controlled Expenditure)	
	£m	**£m**
Gross Controlled Expenditure	42.486	42.486
Prepaid grant	0.061	0.061
General reserve target range	0.425	0.637

Budgeted General Reserve Position as at 31 March 2023

	£m
Projected Opening general reserve (as at 1 April 2023)	**3.225**
Carried forward specific grant funding for 2023/24	(0.257)
Available to fund budgeted deficit 2023/24	(2.458)
Projected Closing general reserve (as at 31 March 2024)	**0.510**

The projected general reserve balance, excluding prepaid grants, as at 31 March 2024 is £0.024m more than the target minimum and £0.188m less than the target maximum.

5.2   Fee Income

The fee rates for all service types are currently set at the statutory maximum except for care home fees. The base budget has been prepared on the basis that fee rates will remain unchanged from 2022/23.

6.0   2022/23 CAPITAL PLAN

The Care Inspectorate does not receive any funding specifically for capital expenditure and the capital plan submitted with this report does not infer any additional resources for 2023/24.

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

There are currently no commitments to any planned capital projects in 2023/24 or subsequent years.   IT and property related alterations and improvements may need to be

treated as capital expenditure, requiring a contingency for unplanned expenditure of a capital nature.

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

The Capital Plan for 2023/24 is included as Appendix 6.

7.0 INDICATIVE BUDGETS FOR 2024/25 AND 2025/26

Indicative budgets for 2024/25 and 2025/26, based on the draft core operating 2023/24 budget, have been prepared and are shown in Appendix 5.

The significant assumptions used in the preparation of the indicative budgets are detailed in sections 7.1 to 7.8 below.

7.1 Incremental Progression

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

7.2 Pay Award

The indicative 2024/25 and 2025/26 budgets assume pay awards that are in line with the 2023/24 pay award assumption set out in section 2.1.1.

7.3 Employers' Charges

The latest actuarial evaluation of the Tayside Pension Fund set the employer contribution rate for 2021/22, 2022/23 and 2023/24 at 17%. It is assumed that 17% will apply for 2024/25 and 2025/26.

No significant change in employer national insurance rates is assumed for 2024/25 or 2025/26.

The apprentice levy is assumed to be unchanged from 2023/24 assumptions.

7.4 Staff Changes

The 2023/24 and 2024/25 budgets assume there will be no change to the permanent staff included in the 2022/23 draft budget. Temporary posts are assumed to end at their intended dates and no budget provision has been made beyond current end dates.

7.5   Property Costs

The budget assumes a reduction in our overall estate as lease break/end dates arise.

7.6   Stage 2 Business and Digital Transformation

Stage 2 business and digital transformation is funded separately. However, the programme is currently expected to end mid-way through 2025/26. The indicative 2025/26 budget includes the part-year recuring costs and savings that will require to be funded from core grant in aid from this point onwards.

7.7   IT Costs

The budget assumes an overall reduction in 2024/25 as support costs for legacy systems decreases. This increases in 2025/26 as the recurring costs of Stage 2 Transformation are realised.

7.8   All Other Expenditure, Income and Funding

All other expenditure has been maintained broadly at the 2023/24 draft operating budget level.

Grant in aid has been increased in 2025/26 in line with Stage 2 Business and Digital recurring net expenditure expectations.

It has been assumed fee rates will be as for 2023/24.

8.0   BALANCING THE 2024/25 AND 2025/26 BUDGETS

Based on this analysis; efficiencies, budget reductions and/or funding increases amounting to £5.402m in 2024/25 and £7.158m in 2025/26 are required to deliver a balanced budget.

The expenditure areas of the budget are as shown below:

Staff Costs	85.1%
Property Costs	3.7%
ICT Costs	3.5%
Other Costs	7.7%
	100.00%

Delivering significant budget reductions on staff costs would currently require existing activity to be curtailed or stopped altogether.

The indicative budget incorporates assumptions on a reduction in our estate but further savings may be possible.

Budget reductions on discretionary spend have been made year on year and opportunities to make further savings are limited.

We are funded by fees paid by service providers (30% of total funding) and grant in aid (70% of total funding). The table below shows how funding would need to increase to address the indicative funding gap.

	Funding Gap from Fees £m	Funding Gap from Grant in Aid £m
Current	11.900	28.078
Required increase 2024/25	5.402	5.402
Revised funding 2024/25	17.302	33.480
% age increase 2024/25	45%	19%

Required increase 2025/26	1.756	1.756
Revised funding 2025/26	19.058	35.236
% age increase 2025/26	10%	5%

Balancing the 2024/25 and 2025/26 budgets and how progress is to be monitored will be considered in more detail in the revised 2023/24 to 2029/30 Financial Strategy due to be considered by the Board in quarter 1 of 2023/24.

9.0   RISK

Sections 9.1 to 9.4 below set out risks associated with our budget position.

9.1   Inflation

Over recent years inflation has been consistently low and to a significant extent pay and general inflation has been absorbed into the Care Inspectorate budget over several years. The cost of living crisis has made this very difficult, if not impossible, to do. Inflation is anticipated to reduce in 2023/24 and 2024/25 but upward pressure on pay and prices will still be present as we move back towards a more settled position.

9.2   National Care Service Change (NCS) / Independent Review of Inspection, Scrutiny and Regulation (IRISR)

It is not yet known what impact the introduction of the proposed national care service or the Independent Review of Inspection, Scrutiny and Regulation will have on the Care Inspectorate. There is little capacity and no funding for additional resources if preparatory work is required.

9.3   Inspector Resource

Our efforts to improve Inspector recruitment is having an effect and we will start the 2023/24 financial year with fewer Inspector vacancies than has been the case in previous years. We are also reducing the time taken to fill vacant posts. This is very positive for delivering our Scrutiny and Improvement Plan.

However, the Care Inspectorate has operated with budget deficits each financial year from 2018/19 to date. The significant in-year underspends created by the difficulties we have had in maintaining Inspector numbers at or near budgeted levels has been a key element in assisting the Care Inspectorate to operate within and usually below budgeted funding.

More efficient recruitment will reduce the flexibility within our budget.

9.4   Public Inquiries

The draft and indicative budgets include provision for up to £0.200m each year for additional legal fees arising from supporting public inquiries. This provision is an estimate that could change significantly. There is no provision for additional staff time that may require to be directed towards supporting inquiries.

10.0   IMPLICATIONS AND/OR DIRECT BENEFITS

10.1   Resources

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

10.2   Sustainability

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

10.3   Policy

The Scottish Government's Budget for 2023-24 was announced in December 2022, setting out spending commitments to tackle continued pressures from the pandemic, eradicating child poverty, transitioning to a Net Zero economy, and creating sustainable public services. The budget includes funding of over £19 billion for health and social care, with £1.7 billion for social care and integration, an additional £100 million to support the delivery of the £10.90 real living wage for adult social care, and £290.2 million to tackle CAMHS and psychological therapies waiting times backlogs and deliver improved community-based mental health and wellbeing support for children, young people and adults.

As well as the broader financial landscape, this paper should be considered within the context of a range of policy developments and their possible implications for the Care Inspectorate, such as the continuing impact of the Covid-19 pandemic, including the ongoing challenges it represents and the reflection and scrutiny that is taking place as the

public inquiry begins taking evidence. It is also important to acknowledge the forthcoming establishment of a National Care Service, given the proposed implications for the Care Inspectorate and its functions. Other developments likely to have an impact on our role and functions include: education reform, implementation of The Promise, the introduction of the Children (Care and Justice) (Scotland) Bill, further expansion of funded early learning and childcare, establishment of the Barnahus model and the appointment of a regulator for children's contact centres, and the launch of the Data Strategy for Health and Social Care.

10.4   People Who Experience Care

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

10.5   Customers (Internal and/or External)

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

11.0   NEXT STEPS

11.1   The draft budget as approved by Board will be used as the basis of financial management from 1 April 2023. We await confirmation of all of our expected funding from the Scottish Government.

Draft 2023/24 Budget by Grant Funding Stream

	Core Operating Budget £000	Stage 2 Business / Digital Transformation £000	Expenditure Funded by Specific Grant £000	Total Budget £000
Staff costs	36,602.4	1,051.0	2,061.1	39,714.5
Accommodation costs	1,936.5	0.0	0.0	1,936.5
Administration costs	2,141.0	1,579.0	0.9	3,720.9
Travel costs	1,188.7	0.0	60.6	1,249.3
Supplies & services	1,921.2	116.0	104.2	2,141.4
Gross Expenditure	43,789.8	2,746.0	2,226.8	48,762.6
Other income	(1,304.2)	0.0	0.0	(1,304.2)
Net Expenditure	42,485.6	2,746.0	2,226.8	47,458.4
2023/24 Core Grant in aid funding	(28,078.0)	0.0	0.0	(28,078.0)
2023/24 Specific Grant funding		(746.0)	(1,969.4)	(2,715.4)
Fee income	(11,900.0)	0.0	0.0	(11,900.0)
(Surplus)/Deficit	**2,507.6**	**2,000.0**	**257.4**	**4,765.0**
Projected opening GR balance	(907.0)	(2,000.0)	(318.0)	(3,225.0)
Target Range Minimum	(424.9)	0.0	0.0	(424.9)
Available GR Balance to find deficit	(482.1)	(2,000.0)	(318.0)	(2,800.1)
Letter of Comfort from Sponsor	(2,050.0)	0.0	0.0	(2,050.0)
Total Other Funding	**(2,532.1)**	**(2,000.0)**	**(318.0)**	**(4,850.1)**
GR balance after funding requirement	**(449.4)**	**0.0**	**(60.6)**	**(510.0)**

Target Range	£000
Minimum: 1.0% of Gross Controlled Expenditure	424.9
Maximum: 1.5% of Gross Controlled Expenditure	637.3

General Reserve (excluding grant c/fwd)	(449.4)

Care Inspectorate
Draft Detailed Budget 2023/24

Care Inspectorate	2022/23	2023/24					
	Total Revised Core Operating Budget £'000	2023/24 Core Operating Budget £'000	Variance to 2022/23 Revised Core Operating Budget £'000	Variance to Approved Budget %	Stage 2 Business & Digital Transformation £'000	Specific Grant Funding £'000	Care Inspectorate Total Budget £'000
Staff Costs							
Board Members	105.0	105.0	-	-			105.0
Chief Officers	654.5	688.9	34.4	5.3%			688.9
Senior Managers	2,519.3	2,785.1	265.8	10.6%		101.3	2,886.4
Admin & Professional	7,653.0	8,154.4	501.4	6.6%	1,051.0	663.3	9,868.7
Specialists	1,164.2	1,101.3	(62.9)	(5.4%)		351.4	1,452.7
Team Managers	2,126.5	2,273.9	147.4	6.9%		144.7	2,418.6
Senior Inspectors	-	-	-	-		637.3	637.3
Inspectors	16,642.6	17,958.2	1,315.6	7.9%		43.5	18,001.7
Practitioner Strategic Inspectors	-	-	-	-		87.4	87.4
Strategic Inspectors	2,514.7	2,718.7	204.0	8.1%		-	2,718.7
Displaced Staff	46.9	124.5	77.6	165.5%			124.5
Grant Funded Posts	-	-	-	-			-
Locums	-	-	-	-			-
Apprentice Levy	113.9	136.4	22.5	19.8%			136.4
Total Payroll Costs	**33,540.6**	**36,046.4**	**2,505.8**	**7.5%**	**1,051.0**	**2,028.9**	**39,126.3**
Hired Agency Staff	20.0	-	(20.0)	(100.0%)			-
Training & Development	457.2	456.0	(1.2)	(0.3%)		32.2	488.2
Other Staff Costs	100.1	100.0	(0.1)	(0.1%)			100.0
Total Staff Costs	**34,117.9**	**36,602.4**	**2,484.5**	**7.3%**	**1,051.0**	**2,061.1**	**39,714.5**
Accommodation Costs							
Rents	66.6	-	(66.6)	(100.0%)			-
Rates	449.0	474.6	25.6	5.7%			474.6
Other Running Costs	1,230.8	1,461.9	231.1	18.8%			1,461.9
Total Accommodation Costs	**1,746.4**	**1,936.5**	**190.1**	**10.9%**	**-**	**-**	**1,936.5**
Administration Costs							
Printing & Stationery	91.7	91.7	-	-			91.7
Postages	80.0	80.0	-	-		0.9	80.9
Telephone Costs	360.0	280.0	(80.0)	(22.2%)			280.0
Advertising & Publicity - General	7.3	7.3	-	-			7.3
Advertising & Publicity - Conferences	22.0	22.0	-	-			22.0
Subscriptions & Publications	35.0	35.0	-	-			35.0
Professional Fees	688.9	630.7	(58.2)	(8.5%)	1,579.0		2,209.7
Other Administrative Costs	940.4	994.3	53.9	5.7%			994.3
Total Administration Costs	**2,225.3**	**2,141.0**	**(84.3)**	**(3.8%)**	**1,579.0**	**0.9**	**3,720.9**
Transport Costs							
Travel & Subsistence	1,188.7	1,188.7	-	-		60.6	1,249.3
Supplies & Services							-
Furniture & Equipment	83.0	77.0	(6.0)	(7.2%)			77.0
IT Costs	1,589.1	1,724.3	135.2	8.5%	116.0	37.3	1,877.6
Other Supplies & Services	119.9	119.9	-	-		66.9	186.8
Total Supplies & Services	**1,792.0**	**1,921.2**	**129.2**	**7.2%**	**116.0**	**104.2**	**2,141.4**
Gross Expenditure	**41,070.3**	**43,789.8**	**2,719.5**	**6.6%**	**2,746.0**	**2,226.8**	**48,762.6**
Income							
Shared Service	(895.2)	(1,196.7)	(301.5)	33.7%			(1,196.7)
Seconded Officers	(98.3)	-	98.3	(100.0%)			-
Miscellaneous	(99.4)	(107.5)	(8.1)	8.2%			(107.5)
Total Income	**(1,092.9)**	**(1,304.2)**	**(211.3)**	**19.3%**	**-**	**-**	**(1,304.2)**
Net Expenditure	**39,977.4**	**42,485.6**	**2,508.2**	**6.3%**	**2,746.0**	**2,226.8**	**47,458.4**
Funded By:							
Continuation Fee Income	(11,400.0)	(11,400.0)	-	-			(11,400.0)
Regsitration Fee Income	(500.0)	(500.0)	-	-			(500.0)
SG Grant in Aid and Grant	(25,919.0)	(28,078.0)	(2,159.0)	8.3%	(746.0)	(1,969.4)	(30,793.4)
Letter of Comfort	(738.0)	(2,050.0)	(1,312.0)	177.8%			(2,050.0)
Total Funding	**(38,557.0)**	**(42,028.0)**	**(3,471.0)**	**9.0%**	**(746.0)**	**(1,969.4)**	**(44,743.4)**
Budget (Surplus) / Deficit	**1,420.4**	**457.6**	**(962.8)**	**(67.8%)**	**2,000.0**	**257.4**	**2,715.0**

Care Inspectorate Revised Budgeted Establishment 2023/24

Post	2022/23 Budgeted FTE	Proposed Core Budgeted FTE	Proposed Temp Budgeted FTE	Total Proposed Budgeted FTE	Movement	Reason for Movement
Chief Officer	5.00	5.00		5.00	0.00	
Senior Managers	28.50	29.50		29.50	1.00	AHP Consultant 1.0 FTE previously included in Specialists
Strategic Inspector	30.00	32.00		32.00	2.00	SDR Hub, 1.5 FTE and Adult Significant Case Review, 0.5 FTE now baselined
Team Manager	33.00	33.00		33.00	0.00	
Inspector / Project Inspector / Senior Inspector: (Grade 7)	290.17	289.04		289.04	(1.13)	Reduction of 1.13 FTE Inspectors to fund Senior Mentodologies Adviser
Prof Advisor / Subject Matter Experts	14.00	12.00	0.28	12.28	(1.72)	AHP Consultant included in Senior Managers ((1.0) FTE Temporary Workstream Lead for the Promise = (0.72) FTE
Admin & Professional	204.71	201.22	1.36	202.58	(2.13)	Temp IT Officer (security) = (0.74) FTE Temporary solicitor posts = (0.1) FTE Temp Policy and comms posts = (2.75) FTE Temp Intelligence Analyst = (0.42) FTE Senior Methodologies Adviser funded by reduction in Inspectors Adviser 1.0 FTE Minor adjusts to working hours 0.38 FTE Adults Significant Case Review now core 0.5 FTE
Displaced Post	1.00	2.00		2.00	1.00	Displaced Senior Improvement Advisor currently employed on grant funded programme of work
Total from Core Funding & Reserves	**606.38**	**602.76**	**2.64**	**605.40**	**(0.98)**	
Specific Grant Funded Posts	40.05			32.60	(7.45)	Adjustment to reflect changes in grant funded programmes of work.
Total FTE	**646.43**	**602.76**	**2.64**	**638.00**	**(8.43)**	

Stage 2 Transformation Programme (indicative)				17.17	

Budget 2023/24: Specific Grant Funded Workstreams

	STRATEGY & IMPROVEMENT					SCRUTINY & ASSURANCE					
	Technology Enabled Care (incl. My Active World)[1] £000	ELC Improvement[1] £000	Meds Care Home Project £000	Care About Physical Activity £000	Safe Staffing[1] £000	ELC Expansion £000	Adult Support and Protection £000	National Child Death Review Hub[1] £000	Anne's Law (Care Home Connections) £000	Telecare Services £000	Total £000
Staff Costs:											
Senior Managers						85.9	15.4				101.3
Admin & Professional		33.5	40.4		482.4	44.1	44.0		18.9		663.3
Specialists	69.4	204.4		28.5						49.1	351.4
Team Managers					74.8	69.9					144.7
Inspectors						566.3			71.0		637.3
Practitioner Strategic Inspectors							43.5				43.5
Strategic Inspectors							87.4				87.4
Total Payroll Costs	**69.4**	**237.9**	**40.4**	**28.5**	**557.2**	**766.2**	**190.3**	**0.0**	**89.9**	**49.1**	**2,028.9**
Hired Agency Staff											0.0
Training & Development	0.5		0.7	1.0	8.0	19.0	3.0				32.2
Other Staff Costs											0.0
Total Staff Costs	**69.9**	**237.9**	**41.1**	**29.5**	**565.2**	**785.2**	**193.3**	**0.0**	**89.9**	**49.1**	**2,061.1**
Administration Costs			0.9								0.9
Travel Costs	2.0	5.9		1.1	6.0	34.0	9.2		0.3	2.1	60.6
Supplies and Services	1.5	3.4		0.4	78.8	15.8	2.5			1.8	104.2
Gross Expenditure	**73.4**	**247.2**	**42.0**	**31.0**	**650.0**	**835.0**	**205.0**	**0.0**	**90.2**	**53.0**	**2,226.8**
Confirmed Funding					(650.0)		(205.0)				(855.0)
Anticipated Funding		(243.2)		(25.0)		(835.0)			(11.2)		(1,114.4)
Net Expenditure	**73.4**	**4.0**	**42.0**	**6.0**	**(0.0)**	**0.0**	**0.0**	**0.0**	**79.0**	**53.0**	**257.4**
C/fwd Funding in General Reserve	(95.0)	(4.0)	(42.0)	(6.0)	(39.0)	0.0	0.0	0.0	(79.0)	(53.0)	(318.0)
(Surplus) / Deficit	**(21.6)**	**0.0**	**0.0**	**0.0**	**(39.0)**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**(60.6)**

<u>Care Inspectorate</u>
<u>Draft Budget 2023/24 and Indicative Budgets 2024/25 and 2025/26</u>

Care Inspectorate

	<u>2023/24 to 2025/26</u>		
	Draft 2023/24 Budget £'000	**Indicative 2024/25 Budget £'000**	**Indicative 2025/26 Budget £'000**
Staff Costs	36,602.4	39,745.9	41,759.3
Accommodation Costs	1,936.5	1,721.5	1,777.3
Administration Costs	2,141.0	2,182.6	2,120.6
Transport Costs	1,188.7	1,188.7	1,188.7
Supplies & Services	1,921.2	1,845.6	2,020.6
Gross Expenditure	***43,789.8***	***46,684.3***	***48,866.5***
Income	(1,304.2)	(1,304.3)	(1,305.5)
Net Expenditure	***42,485.6***	***45,380.0***	***47,561.0***
Funded By:			
Continuation Fee Income	(11,400.0)	(11,400.0)	(11,400.0)
Regsitration Fee Income	(500.0)	(500.0)	(500.0)
Core Grant in Aid per Sponsor	(28,078.0)	(28,078.0)	(28,503.0)
Letter of Comfort from Sponsor	(2,050.0)	-	-
Total Funding	***(42,028.0)***	***(39,978.0)***	***(40,403.0)***
Budget (Surplus) / Deficit	***457.6***	***5,402.0***	***7,158.0***

DRAFT CAPITAL PLAN 2023/24 SUMMARY

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

1. Capital Allowances

1.1 IT Equipment

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

1.2 Estates Strategy Development

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

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

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

care
inspectorate

Title:	**MONITORING OUR PERFORMANCE 2022/23 – QUARTER 3 REPORT**
Authors:	*Ingrid Gilray, Intelligence and Analysis Manager* *Al Scougal, Senior Intelligence Analyst* *Kaisha Wallace, Intelligence Researcher*
Responsible Director:	Gordon Mackie, Executive Director of IT, Transformation & Digital
Appendices:	1. **Technical notes**
Consultation:	**N/A**
Resource Implications:	**None**

EXECUTIVE SUMMARY
This report presents the 2022/23 Q3 summary report on our performance.   Of the eight Key Performance Indicators (KPIs) detailed in the Corporate Plan 2022-25, at the end of Q3 2022/23:   • Six were measured and compared to target, and all six met or exceeded target   • Two (KPI-4 and KPI-5) will not be reported on officially until a benchmark is determined although initial performance has been provided   This report provides a detailed account of our KPIs and work in support of our strategic objectives over the first three quarters of 2022/23.

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

Links	Corporate Plan Outcome (Number/s)	1,2,3,4	Risk Register (Yes/No)	Yes
For Noting X	**For Discussion** X	**For Assurance**	**For Decision**	

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

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

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

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

MONITORING OUR PERFORMANCE 2022/23 – QUARTER 3 REPORT

1.0 INTRODUCTION / BACKGROUND

Background
In Q3 we continued to target our scrutiny, assurance and improvement support in an intelligence-led way that takes account of services we assessed as being the highest priority.

Grading methodology change
As previously communicated to the Board, we have modified our analysis of grades to ensure we fully take account of for the scrutiny work carried out over the pandemic. This change has resulted in changes to our performance which has been retrospectively amended for the inspection year 2022/23. These changes affect three of our KOI measures: KOI-1 (performance improved compared with previous methodology), KOI-3 (performance improved compared with previous methodology) and KOI-6 (performance worsened compared with previous methodology).

Structure of this report
Under each of the four strategic outcomes in our Corporate Plan 2022-25, we have set out our performance against our agreed measures and highlighted key areas of work delivered or progressed in the last quarter. These highlights are focussed on the changes we seek to achieve and in particular on the priorities we have set out in our corporate plan.

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

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

Types of performance measure
Our performance measures are split into two types: Key Performance Indicators (KPIs) which are specific and quantifiable measures against which the Care Inspectorate's performance can be assessed, and Key Outcome Indicators (KOIs) which are measures that the Care Inspectorate aims to influence by its work, but which it may have limited control over.

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

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 DECEMBER 2022

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

Key Performance Indicator (KPI) Overview

Strategic outcome: High-quality care for all	Strategic outcome: Improving outcomes for all	Strategic outcome: Our people are skilled, confident and well supported to carry out their roles
KPI-1: % of people telling us that our scrutiny will improve care **93.0%** [Target 90%]	**KPI-4:** % of people telling us that our quality improvement support will improve care **93.8% from 470 responses** [Target - Baseline year]	**KPI-5:** % staff completing core learning **42% for Data Protection, Equalities and Cyber Security;** **62% - 78% for Health and Safety modules**
KPI-2: % scrutiny hours spent in high and medium risk services **71.1%** [Target 50%]		**KPI-6:** % staff absence **4.4%** [Target 3.6%, Range 2.4% to 5.7%]
KPI-3: % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) **80.9%** [Target 80%]		**KPI-7:** % staff turnover **9.5%** [Q3 Target <10.5%]
		KPI-8: Days per quarter that inspection volunteers and care experienced people are involved in our work **121.5 days** [Benchmark 90 days]

Colour code:	Target achieved	Slightly below target	Significantly below target	Initial reporting

Strategic outcome: High-quality care for all

KOI-1: % services with good or better grades (across all KQs)		Executive Director of Scrutiny and Assurance
Q3 Year to Date (see label on chart)	**85.1%**	**KOI-1: % services with good or better grades (across all KQs) – position at the end of the month**
Q3 Year to Date 21/22	**85.7%**	
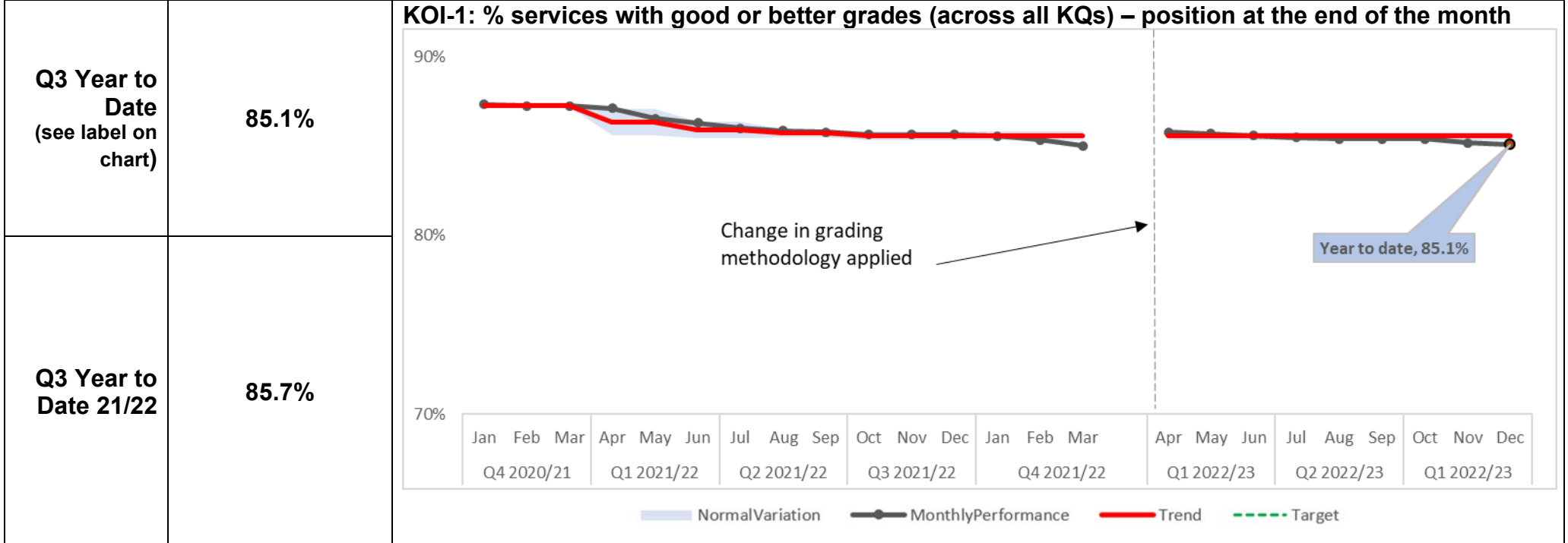
Notes: The % of services with good or better grades has remained consistently high falling slightly to just over 85% of registered services at the end of Q3, 0.6%-points lower than Q3 last year. As noted previously, we have implemented our new grading analytical methodology from 1 April 2022. This has resulted in an improvement in performance compared to performance measured under the previous methodology. Note that the axis on the chart above does not start at 0, to visualise the small but statistically significant decrease. It is important to emphasise that this is a very small change overall.

Reasons for Difference: In line with our scrutiny and assurance plan, we have continued to focus on inspecting services where concerns about quality of care are greatest, and the grades of these services are more likely to fall as a result. In order to increase the grade of a service we need to be confident that the improvement can be sustained. Conversely, in the current circumstances we are less likely to inspect services where quality may have improved over the course of the year, and these improvements will not yet be reflected in this measure.

Actions: We will continue to implement our inspection plan which has a focus on high-risk services, but also includes some services which are better quality but have not been inspected recently.

KPI-1: % of people telling us that our scrutiny will improve care	Executive Director of Scrutiny and Assurance

Target	**90%**
Q3 Year to Date	**93% of respondents (71 responses)**
Q3 Year to Date 21/22	**90% of respondents (40 responses)**

KPI-1: % of people telling us that our scrutiny will improve care

Year to date, 93.0%

NormalVariation — MonthlyPerformance — Trend ----- Target
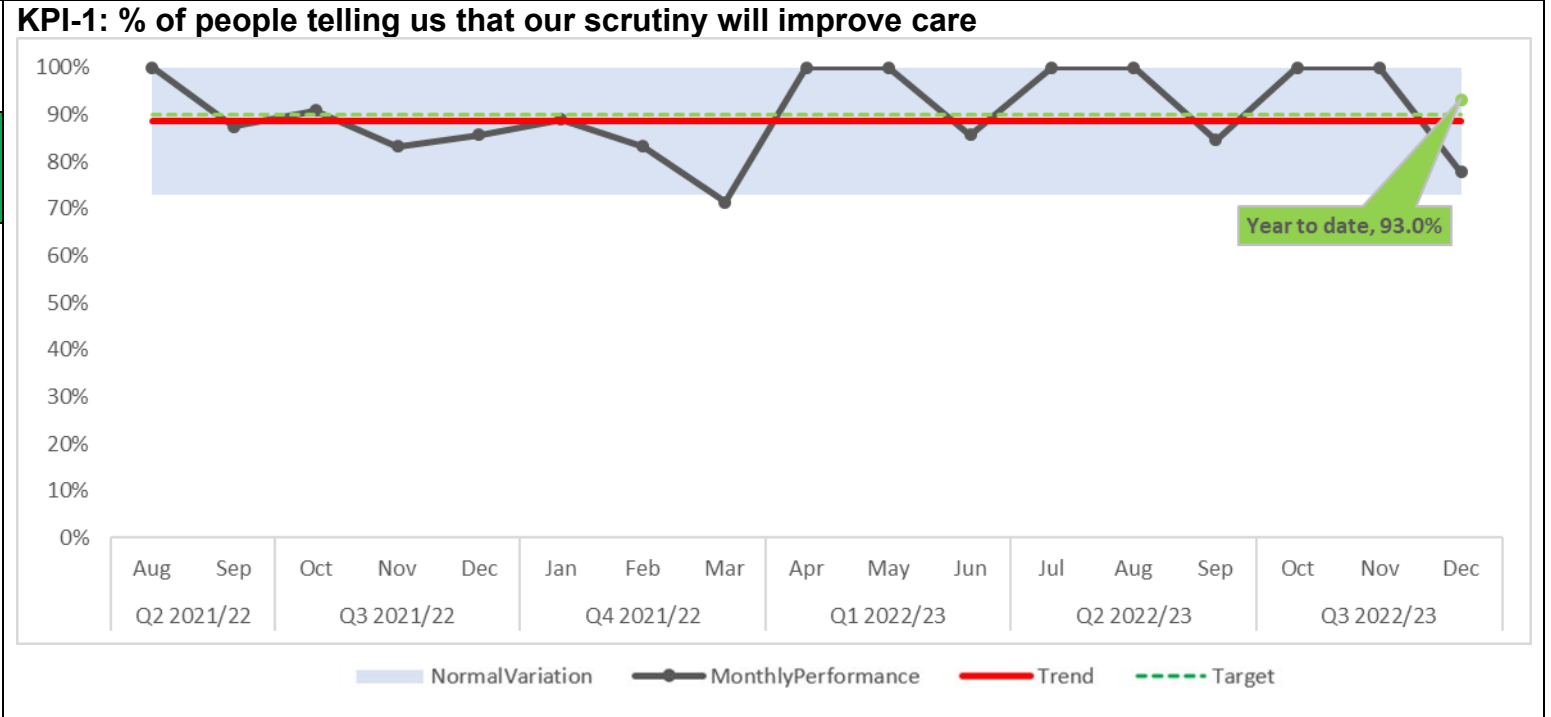
Notes: The % of people telling us that our scrutiny will improve care remained above target at 93% at the end of Q3.

Reasons for Difference: The above figures now include a small number of responses about our inspection work to add to the figures previously reported about our registration work.

- 52 of 57 of respondents (91.2%) agreed that the registration process helped the applicant provide a better-quality service.
- 14 of 14 respondents (100%) agreed that the quality of service will improve (or be maintained) because of inspection.

Note that, as the above performance is only from a small number of responses it can therefore vary considerably from month to month.

Actions: We are continuing to encourage feedback about our scrutiny, and are working to improve on this response.

KPI-2: % scrutiny hours spent in high and medium risk services		Executive Director of Scrutiny and Assurance

		KPI-2: % scrutiny hours spent in high and medium risk services by month inspection completed
Target (see green dotted line on chart)	**50%**	
Q3 Year to Date (see label on chart)	**71.1% (91,946 of 129,354 hours)**	
Q3 Year to Date 21/22	**70.0% (36,138 of 51,635 hours)**	

Notes: Performance remains above target. Up to the end of Q3 just over two thirds (71.1%) of scrutiny hours were spent in high or medium risk services, a slight increase of 1.1%-points from Q3 last year. For context, up to the end of Q3 we recorded 129,354 hours on scrutiny, an increase of 151% (77,719 hours) from Q3 21/22. At the end of Q3 22/23 31% of registered services were classed as medium or high risk.

Reasons for Difference: Our above target performance reflects the focus of our inspection plan where early learning and childcare and children and young people services are prioritising services most at risk. In adult services, although still focussing on higher risk services, our inspection plan includes some better performing services, in particular those that have not had a recent inspection.

Actions: Continue to implement the inspection plan for 2022/23 and respond to complaints and concerns appropriately.

KOI-2: % of services with good or better grades at first inspection following registration	**Executive Director of Scrutiny and Assurance**

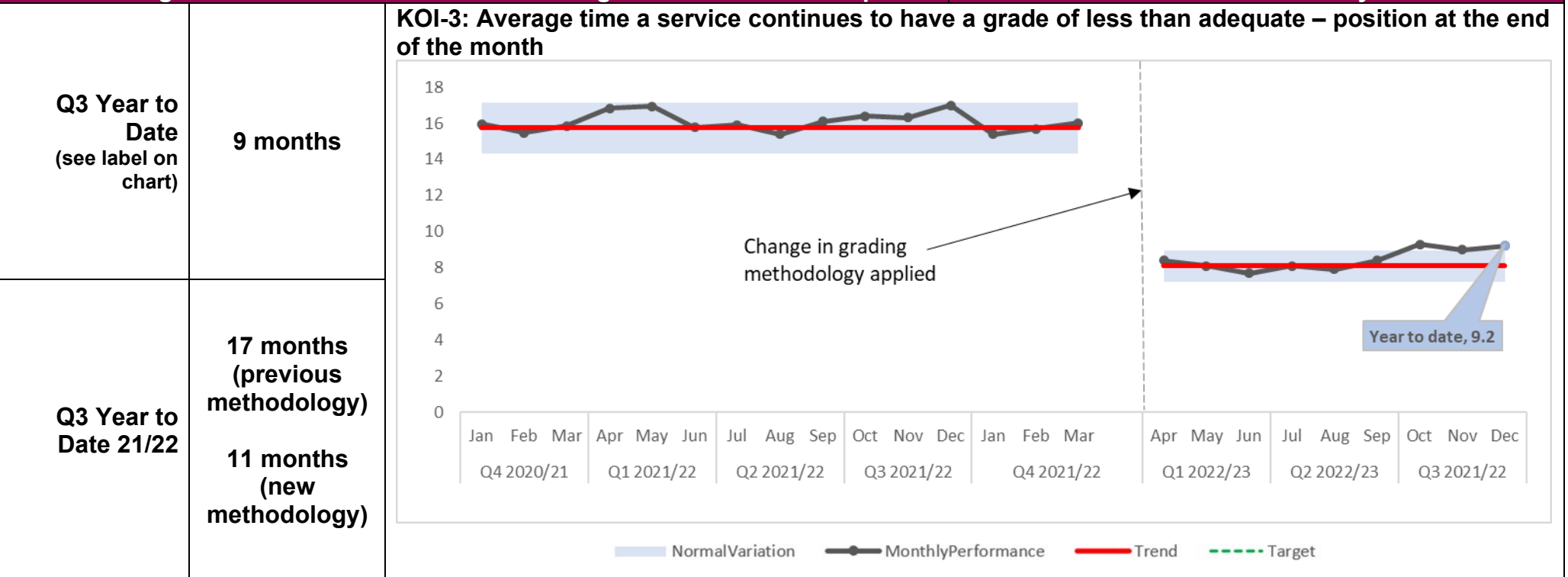|		KOI-2: % of services with good or better grades at first inspection following registration by month inspection report published
Q3 Year to Date (see label on chart)	**64.8%** **(234 of 361)**	
Q3 Year to Date 21/22	**68.5%** **(241 of 352)**	
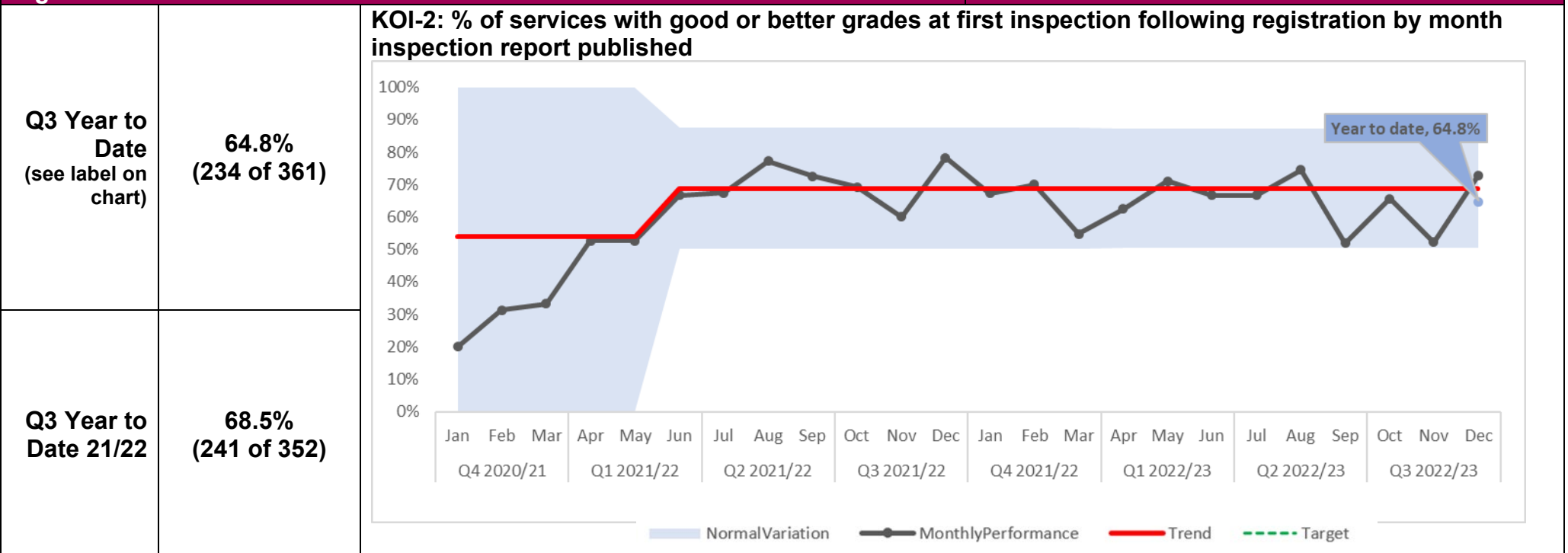
Notes: The percentage of services with good or better grades at first inspection dropped by 3.7%-points since Q3 last year to 64.8% of services, although performance remained within the normal range of variation expected. The chart above illustrates how variable performance has been, especially during the first year of the Covid-19 pandemic period due to the low number of services qualifying for the measure. From Q1 2021-22 to Q3 2022-23 we have seen a sustained and statistically significant increased performance, with variability also decreasing as illustrated by the smaller confidence intervals. Performance on this measure in September (52%) and November (52%) was notably lower than the other months in 2022-23 but performance improved in December back up to 73%.

Reasons for Difference: The increase in newly registered services with published grades has now slowed from the large increase seen in the first 2 quarters of 2022/23. By the end of Q3, 361 services had their first inspection report published, an increase of 9 services (up 3%) from Q3 last year.

Actions: We will continue to monitor those services that did not receive good grades on their first inspection.

KOI-3: Average time a service continues to have a grade of less than adequate	Executive Director of Scrutiny and Assurance

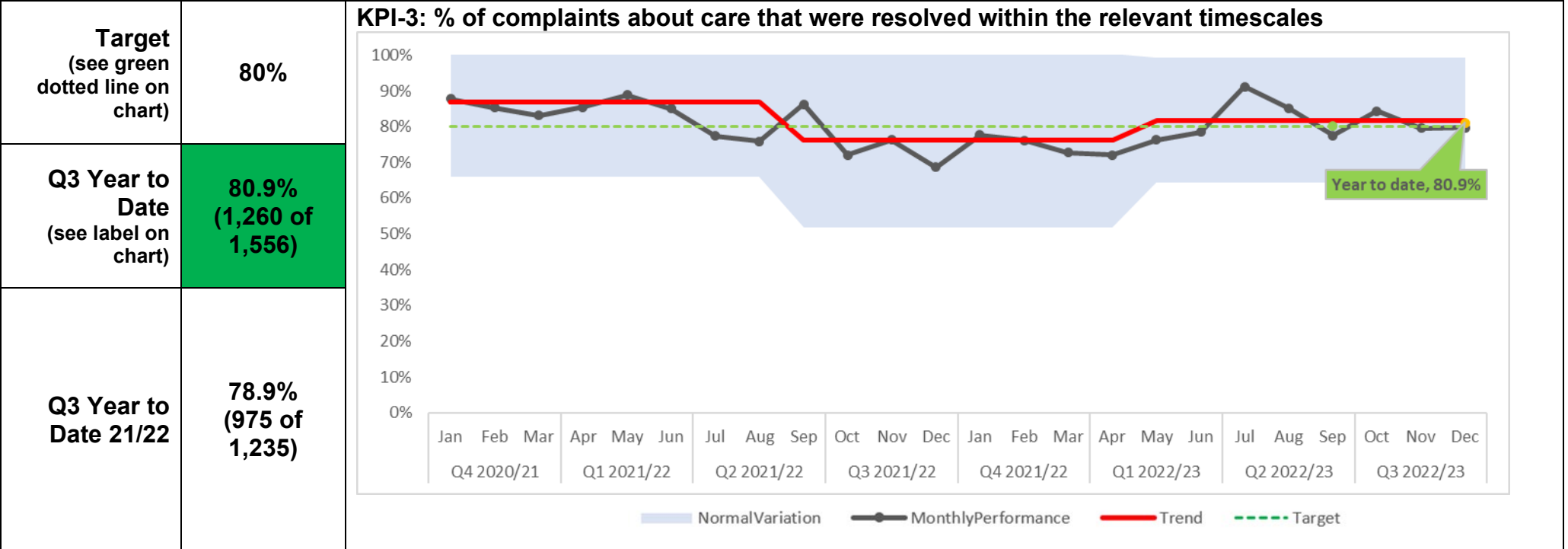| Q3 Year to Date (see label on chart)	9 months	KOI-3: Average time a service continues to have a grade of less than adequate – position at the end of the month
Q3 Year to Date 21/22	17 months (previous methodology) 11 months (new methodology)	

Notes: At the end of Q3 2022/23, when using the new methodology, the average time a service continued to have a grade of less than adequate was 9 months; lower than the 11 months at the end of Q3 2021/22. There has been an increase in the average time a service continued to have a grade of less than adequate from the start of the 2022/23 inspection year.
As noted previously, we have implemented our new grading analytical methodology from 1 April 2022. This has resulted in a marked improvement in performance compared with the previous methodology.

Reasons for Difference: The average time a service had a grade of less than adequate increased across Q3 compared to the recent average trend. Early learning and childcare (ELC) services, especially childminding services, have higher than average times with services with grades of less than adequate. ELC services account for 50% of all services with a minimum grade of less than adequate. Many of these services have been closed for long periods of the pandemic period and therefore have not had the opportunity to be inspected.

Actions: We will continue to deliver our inspection plan which prioritises inspections of high risk services and those with poorer grades. Additionally, we follow up all requirements in services to ensure improvements have taken place and will regrade where better outcomes are in place or take enforcement action if appropriate. In addition, many services may have started improvements and we extend timescales to enable them to fully meet these which will extend the length of time a service has grades of less than adequate.

KOI-4: % of services with expected grades or better	Executive Director of Scrutiny and Assurance
Q3 Year to Date (see label on chart)	**77% (based upon 749 inspections)**
Q3 Year to Date 21/22	**During 2021/22 we were not reporting on this measure**

Notes: Based on 749 inspections by the end of Q3, 77% of those services expected to have good or better grades at their next inspection achieved this. These are services which have previously been graded good or better, had a low scrutiny assessment tool (SAT) score, and we have received no new information to indicate a decline in quality or newly registered services being inspected for the first time. Between September and December alone, 93% of services achieved expected grades or better. Of those services that did not get expected grades or better, 6% had a minimum grade of adequate.

Actions: We will continue to identify and examine services which did not receive expected or better grades.

KPI-3: % of complaints about care that were resolved within the relevant timescales (not including complaints logged as intelligence)	Executive Director of Scrutiny and Assurance

		KPI-3: % of complaints about care that were resolved within the relevant timescales
Target (see green dotted line on chart)	**80%**	
Q3 Year to Date (see label on chart)	**80.9% (1,260 of 1,556)**	
Q3 Year to Date 21/22	**78.9% (975 of 1,235)**	

Notes: Performance is slightly above target. Up to the end of Q3, 80.9% of all resolved complaints about care were completed within 40 days, up 2.0%-points from Q3 last year.

Reasons for Difference: All concerns raised are assessed and dealt with using the most appropriate method. Performance was above Q3 last year even with an increase in the number of complaints resolved (up 26%). Performance was improved due to the increased capacity in the complaints team following successful recruitment and induction periods.

Actions: We continue to support people to raise concerns and assess all concerns and complaints to ensure they were dealt with appropriately. We continue, where appropriate, to make adult and child protection referrals and to make referrals to police. Our complaints team continue to work with people who made complaints and providers to escalate and resolve complaints quickly. Complaints provide us with important information and data which forms part of our intelligence about services, and we use this in a number of ways including to inform us about services requiring an inspection.

Scrutiny and assurance of registered care services - activity breakdown up to 31 December 2022

The following figures show the volume and type of activity we undertook at the registered care service level.

	Number completed Q3 Year to Date 21/22	Number completed Q3 Year to Date 22/23	Comparison of 2022/23 vs 2021/22 year to date
Inspections completed	1,855	2,909	▲
Serious concern letters issued	45	39	▼
Improvement notice enforcements	29	36	▲
Notice to cancel enforcements	2	4	▲
Total complaints resolved (not including concerns logged as intelligence)	1,235	1,556	▲
New registrations completed	368	314	▼
Number of variations to registration completed (not including typographical changes to certificates).	1,380	1,233	▼

Inspections completed: The number of inspections completed has increased by 57% (up 1,054 inspections) compared to Q3 last year. This was possible as a result of lifting of restrictions and recruitment of more inspectors.

We completed 2,909 inspection visits in 2,569 services (this included inspections of services that have since cancelled):
• 963 in care homes for older people and adults
• 763 in daycare of children services
• 565 in childminding services
• 618 across other service types

Serious concern letters issued: The number of serious concern letters issued decreased from 45 at end of Q3 21/22 to 39 this year. As a proportion of completed inspections this is lower than Q3 last year, with approximately 1.3% of inspections at the end of Q3 22/23 resulting in a serious concern letter being issued compared to 2.4% last year. 42% of the serious concern letters were in care homes for older people and 37% were in daycare of children services

Enforcements: The number of improvement notices issued increased from 29 at end of Q3 21/22 to 36 this year. There have been 4 notice to cancel enforcements at end of Q3 2022/23 compared to 2 the previous year.

Total complaints resolved (not including those logged as intelligence): All concerns raised are assessed and dealt with using the most appropriate method. Total complaints resolved increased by 26% (321 complaints) compared to Q3 last year.

New registrations completed: The number of completed registrations fell compared to last year (down 15%, 54 completed registrations). Registration applications were up 10% from last year; with Q3 applications increasing by 57% from last year.

Variations to registration completed: Variations completed have decreased by 11% compared to Q3 last year (down 147 completed variations). The drop in completed variations is largely due to drop in variation applications: applications were down 19% from last year mainly due to higher numbers of variations the year before due to Covid-19.

Strategic scrutiny activity breakdown from completed inspections published up to 31 December 2022
The following figures show the volume and type of strategic scrutiny activity we have undertaken this year to date. Strategic Scrutiny focuses on the scrutiny, assurance and improvement of services provided by local authority social work services and partnerships. It covers services for children and families, adults and older people and people involved with the justice system. Strategic scrutiny explores how adults' and children's rights are promoted and upheld, the extent to which they are enabled to exercise choice and control in how their support is provided, and the outcomes they experience. Some of the core functions of Strategic Scrutiny are listed below:

	Number completed (published during 22/23) Q3 Year to Date 22/23
Inspections completed	15
Total staff survey responses	6,954
Total people experiencing care engaged with	517
Total number of case files read	1,421
Number of serious incident reviews, initial or serious case reviews, and learning reviews received	105

Scrutiny and support for local authorities and partnerships
The adult support and protection inspection programme continues. Four inspection reports were published in this quarter: Glasgow, Scottish Borders, North Lanarkshire and South Lanarkshire.

In November 2022 we published a report of joint inspection for services for adults in Fife, and in December 2022 we published a report of a joint inspection of services for children and young people at risk of harm in Highland.

Three pieces of national work were also completed during quarter 3:
- Carer's inquiry
- Angus Significant Case Review (SCR) P19 Commission
- Justice - Level of Service Case Management Inventory (LS/CMI) Phase 3 review

Summary of key achievements and work progressed in Q3 2022/23

Enforcement
The legal team supported a significant piece of enforcement work which resulted in the closure of a care home for older people where residents were considered to be at serious risk to their life, health and well-being.

Care Inspectorate / Education Scotland shared inspection framework
Scottish Government have shared with the Care Inspectorate and Education Scotland the initial findings from the consultation of the future of inspection for the early learning and childcare sector which closed at the end of October 2022. 78% of respondents supported a shared framework to be used by both organisations to prevent duplication and provide clarity of expectations for the sector. Key stakeholder groups have been identified and provisional dates identified for initial consultation with the sector on the development of the framework.

Self-evaluation methodology
A self-evaluation working group was established to consider an organisational approach to self-evaluation as a scrutiny activity. Consultation has now begun with different teams from across the scrutiny and assurance directorate to begin consideration as to how we could further develop the use of self-evaluation as a scrutiny tool. In addition, a number of self-evaluation toolkits have been developed for different service types. This work has been done collaboratively by the methodology and improvement team. A board development event planned for 9 February 2023 will focus on this.

Housing support and offender accommodation

The adult regulated care team have reviewed the link historically between housing support and offender accommodation services and worked with our legal team to clarify the position. These are different categories of registration and we have separated out both areas to have their own distinct Quality Frameworks. This has been well received by housing support providers and consultation with the sector has been undertaken. We are currently consulting and working with our methodology team to develop a framework for offender accommodation.

Scrutiny and assurance directorate strategy

Over the past 6 months the executive director of scrutiny & assurance has led the development of the scrutiny & assurance directorate strategy working with chief inspectors and a member of the policy team. Historically, the annual scrutiny & assurance plan has combined the overarching strategy with the detailed plans for the coming year. In March 2022 when approving the 2022-23 plan, the Board requested that for coming year (2023-24), we separate the strategy and the plan to form two separate documents. The Board considered the draft strategy at its meeting on 15 December 2022 and provided comment. It is hoped that this will be formally approved on 26 January 2023.

Scrutiny and assurance plan 2023-24

Each year, in accordance with Section 54 of the Public Services Reform (Scotland) Act 2010 (the 2010 Act), the Care Inspectorate must prepare a plan for carrying out inspections in line with best regulatory practice and the agreed budget. We must keep the plan under review, and we may revise it from time to time to reflect risk. We must seek ministerial approval for this plan and any updates to it.

The executive director of scrutiny & assurance, working closely with the chief inspectors, has led the development of the scrutiny & assurance plan for 2023-24 aligning it to the scrutiny & assurance directorate strategy detailed above. It has been submitted to the strategic leadership team (SLT) for consideration of approval at their meeting on 18 January 2023 prior to being submitted to the Board for approval on 9 February 2023. Plans to establish a National Care Service and the ongoing Independent Review of Inspection, Scrutiny and Regulation (IRISR), and the recent announced review of the scrutiny and governance of mental health services commissioned by the Minister for Mental Wellbeing and Social Care, may require it to be amended during the coming year.

Strategic workforce plan

Working collaboratively across the organisation, significant progress has made in the development of our new strategic workforce plan which will cover the period from 2023-2026. Our strategic workforce plan sets out the priorities and actions required to ensure our workforce are appropriately equipped and supported to achieve the strategic outcomes in the corporate plan. Following extensive consultation, the final plan will be submitted for approval by the Board in February 2023.

Joint inspections – services for children and young people at risk of harm
The children's strategic team engaged in a session at the Child Protection Committee Scotland meeting in October focussed on joint inspections. We updated the audience of child protection committee chairs, lead officers and other stakeholders on our scrutiny approach and acknowledged the significant challenges facing children's service partnerships in their delivery of services to keep children and young people safe and support their wellbeing. Partnership areas that had recently been inspected spoke of their experiences of inspection and the impact on improvement.

Care home oversight arrangements
Chief inspector adults has worked as part of group chaired by chief nurse and chief social worker in Scotland on support and work with care homes across Scotland. The aim is to have a national and consistent approach that is not about further regulation but one of support for services. The chief inspector supported the focus on improvement and support, and this has been accepted as the way the groups should move forward. We provided support for a letter that was issued to the sector that made clear the different roles including those of the Care Inspectorate.

Independent Review of Inspections, Scrutiny and Regulations
On 16 December 2022 we submitted our formal response to the Independent Review of Inspection, Scrutiny & Regulation (IRISR) chaired by Dame Sue Bruce. The chief executive and executive director of scrutiny & assurance met with their opposite numbers in the Scottish Social Services Council (SSSC) to discuss this and we shared our response with them.

Strategic outcome: Improving outcomes for all

KOI-5: % of services with >90% of people telling us they are happy with the quality of care and support they receive	Executive Director of Scrutiny and Assurance
Q3 Year to Date	**76.8% of services (responses from 190 services, 4,094 respondents)**
Q3 Year to Date 21/22	**80% of respondents (responses from 5 services) (Q3 only, during Q1 and Q2 2021/22 we were not reporting on this measure)**

Notes: At the end of Q3, the feedback (from 190 services) has been positive with 76.8% of services having more than 90% of people telling us they were happy with the quality of care and support they receive.
Reasons for Difference: Although, 76.8% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive, 94% of all individual respondents told us they were happy with the quality of care and support they receive. Most service types had an agreement rate of 94% or above but care homes for older people (83%) were below the average.
Actions: The above responses are from online questionnaires only. Our questionnaires are one way in which we get feedback about services. Throughout the pandemic, our inspectors have continued to ask people who use services, relatives and carers, staff and visiting professionals for their views. This includes face-to-face where it has been possible and safe to do that, as well as by phone or using technology such as near me, Zoom and texting to talk to people and listen to their experiences.

KPI-4: % of people telling us that our quality improvement support will improve care	Executive Director of Strategy and Improvement

Benchmark	**Baseline year**

Q3 Year to Date	**93.8% of respondents (470 responses)**

Q3 Year to Date 21/22	**During 2021/22 we were not reporting on this measure**

Notes: At the end of Q3 93.8% of people (470 responses) told us that our quality improvement support will improve care. This performance is based on quality improvement support work recorded in the first three quarters of the year. In Q3 this included quality improvement sessions around safe staffing, falls workshops and learning community sessions for early learning and childcare services.

Actions: We will expand the scope and number of quality improvement projects considered for this measure as we progress throughout the year. This current measure looks at participants views immediately following the quality improvement support work session. We are undertaking further work to check back with services four months later to see if the quality improvement support work was effective at improving care for people using care service.

Quality improvement support and external communications summary year to date up to 31 December 2022

	Number Q3 Year to Date 22/23
External quality improvement support events	87
Internal quality improvement support events	6
Number of unique services engaged	300
Number of individuals engaged (from Q2)	1,842
Website page views – Total / Unique	7,078,133 / 4,905,460
Hub page views – Total / Unique	315,713 / 221,737

External improvement support events: There were 87 external quality improvement support events recorded by the end of Q3. These quality improvement support events covered a range of areas including: Childminder self-evaluation toolkit discovery sessions, falls workshop, infection, prevention and control webinars and safe staffing programme events.

Internal improvement support events: 6 internal quality improvement support events were recorded by the end of Q3 exploring Healthcare Improvement Scotland's new infection prevention and control standards, tissue viability and safe staffing programme updates.

Summary of key achievements and work progressed in Q3 2022/23

Promoting learning- technology enabled care
We have promoting learning through the Care Inspectorate's representation in the digital social care team within the Scottish Government's technology enabled care (TEC) programme. We have supported the digital social care team's test of change showcase events which began on 6 October 2022 and continued throughout Q3. This provided interested professionals with an opportunity to learn about implementing digital solutions through first-hand experience from care providers. We promoted these sessions internally through our scrutiny and assurance teams, internal media platforms and through our internal and external communications updates. We have also shared learning from key evaluations in digital social care such as the 'Connecting Residents in Scotland's Care Homes' (CRSCH) programme and the stage 2 report for the care homes assessment tool (CHAT).

Safe staffing programme

The safe staffing programme has continued to collaborate extensively with the social care sector as part of supporting preparedness for the implementation of the Health and Care (Staffing) Scotland Act 2019. As part of the overall governance of the programme, the internal and external programme board continue to meet, with the external board providing strategic level guidance and direction to the programme. Consultation with the programme boards this quarter has included the review of the staffing method model being tested and a proposed change to terminology to staffing method framework.

Early learning and childcare (ELC) improvement programme

The team, on behalf of Scottish Government, commissioned Blake Stephenson Ltd to conduct an external independent evaluation of the programme. The evaluation explored the efficacy and impact of the programme on improving outcomes and experiences for children, their families and the settings they attend. Overall, the findings from the report have been overwhelmingly positive with settings, inspectors and local authorities keen to ensure the programme continues.

Quality conversations resume

The chief executive chaired our first Quality Conversation event since the onset of the pandemic. The event was held in Stirling on 22 November 2022 for representatives from across the adults and older people care sector including those from larger providers, advocacy groups and membership organisations. The event was well attended and provided a useful opportunity for productive and positive discourse and updates on problem-solving, sector staffing, challenges and supports for the sector, collaboration for improvement and our new Film in Care resource, produced in collaboration with University of Dundee.

Health and social care improvement (HSCI) team social media accounts

We have now launched two new social media accounts, on Twitter and Facebook, for the health and social care improvement team. We have supported the team to develop the skills it needs to run these accounts. We have ensured that the Care Inspectorate corporate identity is at the forefront of these accounts and that they, and our corporate accounts, work in tandem and mutually support each other.

Scottish Institute for Residential Child Care (SIRCC) conference 2022

Together with Centre for Excellence for Children's Care and Protection (CELCIS) and Scottish Government, the children and young people regulated inspection teams co-delivered a workshop on 'upholding the rights of children far from home: cross-border placements in residential child care' at the SIRCC conference 2022.

Reflect and learn to build and share good practice
The Scottish Out of School Care Network (SOSCN) held its first conference since before the pandemic. The title and theme of the conference was 'Reconnecting'. Delegates heard from the Minister for children and young people, Clare Haughey MSP, chief inspector of children's services, the Scottish Social Services Council (SSSC) and Inspiring Scotland. A key theme was reconnecting with regulators and policy makers. An early learning and childcare (ELC) team manager and inspectors delivered workshop sessions with delegates to support the use of the ELC quality framework within school aged childcare settings. Feedback highlighted that we increased understanding of how the framework supports improved outcomes for children using school age childcare.

Collaboration and support for improvement and resources
We published the mealtimes practice note, 'keeping children safe: supporting positive mealtime experiences in early learning and childcare', in early November. The practice note is designed to provide support and guidance to practitioners to ensure children experience safe and quality mealtimes. This includes the planning and preparation of nutritious and healthy snacks and mealtimes for children in all early learning and childcare (ELC) settings. The practice note has been written with the child's voice at the centre to support practitioners to think about the children in their own settings and what they experience. We have included some case studies that can be used as training tools with staff in their settings for improved outcomes.

Scottish Care and Coalition of Care and Support Providers in Scotland (CCPS) collaboration
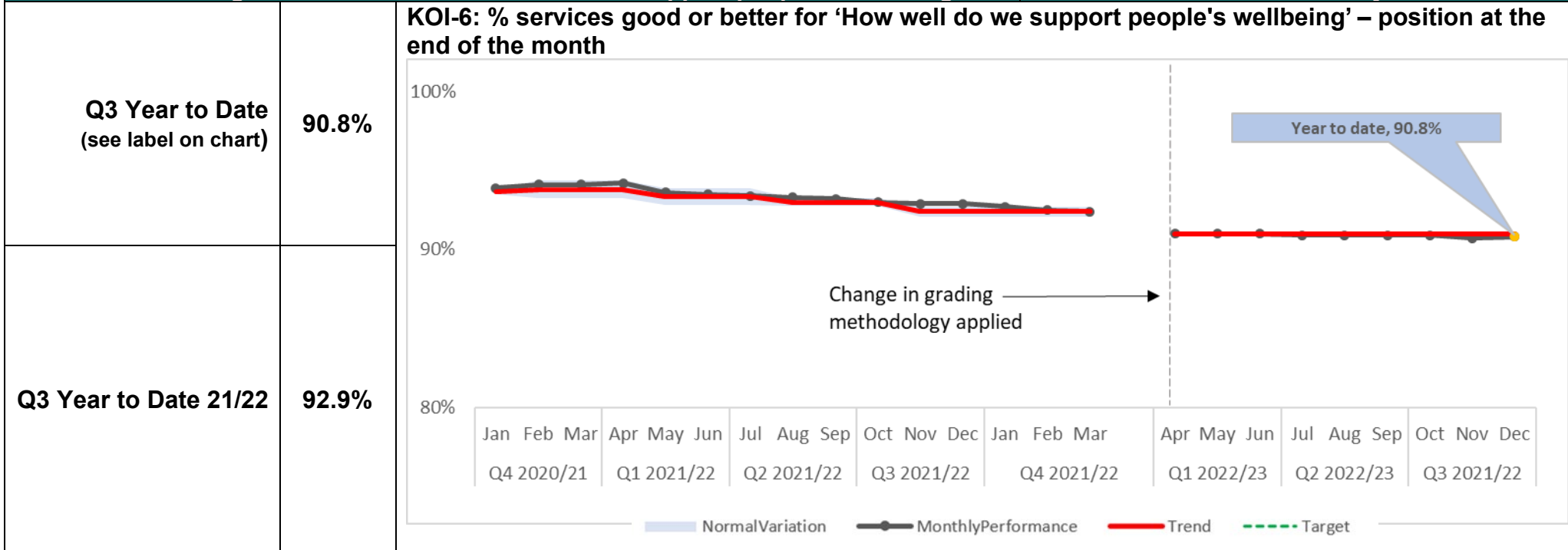As well as strategic meetings with the chief executive and directors, the chief inspector adults (regulated care) leads collaboration with Scottish Care and has regular meetings. This has now been extended to include CCPS and ensures that we meet with people across the sector. The first meeting has been held and a development plan agreed to work collaboratively on areas of work across adult care. The group has agreed terms of reference, action plan and communication channels to improve collaboration.

Joint regulators forum
A service manager in adults (regulated care) has been supporting and representing the Care Inspectorate on the Joint Regulators' Forum for housing support and care at home. They have worked collaboratively on work around recruitment, staffing, sustainability and support for the sector. The feedback has been positive to our involvement and support for this work.

Strategic outcome: Everyone's rights are respected and realised

KOI-6: % services good or better for 'How well do we support people's wellbeing'		Executive Director of Scrutiny and Assurance

KOI-6: % services good or better for 'How well do we support people's wellbeing' – position at the end of the month

Q3 Year to Date (see label on chart)	**90.8%**	
Q3 Year to Date 21/22	**92.9%**	

Notes: Up to the end of Q3, the % of services with good or better grades for key question 'how well do we support people's wellbeing' fell slightly to 90.8% of registered services and is 2.1%-points lower than Q3 last year (comparing to previous grading methodology).
As noted previously, we have implemented our new grading analytical methodology from 1 April 2022. This has resulted in a drop in performance compared with the previous methodology.
Note that the axis on the chart above does not start at 0, to visualise the small but statistically significant decrease.

Reasons for Difference: Most services have grades of good or better for how well they support people's wellbeing. We have seen a small but statistically significant decline in this measure since the new grading methodology was implemented at the start of the year. We have continued to focus on inspecting services where concerns about quality of care are greatest, and the grades of these services are more likely to fall as a result. To increase the grade of a service we need to be confident that the improvement can be sustained.

Actions: We will continue to focus our inspection activities on high-risk services through a rigorous risk assessment process using the intelligence we have.

KOI-7: % of services with >90% of people telling us they make decisions about their own care	Executive Director of Scrutiny and Assurance
Q3 Year to Date	**71.2% of services (responses from 212 services, 4,275 respondents)**
Q3 Year to Date 21/22	**50% of respondents (responses from 16 services) (Q3 only, during Q1 and Q2 2021/22 we were not reporting on this measure)**

Notes: At the end of Q3, 71.2% of services (from 212 services) had 90% or more respondents telling us they make decisions about their own care.

Reasons for Difference: Although, 71.2% of services had 90% or more respondents telling us they make decisions about their own care, 90% of all individual respondents told us they make decisions about their own care.

Actions: The above responses are from online questionnaires only. Our questionnaires are one way in which we get feedback about services. Throughout the pandemic, our inspectors have continued to ask people who use services, relatives and carers, staff and visiting professionals for their views. This includes face-to-face where it has been possible and safe to do that, as well as by phone or using technology such as near me, Zoom and texting to talk to people and listen to their experiences.

Summary of key achievements and work progressed in Q3 2022/23

Care commissioning focused on human rights and outcomes
On 6 December 2022, the strategic adult inspection team published the inquiry into adult carers' experiences of social work and social care services. The report highlighted the need for improvement and set out areas for improvement by health and social care partnerships that it is hoped will help improve services and support for unpaid carers across Scotland. These included improving access to and availability of short breaks for carers, and promoting awareness of their rights, including access to an adult care support plan.

Safe staffing programme
In this quarter the safe staffing programme has worked with the communications team to successfully publish a range of materials, in a variety of formats, on the safe staffing page of the Care Inspectorate Hub. This has included monthly updates for providers and an open badge (supported by the Scottish Social Services Council (SSSC)). Regular monitoring of the views on the Safe staffing hub page show 112 in October, 1,316 in November and 482 in December.

Bairns' Hoose
The Care Inspectorate has led the joint drafting of Bairns' Hoose' standards with Healthcare Improvement Scotland (HIS), which were agreed with Scottish Government and issued for public consultation until November. Promoting the public consultation standards has provided a high-profile opportunity to demonstrate our contribution to improving children's rights and outcomes, with articles, blogs and presentations including the following conferences: Child Health Scotland, Children in Scotland, Social Work Scotland, Scottish Institute for Residential Childcare and Westminster Forum event.

Quality frameworks
The revised quality framework for housing support services was developed and published in the last quarter. A webinar took place for the sector to advise them of any changes and to address any questions they have. The offender accommodation quality framework is currently under review. The adult regulated care team and the methodology team have worked with the sector to develop a quality framework for nurse agencies. This has been piloted and the new framework agreed and launched. The chief nurse has provided input to this framework and worked collaboratively with teams.
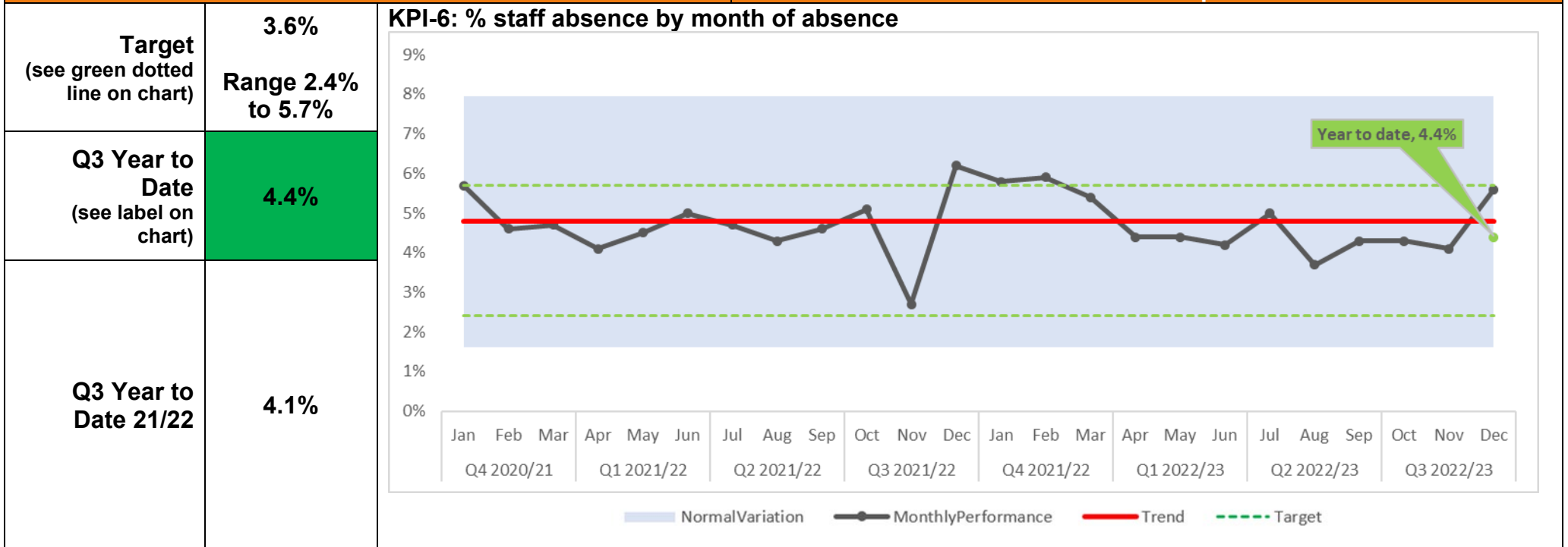
Anne's Law
Two inspectors for adult services have commenced in their seconded post for the Anne's Law project. The Anne's Law project aims to support meaningful connection for people living in care homes. Presently, the work plan for the project is being developed to address deliverables and key workstreams. As we embed the learning and build on what is working well, this further informs our development seeking to enhance what we do and how we connect with each other.

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

KPI-5: % staff completing core learning	Executive Director of Strategy and Improvement
Target	85%
Q3 Year to Date	**42% for Data Protection, Equalities and Cyber Security (Stay Safe Online); 62% - 78% on Health and Safety modules (up to 29 July 2022)**
Q3 Year to Date 21/22	**During 2021/22 we were not reporting on this measure**

Notes: Core learning is considered at this stage to be Data Protection, Equalities, Cyber Security (Stay Safe Online) and Health and Safety modules.

We planned to report against target in Q2 for this measure, however this was delayed due to our previous health and safety training content supplier contract ending in August 2022. During Q3, a new content supplier was identified, and the modules have been uploaded to the learning management system (LMS). We are currently working to upload historical Health and Safety records to the LMS and match these with the new content. This means that the data will be more consistent, accurate and streamlined enabling us to improve our reporting, and we expect will allow us to report fully on Health and Safety compliance in Q4.

Actions: When the new Health and Safety content launches, staff will still be considered compliant where they have completed the health and safety modules in the previous system, in the last two years.

Organisation workforce development (OWD) will work with human resources (HR) to identify which employees are exempt from the training due to long term absence, maternity leave, career breaks etc, at the point of reporting and remove these from the data.

In addition, we are working with managers to support staff to complete mandatory training. Reports and dashboards are being developed to give managers on demand access to reporting information for their team.

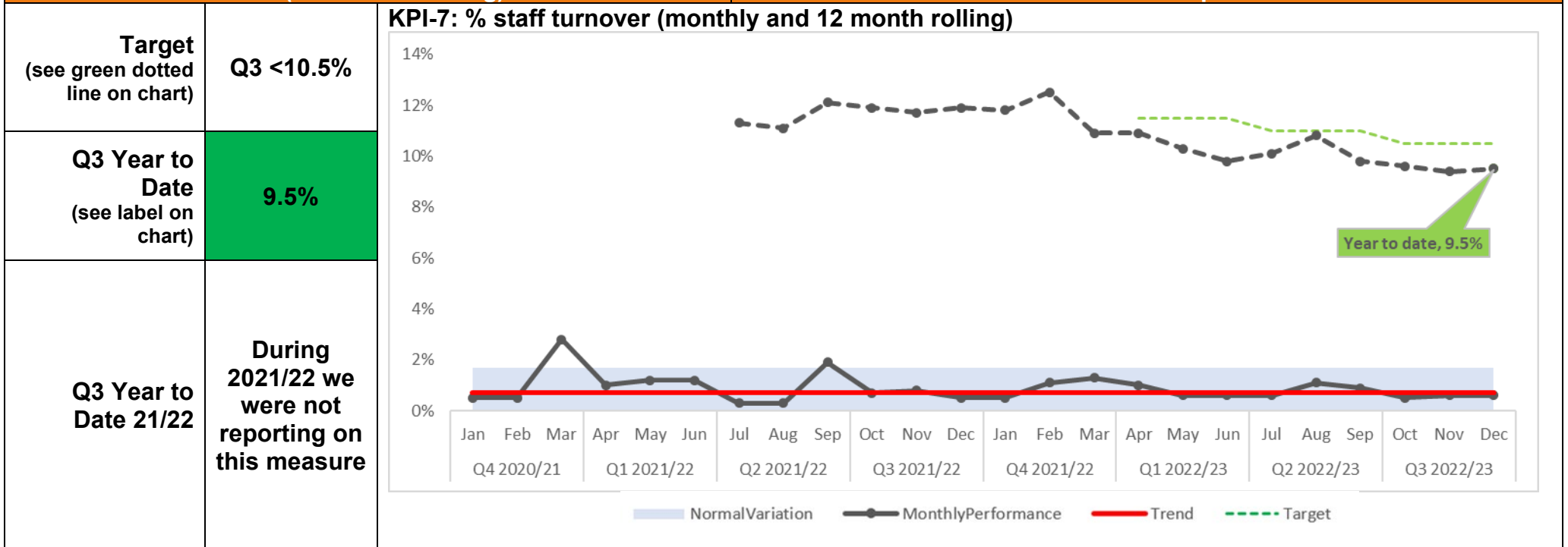| KPI-6: % staff absence		Executive Director of Corporate and Customer Services
Target (see green dotted line on chart)	**3.6%**	**KPI-6: % staff absence by month of absence**
	Range 2.4% to 5.7%	
Q3 Year to Date (see label on chart)	**4.4%**	
Q3 Year to Date 21/22	**4.1%**	

Notes: Performance remained within the acceptable range for this measure. Up to the end of Q3 staff absence was 4.4%, 0.3%-points higher than Q3 last year (4.1%), and within acceptable limits. Monthly absence rates had generally been falling since December 2021, except for increases in July, September and most noticeably in December 2022 (although this latest Dec peak is lower than the December 21 and December 20 peaks).

Reasons for Difference: Compared to Q2 2022-23, long term absence increased (up 3%, from 6,602 hours in Q2 to 6,787 hours in Q3) mid-term absence decreased (down 3%, from 1,697 hours in Q2 to 1,646 hours in Q3), and short term absence increased (up 27%, from 1,739 hours in Q2 to 2,209 hours in Q3). This short term absence is the position as at the end of the quarter and a proportion of this absence will go on to become medium or long term absence resulting in the proportional share of absence changing over time.

Actions: The organisation is actively promoting staff health and wellbeing and how we can support people to remain healthy and well at work and at home.

KPI-7: % staff turnover (month and rolling)	Executive Director of Corporate and Customer Services

Target (see green dotted line on chart)	**Q3 <10.5%**	
Q3 Year to Date (see label on chart)	**9.5%**	
Q3 Year to Date 21/22	**During 2021/22 we were not reporting on this measure**	

KPI-7: % staff turnover (monthly and 12 month rolling)

Year to date, 9.5%

Legend: Normal Variation, Monthly Performance, Trend, Target

Notes: Up to the end of Q3 staff turnover was 9.5%, below the Q3 target level of less than 10.5% and is in line with average performance from recent benchmarking data for other public sector organisations.

Reasons for Difference: Over the past 3 quarters 46 staff left the organisation. Of these: 70% (32 staff) left voluntarily, 22% (10 staff) retired and 9% (4 staff) left for other reasons. Following an increase in staff leaving for voluntary reasons in Q2 these numbers fell in Q3.

Actions: We will continue to monitor this measure but expect there may be an increase in Q4 as historically there has often been higher numbers of leavers at the end of the financial year.

KPI-8: Days per quarter that inspection volunteers and care experienced people are involved in our work	Executive Director of Strategy and Improvement
Benchmark	**90 days per quarter**
Q3 Year to Date	**121.5 days**
Q3 Year to Date 21/22	**107 days (no on-site inspection activity possible)**

Notes: Q3 performance to date (121.5 days per quarter) was above the target of 90 days, and 14% higher than Q3 2021/22. After a review of involvement activities we identified that performance in Q1 2022/23 was underreported. As a result, the total for Q1 has risen from 86.5 days to 121.5 days. This corrected increase is included in the Q3 performance to date.

During Q3 alone, inspection volunteers were involved in our work on 104.5 days. Involvement activities in Q3 included:

- 70.5 days on inspection activity (42 completed inspections) which were done by telephone interviews, inspection visits and a combination of both methods.
- 2 inspection volunteers supported one strategic inspection.
- 2 young inspection volunteers supported one strategic inspection.
- Inspection volunteers spoke with 205 carers / family members and 92 people experiencing care in care service inspections.
- 3 young inspection volunteers, and 2 members of the involvement and equalities team attended a Professional Development Award event to discuss participation with the current cohort.
- Inspection volunteers have been involved in producing a new promotional video for the inspection volunteer scheme. This is scheduled for completion at the time of the recruitment campaign.
- Young inspection volunteers worked with strategic inspectors to do a follow up video on the key messages from a strategic inspection conducted in Q2.

Reasons for Difference: Onsite inspections have been re-established and we are seeing a slight increase with onsite visits from last quarter.

Actions: Recruitment campaign for inspection volunteers set to be launched in mid-January 2023. All the external communication methods have been identified. New application form and equal opportunities form has been developed. Young inspection volunteers are preparing to go back on children & young people regulatory inspection. Continue to recruit young inspection volunteers and meet with Move On to plan the approach.

Summary of key achievements and work progressed in Q3 2022/23

Employee survey
The final employee survey 2022 action plan has now been published and good progress is already being achieved delivering on the priority actions. Planning is now also underway for the first pulse survey in May 2023.

Leadership development
We commissioned an external company to deliver a webinar for managers across the organisation as part of our targeted leadership development offering. The webinar provided managers with a broad range of tools and frameworks to support them to work well and manage their teams during periods of change and uncertainty. Early feedback suggests that managers found the input extremely valuable and felt it was very relevant at this time.

Cyber security
To increase awareness and understanding of cyber security across the organisation, a new online course 'Stay Safe Online' has been integrated into our core learning programme for all staff and Board members.

Involve newsletter moves over to Granicus e-newsletter platform
Previously, the Involve newsletter went out only to our volunteers and involved people as a PDF attachment to an email. Now, we have proposed and gained agreement to produce it using the same subscription platform we use for all our other newsletters including the Provider Updates, Care News and the Improvement Update. This means the readership will immediately expand to over 9,000 as involvement/volunteering has long been offered as a preference topic to subscribers when they set up an account. This should support recruitment of volunteers and support development of involvement activity.

Champion our workforce, share their expertise
The Care Inspectorate over the years has developed an approach to outdoor play and learning which has supported innovation across the sector. This approach has been supported by national resources developed in partnership with other stakeholders. In recognition of the work we have developed over the years we were invited to be the keynote speaker and deliver workshops for a staff conference organised by the Early Years Quality Unit regulators in Dublin, Ireland. The Irish inspectorate want to develop similar approaches and were keen to hear about the Care Inspectorate's journey. This conference was attended by their Minister, policy officials and inspectors from both inspectorates. The keynote input was on sharing Scotland's outdoor play and learning successes. We will continue to develop our relationship with colleagues in Ireland.

Adult additional induction session

A large number of new inspectors have joined the organisation in the past twelve months with 24 new inspectors in adults. Following the completion of the corporate induction, we asked our new colleagues to identify areas where they would like additional support. We met face to face and had open and honest discussions about core learning and growing into the role of an inspector. Team managers provided sessions on responsive regulation, engaging with services, use of the proportionate outcome evaluation tool (POET) and engaging with the organisation's systems and processes.

A skilled, knowledgeable and experienced workforce

Generations Working Together delivered an interesting session in October to all registration inspectors. This informative session provided an update of the work to date where care homes for older people worked alongside an early learning and childcare (ELC) setting in a truly integrated way. This model has been very successful in some places in England, and we have some integrated settings being registered in Scotland.

Support workforce and volunteer wellbeing

We have recently achieved level 2 in the Carer Positive Award. The award is presented to employers in Scotland who have a working environment where carers are valued and supported.

Annual report and accounts

We received an unmodified audit opinion on our 2021/22 Annual Report and Accounts and also published our Annual Procurement Report showing progress against our seven key strategic priorities. We also realised savings of £0.325m for 2021/22. Other benefits, including sustainability benefits have been reported in the 2021/22 Annual Procurement Report.

Climate change

We submitted our Public Bodies Climate Change Duties Reporting Template within the agreed timescales. This reports we have continued to exceed our target carbon emission reduction across all scopes and identifies our plans to develop a net zero plan in the last quarter of this financial year.

Sustainability training for staff

We launched the Scottish Government's Climate Literacy E-Learning training to be completed by members of our procurement development group. This comprises modules to support staff in fulfilling our sustainable procurement duties outlined in the Procurement Reform (Scotland) Act 2014.

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

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

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

3.1   Resources

There are no additional resource implications arising from this report.

3.2   Sustainability

There are no direct sustainability implications arising from this report.

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

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

3.4   Customers (Internal and/or External)

This report includes a number of measures of customer satisfaction.

4.0   CONCLUSIONS/NEXT STEPS

The Board is invited to note and discuss this report.

Technical Notes

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

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

Figure 1: Example X chart
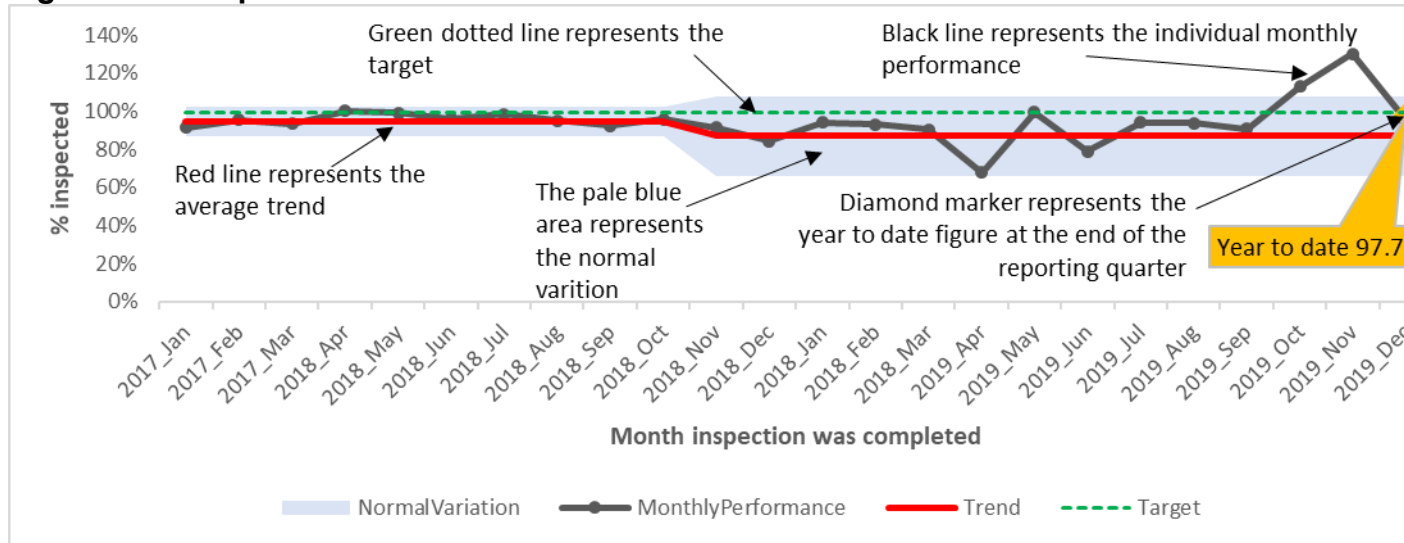
The black line with markers shows a measure's performance over time whilst the red solid line shows the average performance for that measure for the first 6 time periods (months in the example above). The pale blue shaded area represents the range of routine variation and falls between the upper and lower statistical control limits. The green dotted line indicates the target for the KPI and a diamond marker with text box shows the year to date performance at the end of the quarter. If a measure's performance is consistently above or below the average line (8 consecutive time periods, 10 out of 12 or 12 out of 14 etc.) or it is near/outwith the control limits for 4 consecutive points then we can be confident there has been a real change in performance. The average line and control limits are then recalculated from the first period the change in performance started to show the new level of performance. Note also that, while we would usually follow good practice and start

all vertical axes on charts at 0, in some cases we have not done this in order to focus on small but significant changes. Please be aware that this can make small changes appear much bigger visually than they actually are.

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

BOARD MEETING 30 MARCH 2023

Agenda item 11.2
Report No: B-54-2022/23

care
inspectorate

Title:	**REVIEW OF PERFORMANCE MEASURES AND REPORTING**	
Author:	*Ingrid Gilray, Intelligence and Analysis Manager* *Al Scougal, Senior Intelligence Analyst*	
Responsible Director:	*Gordon Mackie, Executive Director of IT, Transformation & Digital*	
Appendices:	1.	**Revised Targets**
Consultation:	All targets revised in consultation with OLT leads.	
Resource Implications:	No	

EXECUTIVE SUMMARY
This paper sets out proposals for revised targets for several performance measures to ensure our measures remain relevant and focussed on delivering our corporate plan objectives. In addition, we have set out a proposal to simplify the quarterly performance reports for the Board, focussing these reports on our performance measures and removing the duplication with the content of the Chief Executive's report. This change will also enable us to meet the shorter deadlines for preparing the reports for the Board meetings this year.

The Board is invited to:	
1.	Approve the change in the content of the quarterly performance reports.
2.	Approve the revised targets.

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

Equality Impact Assessment		
Yes x	**Not Yet** One is planned or is already in progress	**No** Reason:

BOARD MEETING 30 MARCH 2023

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

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

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

Agenda item 11.2
Report No: B-54-2022/23

REVIEW OF PERFORMANCE MEASURES AND REPORTING

1.0   PROPOSED CHANGES TO QUARTERLY PERFORMANCE REPORTS

The Board currently receives a quarterly report on performance which includes performance against measures, as well as a summary of work completed under each strategic outcome.

The performance reports are usually considered at a Board meeting at least two months after the end of the quarter they relate to. Therefore, the information in them can be quite out of date by the time they are considered, and the Board meetings have been brought forward to ensure the Board is considering current information. However, this means that the time available for producing the quarterly reports has been greatly reduced. The proposal below will enable us to deliver a performance report within the new timescales.

From the Q4 2022/23 report onwards, we propose that the performance report focusses on the agreed performance measures. The report will still include the data currently provided on performance against target, trend data, and an analysis of that performance including proposed actions.

The report would no longer include the information about work completed under each strategic objective. Instead, that will only now appear in the Chief Executive's report and the quarterly performance reports will reference that report to retain the connection between the two reports. This will reduce the duplication between these two reports, as well as reducing the additional work required to include that in the quarterly performance reports.

2.0   REVIEW OF PERFORMANCE MEASURE TARGETS FOR 2023/24

Of the agreed performance measures in our Corporate Plan, two required new data collection in 2022/23, and therefore did not have an agreed target set this year. Using this year's data as a baseline, we have proposed targets for these measures, which we will use from Q1 2023/24. In addition, we have reviewed the targets for all other measures to ensure they remain both achievable and challenging, and to take account of next year's scrutiny and assurance priorities. The revised targets are set out in appendix 1, and the Board is invited to discuss and approve these targets.

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

3.1   Resources

There are no additional resource implications arising from this report.

3.2   Sustainability

Not applicable.

3.3 Policy

Not applicable.

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

Not applicable.

3.5 Customers (Internal and/or External)

This report will benefit internal customers as there will no longer be a requirement to update actions under each strategic outcome for each quarter specifically for the performance report.

4.0 CONCLUSIONS/NEXT STEPS

The Board is invited to:
- Discuss and approve the proposed changes to the quarterly performance report, to be implemented from the Q4 2022/23 report.
- Discuss and approve the revised targets, to be implemented in the Q1 2023/34 report.

Appendix 1: Review of performance measure targets for 2023/24

Table 1 gives a summary of the current KPI performance measures. It shows the current target or benchmark for the measure alongside the proposed Target/Benchmark for inspection year 2023/24. If there is a change proposed the rationale for the change is detailed below:

Table 1: Summary of recommendations for KPIs

Measure	Current Target/Benchmark	Proposed 2023/24 Target/Benchmark	Rationale
KPI-1: % of people telling us that our scrutiny will improve care	90%	90%	No change
KPI-2: % scrutiny hours spent in high and medium risk services	50%	Range between 60% – 80% based on year to date Q3 2022/23 average confidence intervals	At present we are spending a higher % of time in high/medium risk services than our target of 50%. Our inspection plan remains focussed on higher risk services therefore we are likely to continue to exceed this target by a considerable margin. We suggest updating from single target value to a target range (based on 2022/23 confidence interval data) which would show when we might be spending more or less time in high/medium risk services then we might expect to be.
KPI-3: % of complaints about care that were resolved within the relevant timescales (not including complaints logged as intelligence)	80%	80%	No change
KPI-4: % of people telling us that our quality improvement support will improve care	Not set	90%	Q3 year to date performance was 93.8%. Similar measures previously have been set at 90% as we should expect high % telling us our input will improve care.
KPI-5: % staff completing core learning	85% but never officially reported	95% with staff with genuine exemptions excluded.	Due to data held in different training systems and availability of health and safety training we have never officially reported on this measure.

			Given the core nature of this training which is mainly mandatory we should expect a very high level of compliance and set a high target. Staff not available to complete training (e.g. new staff, off long term sick) will be excluded from this measure.
KPI-6: % staff absence by month of absence	3.6% with Range of 2.4 to 5.7%	Update to Xpert HR public sector benchmark of 3.6 with Range of 2.8% to 5.8%	There is no CIPD update available therefore we will retain our 3.6 target. The revised range has been updated based on our 22/23 data.
KPI-7: % staff turnover (month and rolling)	Q1 <11.5% Q2 <11% Q3<10.5% Q4 < 10%	Keep at <10%	Given performance over year to date keep target at <10% going forward
KPI-8: Days per quarter that inspection volunteers and care experienced people are involved in our work	Benchmark 90 days per quarter	Change to Target of 30 days per month.	Currently set as benchmark but suggest changing from 90 days per quarter on average to a monthly target of 30 days per month on average to aid in quarter reporting

Title:	**BUDGET MONITORING AND STAFFING UPDATE**	
Author:	*Kenny Dick, Head of Finance and Corporate Governance*	
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services	
Appendices:	**1**	Movement in Projected Financial Position from October 2022
Consultation:		
Resource Implications:	**Yes**	

EXECUTIVE SUMMARY

This report provides Board with details of the projected 2022/23 financial position and incorporates an update on the staffing position.

The general reserve balance as identified in the approved Annual Report and Accounts is £0.771m greater than was anticipated when the 2022/23 budget was set. Of this, £0.100m is due to expenditure that was expected in late 2021/22 slipping into the 2022/23 financial year. The remainder of the greater than anticipated general reserve balance can fund non-recurring costs identified in-year and temporarily fund any additional unexpected budget pressures arising during 2022/23.

The projected outturns contained in this report reflect the 2022/23 pay remit approved by the Scottish Government's Pay Policy Unit. The trade unions have communicated this offer to their members together with a ballot for acceptance or rejection. The Sponsor agreed in March 2023 to provide additional grant of £2.000m to support the pay remit.

After expenditure delayed from 2021/22, additional core grant budget and adjustments and virements are accounted for, the projected financial position is a deficit of £0.589m. This is £2.306m lower than the budgeted deficit before calling on the £0.738m in-year funding available from the letter of comfort provided by the Sponsor. The additional grant funding provided to support the 2022/23 pay remit means will not need to call on the letter of comfort funding. This will deliver a deficit which is £1.568m lower than the revised budgeted deficit.

The projected net expenditure position has decreased by £2.431m from the last position reported. A summary of the movement in projected financial position from the previous reported position is shown in Appendix 1 of this report.

The significant risks to this projection are set out in Section 5 of this report.

The Board is invited to:	
1.	Consider the projected financial position for 2022/23 and the risks that may affect this position.
2.	Note the movement in projected financial position from that previously reported to SLT (Appendix 1).

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

Equality Impact Assessment		
Yes	**Not Yet**	**No** ✓
		Reason: This report is for information and there is no direct impact on people with protected characteristics.

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

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

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

Agenda item 12
Report No: B-55-2022/23

FINANCE AND STAFFING UPDATE

1.0   INTRODUCTION

The Board approved a 2022/23 core revenue budget with a deficit of £2.046m, to be funded from the general reserve balance. This approved budgeted deficit was subsequently revised to £2.157m to include the transfer of Adult Significant Case Reviews grant funding into core grant in aid, expenditure originally planned for 2021/22 that will now be incurred in the current year and the virement of £0.020m which was accrued for the new Inspector pay and grading structure for Inspectors supporting grant funded programmes of work. The Sponsor agreed in March 2023 to provide additional grant of £2.000m to support the pay remit. The projected financial position as at 31 March 2023 projects a deficit of £0.589m which is £1.568m less than the budgeted deficit. This report provides the key assumptions used to arrive at this projected position and identifies key risks.

The report also provides an update on any changes to the establishment.

2.0   SUMMARY FINANCIAL POSITION

2.1   Core Approved Budget

2.1.1   Position Summary

The approved 2022/23 budgeted deficit of £2.046m has been amended during the year to give a revised budgeted deficit of £2.157m, as follows:

	£m
Approved 2022/23 budgeted deficit	2.046
Adult Significant Case Review funding (£0.025m) and associated expenditure (£0.056m) transferred as part of core grant in aid	0.031
2021/22 expenditure incomplete before financial year end – funding carried forward in general reserve balance	0.100
Budget virement from core to grant funding in respect of new Inspector grade for Inspectors supporting grant funded programmes	(0.020)
Revised 2022/23 budgeted deficit	**2.157**

The projected deficit of £0.589m detailed in the table below is £1.568m lower than the budgeted position. As noted in the previous reports the projected outturn now reflects the proposed pay award for 2022/23. We budgeted to end the financial year with a general reserve balance of £0.611m which is at the maximum of our planned range of 1% (£0.407m) to 1.5% (£0.611m) of gross expenditure. The additional grant received to support the pay remit funding the greater than budgeted pay award is projected to increase our general reserve balance to £2.907m which is £2.296m more than the budgeted position.

BOARD MEETING 30 MARCH 2023

Agenda item 12
Report No: B-55-2022/23

	Approved 2022/23 Budget	Budget Virement and Adjustments 2022/23	Additional Core Grant 2022/23	Expenditure b/fwd from 2021/22	Revised 2022/23 Budget	Projected Expenditure	Variance
	£m	£m	£m	£m	£m	£m	£m
Staff costs	34.560	(0.280)	0.054	0.021	34.355	34.319	(0.036)
Accommodation costs	1.746	0.000	0.000	0.000	1.746	1.741	(0.005)
Administration costs	2.225	0.260	0.000	0.000	2.485	2.897	0.412
Travel costs	1.188	0.000	0.001	0.000	1.189	0.945	(0.244)
Supplies and services	1.952	0.000	0.001	0.079	2.032	1.941	(0.091)
Gross Expenditure	**41.671**	**(0.020)**	**0.056**	**0.100**	**41.807**	**41.843**	**0.036**
Grant in aid	(25.894)	0.000	(0.025)	0.000	(25.919)	(25.919)	0.000
Add'nl support	0.000	0.000	0.000	0.000	0.000	(2.000)	(2.000)
Fee income	(11.900)	0.000	0.000	0.000	(11.900)	(11.975)	(0.075)
Shared service income	(0.895)	0.000	0.000	0.000	(0.895)	(0.995)	(0.100)
Other income	(0.198)	0.000	0.000	0.000	(0.198)	(0.365)	(0.167)
Total Income	**(38.887)**	**0.000**	**(0.025)**	**0.000**	**(38.912)**	**(41.254)**	**(2.342)**
Net Expenditure before Letter of Comfort	**2.784**	**(0.020)**	**0.031**	**0.100**	**2.895**	**0.589**	**(2.306)**
Letter of Comfort	(0.738)	0.000	0.000	0.000	(0.738)	0.000	0.738
(Surplus) / Deficit	**2.046**	**(0.020)**	**0.031**	**0.100**	**2.157**	**0.589**	**(1.568)**

The audited Annual Report and Accounts for 2021/22 show an improved general reserve balance compared to the position anticipated when the budget was set. The table below shows the latest projected position:

	Revised Budget	Projected Position	Variance
	£m	**£m**	**£m**
Opening general reserve balance	**3.289**	**4.060**	**0.771**
2022/23 projected outturns:			
Operating Surplus / (Deficit)	**(2.157)**	**(0.589)**	**1.568**
2022/23 Grant Surplus / (Deficit)	**(0.537)**	**(0.246)**	**0.291**
Projected closing balance		**3.225**	
Less prepaid specific grant		(0.318)	
Available for general expenditure		**2.907**	
Operational reserve target minimum (1.0%)		**0.407**	
Variance to target balance minimum (1.0%)		**2.500**	
Variance to target balance maximum (1.5%)		**2.296**	

The greater than anticipated general reserve opening balance (per the audited 2021/22 Annual Report and Accounts) and the additional grant received to fund the pay remit means we can fund projected current year expenditure without the need to draw on the letter of comfort agreed with our Sponsor. The improved projected general reserve closing position will provide short term assistance towards our 2023/24 budget deficit.

2.2 Specific Grants

A deficit of £0.246m is currently projected on work funded by specific grants. This is an underspend of £0.291m compared to the budgeted deficit (funded by prepaid grant held in the general reserve). Discussions are ongoing with the Scottish Government funding providers regarding the treatment of projected grant underspends in 2022/23 and prepaid grant. Through these discussions it has been confirmed that full funding may be drawn down in 2022/23 for the three new programmes of grant funded work that will cross into 2023/24 (Anne's Law, Care About Physical Activity and Meds Care Home). Unused grant in 2022/23 will be carried forward for use in the following year as part of our reserves. A similar treatment has also been assumed for the new Telecare Services grant funded programme which will also cross financial years.

We are continuing to engage with the Sponsor to convert short term specific grant funding into core grant in aid as appropriate. The ELC Expansion and National Child Death Review Hub programmes are both expected to convert to core funding from 2023/24.

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

3.0   STAFFING UPDATE

3.1   Establishment Changes

The following permanent changes to the establishment have been approved since the 2022/23 budget was set:

Post (FTE / Grade)	Full Year Impact	Funding
Senior Methodology Adviser (1.0 FTE / Grade 8)	£63,518	Reduction of 1.13 Inspector FTEs within Methodology Team

4.0   BUDGET VARIANCES

4.1   Staff Costs – projected underspend of £0.036m
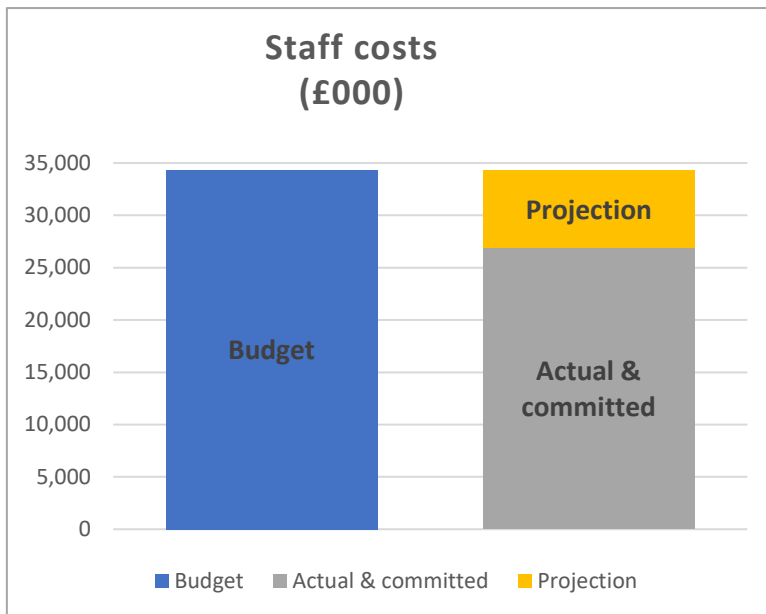
The inclusion of the estimated additional cost of the pay remit has contributed £1.240m to the overall projected spend. In addition to this, there are a number of areas of over and underspend.

The main areas of underspend are:
- The cessation of the Health and Social Care Levy (HSCL) provides projected savings of £0.101m.
- Excluding the saving from the cessation of the (HSCL), a net underspend of £0.718m is projected in Scrutiny and Assurance. This is largely due to Inspectors vacancies (currently 11.62 FTE, the majority of which will not be filled this financial year). A similar estimated underspend of £0.814m is projected for Corporate and Customer Services.

- A saving of £0.033m on employers' pension costs arising from the prepayment of expected contributions for 2022/23.

These projected underspends have been partly offset by a projected overspend of £0.462m which comprises:

- A projected overspend of £0.178m which largely relates to the extension of temporary posts in Policy and Communications.
- Backfill costs of £0.074m for Improvement Support staff on external secondments. This is offset in full by secondment income.
- The extension of the temporary Senior Information Analysts to 31 March 2023 at an additional cost of £0.032m.
- The extension of temporary IT and Digital Transformation agency staff to 31 March at an additional projected cost of £0.096m.
- An increase of £0.011m in the Apprentice Levy payable, recalculated to reflect the proposed pay settlement.
- Other budget variances totalling a net overspend of £0.071m.

4.2   Accommodation costs – projected underspend of £0.005m
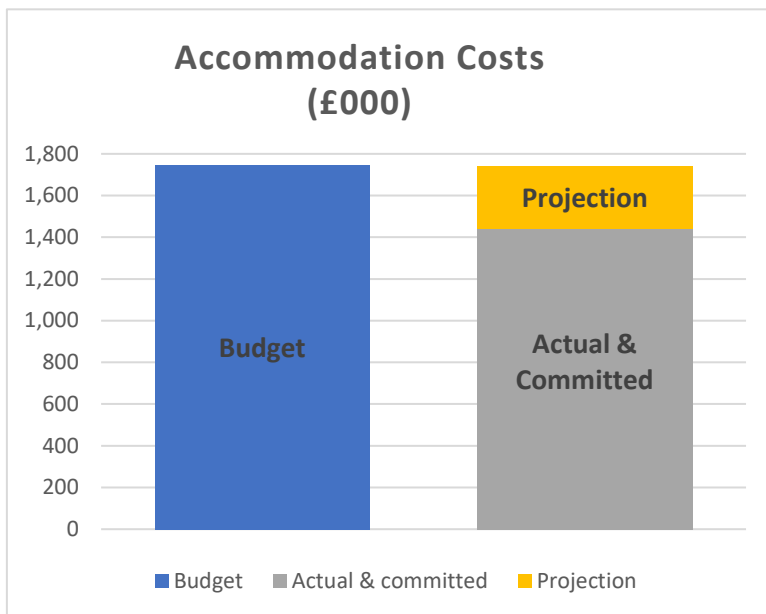
The new lease arrangements for the Dundee offices have been approved by Scottish Government, with the sub lease arrangements still to be finalised. Projected expenditure has increased by £0.124m to provide for the estimated cost of the work needed to move and reconfigure the revised area occupied by the Care Inspectorate.

The budget set aside for Dunfermline and Stirling office moves is anticipated to underspend by £0.030m. This, along with a managed budget underspend of £0.040m, is to be used to purchase additional furniture and equipment that continues to be required for both new starts and existing employees as the hybrid working trial progresses (see section 4.5).

An underspend of £0.059m is also projected for rent. Lease extensions in Dumfries, Dunfermline, Stirling and Elgin mean these leases are accounted for as assets, with a corresponding depreciation and interest charge reflected in Administration costs (see section 4.3).

**4.3   Administration Costs – projected overspend of £0.412m**
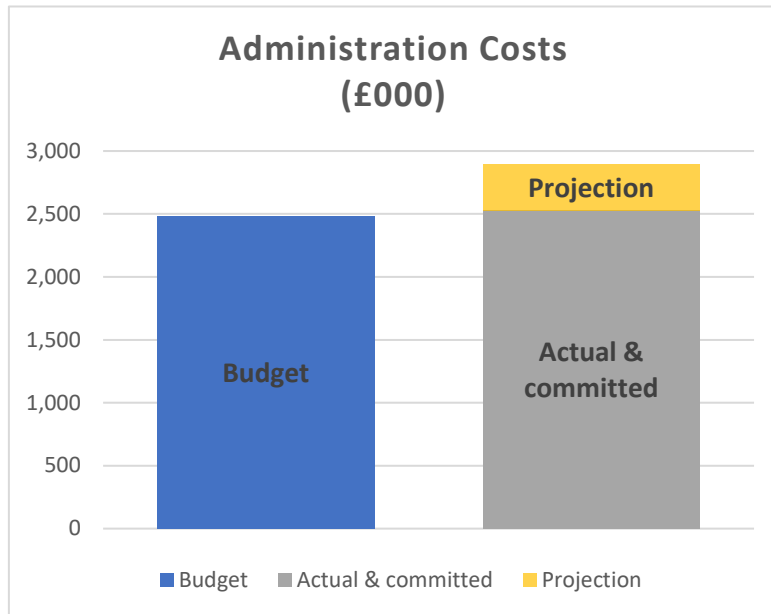
The projected overspend is primarily in professional fees to support the digital transformation programme to 31 March 2023. This includes developer, business analyst, Digital Architect and Scrum Master Services at an estimated cost of £0.482m.

Other administrative costs will overspend by £0.075m, reflecting the depreciation and interest associated with the lease of the Dumfries, Dunfermline, Stirling and Elgin offices. This presentation is a requirement of the recently introduced revised accounting treatment for leases.

These overspends are partially offset by projected savings of £0.022m in telephony costs, £0.075m in printing, stationery and postages costs, £0.045m in professional fees (those out with the digital transformation programme) and £0.003m in other administrative costs.

4.4 **Travel Costs – projected underspend of £0.244m**
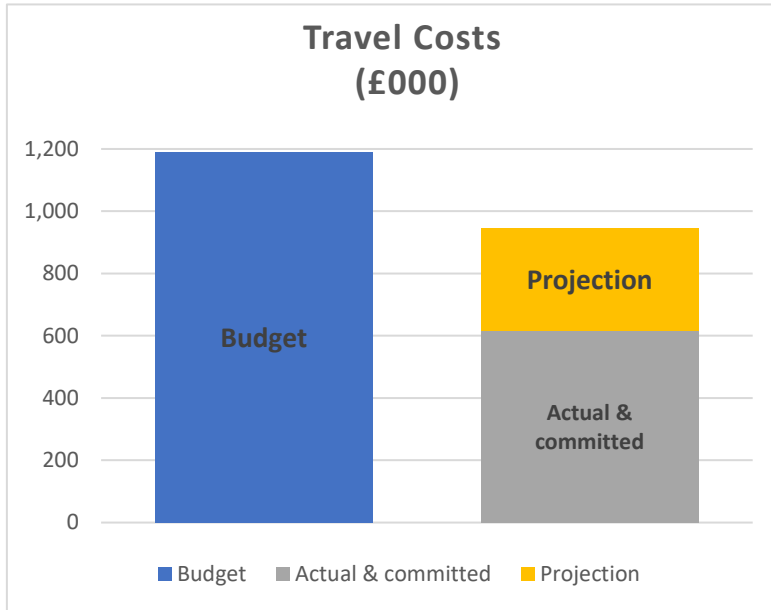
Whilst travel and in-person meetings and events continue to increase across the organisation, it is still less than pre-pandemic levels. Analysis of travel and subsistence costs continue to suggest an underspend is likely, with close monitoring ongoing in this area as the year progresses.

4.5 **Supplies and Services – projected underspend of £0.091m**
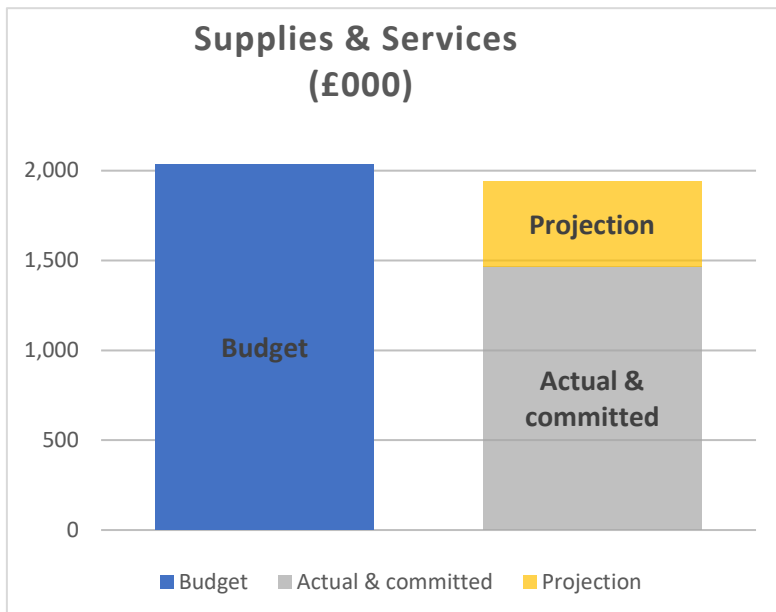
The main areas of underspend are:
- A managed underspend of £0.129m is being made to compensate for additional professional fees, hired agency costs and new service desk software.
- Compared to pre-pandemic levels, demand for hospitality and venue hire is expected to decrease by £0.026m.

- Other projected underspends totalling £0.014m.

This is partly offset by an additional £0.070m expenditure being incurred on furniture which is funded from a managed underspend in Accommodation costs as noted in section 4.2, and a projected overspend of £0.008m in storage and archiving costs.

4.6 Funding and Income – projected income increased by £1.604m

Core grant-in-aid is projected to be £2.0m higher than budgeted due to the additional funding announced in March 2023 to support the pay remit. The additional funding offered through the Scottish Government's letter of comfort (0.738m) is no longer required due to the wider outturn position and additional resources carried forward from 2021/22 in the general reserve.

Income from continuation fees is projected to be £0.075m more than budgeted. This is due to a difference in the size and mix of registered services operating during the year from when the budget was agreed.

Other income is projected to be £0.167m more than budgeted, due to income from staff on secondment to other organisations, joint inspection travel recharges and a marginally higher projection for VAT recovery.

Income from shared services is estimated to be £0.100m above budget.

5.0 RISKS TO FINANCIAL PROJECTIONS

Budget Area	Description of Risk	Sensitivity	Likelihood
Staff costs	Projected staff costs are based on staff in post and known changes. Projections are based on the pay remit approved by Scottish Government. We await notice from the staff side of the Partnership Forum if they are to take this offer to their members. The offer made to staff may not be accepted.	Not quantified	Medium
	The current vacancy slippage rate could mean that projected costs are overstated	Projection overstated by up to £0.100m.	High

Accommodation Costs	The leases on Compass and Quadrant Houses where we currently share accommodation with the SSSC and OSCR are due to expire in April 2023. It is very likely reconfiguration of our accommodation within Compass House will be required and fit out costs will be incurred. The timing of this is uncertain.	Projection could be overstated by up to £0.100m.	High
Administration costs – legal fees	The approved budget provides an allowance for costs associated with the Covid-19 Inquiry and Historical Child Abuse Inquiry. The delay in progressing the Inquiry may result in an underspend of legal fees.	The current projection of £0.200m set aside for additional legal fees is the best estimate, however, actual expenditure may be significantly less than this, depending on the timing and the demands of the Inquiries.	High
Travel costs	Projected costs assume that travel will return to closer to normal levels for the remainder of the financial year following the Covid-19 pandemic. The spend pattern to date doesn't support this therefore it is likely there will be a further underspend on travel and subsistence.	Projection could be overstated by up to £0.175m.	High

Fee income	The number of services newly registering is intrinsically difficult to predict, with a prudent approach taken at the budget setting stage. Projected income has been based on average periods to complete a registration. The actual number of services completing their registration by 31 March is uncertain and it's possible the income may either exceed or be less than projected.	Projection risk in the range of £0.050m understated to £0.050m overstated	High

6.0 IMPLICATIONS AND / OR DIRECT BENEFITS

6.1 Resources

The financial implications arising from this report are noted in section 2.1.

6.2 Sustainability

There are no direct sustainability implications arising from this report.

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

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

6.4 Customers (Internal and / or External)

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

7.0 CONCLUSION

An underspend of £1.568m against the 2022/23 budget is currently projected after foregoing drawing on the letter of comfort of up to £0.738m supplied by our Sponsor.

The greater than budgeted opening general reserve balance together with £2.000m of additional grant supplied late in the financial year to support our pay remit provides funding for the in-year projected deficit of £0.589m. We project our closing general reserve balance will be £2.296m more than budgeted. This greater than budgeted closing general reserve balance will assist with funding the 2023/24 budget deficit.

The risks to this projected position are set out in Section 5.0 of this report. Taking a balanced view of these risks, it is possible that the projected overspend will decrease between now and the end of the financial year.

Movement in Projected Net Expenditure from the Position Reported as at 31 October 2022

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	(0.288)	1. A projected increase in recruitment slippage and other net movements across the organisation (leavers, maternity leave, additional hours, sickness pay adjustments) of £0.260m. 2. We trialled prepaying most of our annual employer pension contributions to the Tayside Pension Fund for the first time this year, with a view to making savings from the pension fund having the income to invest earlier in the year. This has realised savings of £0.033m. 3. Internal secondments from the Scrutiny & Insurance and Strategy & Improvement directorates to grant funded programmes has decreased core spend by £0.034m. 4. Projected Board fees have decreased by £0.027m. These projected decreases are partially offset by: 5. Further refinements to the proposed pay remit calculation of £0.038m and an adjustment of £0.011m in the Apprentice Levy payable in respect of the pay award. 6. Projected expenditure of £0.017m to support the historical child abuse inquiry.
Accommodation costs	(0.059)	7. A review of the IFRS accounting treatment for our leases and lease extensions in Dumfries, Dunfermline and Stirling into 2023/24 means the required accounting treatment of these leases has changed for the current financial year. This has resulted in the outturn for rent decreasing by £0.059m (albeit the actual cash value of the lease is still payable to the landlord). The recognition of these leases is now accounted for under Administration costs (below).
Administration costs	0.032	8. A £0.075m increase in other administrative costs to reflect depreciation and interest associated with the lease of the Dumfries, Dunfermline and Stirling offices, a requirement of the recently introduced revised accounting treatment for leases. 9. A net £0.026m increase in professional fees within IT and Digital Transformation to cover the work required for the removal of our legacy PMS system. This is funded by a corresponding decrease in projected ICT costs within supplies and Services. These projected increases are offset by:

Budget Area	Increase/ (Decrease) £m	Main Reasons
		10. A decrease in printing and stationery costs of £0.010m and postages costs of £0.025m within Customer Services. 11. Within Legal, a decrease in professional fees of £0.021m, some £0.017m of which will offset additional staff costs to support the historical child abuse inquiry. 12. Further projected decreases in professional fees of £0.013m which is mainly due to the tendered cost of our Microsoft 365 project being less than budgeted.
Travel & subsistence	(0.005)	13. Projected travel costs of Board members have decreased by £0.005m.
Supplies and services	(0.035)	14. A decrease of £0.026m in ICT costs to offset the cost of additional professional fees for work to remove our legacy PMS system. 15. A projected net reduction in other expenditure of £0.009m, largely due to demand for hospitality and venue hire continuing to be lower than pre-pandemic levels.
Grant in aid	(2.000)	16. Our grant-in-aid has increased by £2m to support payment of the interim pay award costs in March 2023.
Income	(0.076)	17. Income from continuation fees is expected to be £0.075m higher than budgeted. 18. There is a marginal increase of £0.001m in shared service income to reflect the pay uplift applied to staff costs.
Total	**(2.431)**	**Increase to general reserve position**

Agenda item 13a

Update from Bill Maxwell, Convenor, to the Board regarding the Audit and Risk Committee business.

A meeting of the Audit and Risk Committee was held on 9 March 2023.

Key issues discussed at the meeting included:
- The Committee approved the Annual Internal Audit Plan subject to scheduling discussions of the plan by management and internal audit.   - The Committee considered two internal audit reports, one on **Payroll** and a second on **Partnership Working**. The Committee noted the overall level of assurance for the Payroll was "Satisfactory", there were three grade 3 recommendations which had been accepted by management. The overall level of assurance for the Partnership Working audit was "Good". There was one grade 3 recommendation which has been accepted by management.   - The Committee noted that these were good outcomes despite challenges on workload and staffing and noted its thanks to the staff involved in these areas of work.   - The Committee considered the high-level risks being addressed through the Strategic Risk Register but agreed that there no significant changes needed to made to the Register at present.   - The Committee received an update on a fraud investigation that is underway. This potential fraud was identified through the National Fraud Initiative and the investigation is being conducted by NHS NSS Counter Fraud Services (our counter fraud partners). The Committee noted the swift and effective action taken.

Issues referred for debate/decision by the Board
None from this meeting

Bill Maxwell
24th March 2023

Title:	ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS	
Author:	*Kenny Dick, Head of Finance and Corporate Governance*	
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services	
Appendices:	1a	Draft Financial Regulations (version 10.0 clean)
	1b	Draft Financial Regulations (version 10.0 tracked)
Consultation:	Head of Legal Services	
Resource Implications:	No	

EXECUTIVE SUMMARY
In line with the approval and revision arrangements (para 24 of financial regulations attached as Appendix 1a) the annual review of Financial Regulations is now due to be carried out.

The Board is invited to:	
1.	Approve the Care Inspectorate Financial Regulations to ensure they remain fit for purpose in accordance with corporate governance best practice.

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

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐	**No** ✓ Reason: This report is for information and there is no direct impact on people with protected characteristics.

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

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

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

ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS

1.0   INTRODUCTION

The Financial Regulations were last reviewed in March 2022. In line with the approval and revision arrangements (para 24 of financial regulations attached as Appendix 1a) the annual review of the Financial Regulations is now due to be carried out.

1.1   Financial Regulations Revisions

A summary of the proposed amendments is set out in paragraph 10.0, page 3, of the Version Control section of the Regulations. These changes comprise minor grammatical changes, an update to paragraph 13.9 to reflect changes in our management information systems and an update to paragraph 6.3 to reflect our Reporting Fraud, Theft or Other Financial Regularity Procedure. The description of changes to earlier versions of these regulations have also been summarised.

2.0   IMPLICATIONS AND/OR DIRECT BENEFITS

2.1   Resources

There are no direct resource implications arising from this report.

2.2   Sustainability

There are no direct sustainability implications arising from this report.

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

Ensuring effective financial governance ensures we maximise the resources available to bring benefits to people who experience care.

2.5   Customers (Internal and/or External)

The monitoring, review and publication of the financial regulations relate to strategic theme five of the Customer Service Strategy.

3.0   CONCLUSIONS/NEXT STEPS

Effective financial regulations, and regular periodic review, are necessary to maintain the effectiveness of financial systems. This annual review demonstrates our commitment to ensuring our financial regulations remain fit for purpose.

Care Inspectorate's Financial Regulations

Publication code (leave blank – comms will complete this)

Lead Director: Executive Director of Corporate and Customer Services

Presented to the Board – 30 March 2023

Approved by the Board –

VERSION CONTROL

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
1.0	Board	First Issued Version	
2.0	Board	• Amendments to reflect structural changes and minor grammatical changes.	18/12/15
3.0	Head of Finance & Corporate Governance	• Amendments to reflect organisational structure changes, clarity over delegated authority and the inclusion of a new section for grants awarded to the Care Inspectorate.	10/11/16
4.0	Head of Finance & Corporate Governance	• Amendments to reflect organisational structure changes, updated delegated authority for travel and subsistence claims and fee waivers.	9/11/17
5.0	Head of Legal Services	• Changes to reflect amended Board and Committee structure. • Reservation of Powers and Scheme of Delegation paragraphs updated to clarify authority for changes to establishment. • Minor grammatical changes.	13/04/18
6.0	Head of Finance & Corporate Governance	• Addition of delegated authority to write off bad debts and losses. • Updated to note the requirement for reports with Resource Implications to be submitted to the Executive Director of Corporate and Customer Services. • Amendment to reflect revised counter fraud and corruption framework. • Minor grammatical changes.	13/02/19
7.0	Head of Finance & Corporate Governance	• Capital expenditure definition update to note that, in addition to the value and length of use, future economic benefits are expected to be realised before an item of expenditure meets the capital definition. • Other minor updates to reflect committee structure changes.	11/03/20

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
8.0	Head of Finance and Corporate Governance	- All references to EU replaced with Government Procurement Agreement - Changes to reflect organisational structure amendments. - Update to delegated authority within the Care Inspectorate. - Minor changes to the grants section.	14/03/21
9.0	Head of Finance and Corporate Governance	- Pronouns throughout the document amended to make the regulations more inclusive. - Delegated authority for establishment changes updated. - Paragraph 11.5 updated to include Direct Debit and Standing order as approved payment methods. - Minor changes to the grants section. - Minor grammatical changes.	10/03/22
10.0	Head of Finance and Corporate Governance	- Minor amendments to reflect internal operational changes. - Paragraph 13.9 updated to reflect changes in our management information systems. - Paragraph 6.3 updated with the Reporting Fraud, Theft or Other Financial Regularity Procedure.	13/03/23

Financial Regulations

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FINANCIAL REGULATION

1.   Introduction

1.1   The Chief Executive, as the accountable officer as detailed in the NDPB Executive Framework document, is personally responsible to the Scottish Parliament for properly administering the Care Inspectorate's financial affairs. The Memorandum requires that she/he acts according to its instructions and those laid down within the Scottish Public Finance Manual. In particular, she/he must act according to the Memorandum to Accountable Officers of other public bodies.

1.2   The Chief Executive will delegate the day-to-day administration and oversight of these financial regulations to the Executive Director of Corporate and Customer Services who will ensure that there are suitable arrangements in place to protect the propriety and regularity of the Care Inspectorate's finances. The Executive Director of Corporate and Customer Services will report directly to the Chief Executive and keep them informed on the operation of these financial regulations. In the absence of the Executive Director of Corporate and Customer Services, the Chief Executive will assume responsibility for all functions delegated to them under these regulations.

1.3   The Care Inspectorate and all of its officers must observe the Care Inspectorate's financial regulations.

1.4   The Executive Director of Corporate and Customer Services will provide a Draft Budget Report to the Board each financial year for its approval.

1.5   The Executive Director of Corporate and Customer Services is entitled to report upon the financial implications of any matter coming before the Care Inspectorate or any of its committees and sub committees, and will further report to the Board if necessary, in the interests of the Care Inspectorate's financial affairs.

1.6   All Board and Committee reports prepared by officers must include an "Implications and/or Direct Benefits" section. Any officer who intends to submit a report which has resource implications to a Care Inspectorate Board, committee or sub-committee meeting must first submit the report to the relevant Executive Director for consideration and agreement. It is good practice for report authors to involve Corporate and Customer Services as early as possible in a development to ensure sustainability, financial, IT and Human Resource implications are considered at an early stage. Normally, the responsible officer must submit the draft report to the Executive Director of Corporate and Customer Services no later than 7 days prior to the date of the reports being issued for the meeting. Any observations on the report made by the Executive Director of Corporate and Customer Services or their representative must be incorporated into the author's report. In exceptional circumstances the 7-day period mentioned above may be reduced with the prior agreement of the Executive Director of Corporate and Customer Services.

1.7 At all times, the Care Inspectorate will try to secure best value for the money it spends, making appropriate use of all contract arrangements made and encouraging the use of the best management techniques throughout the organisation.

1.8 As the accountable officer, the Chief Executive will receive regular reports from the Executive Director of Corporate and Customer Services on the revenue spending of the Care Inspectorate. This will normally be through budget monitoring reports to Strategic Leadership Team (SLT), but the Chief Executive may ask for an update at any time. The Executive Director of Corporate and Customer Services will provide a budget monitoring report detailing any significant under or overspending to each meeting of the Board.

1.9 The Chief Executive is responsible for corporate and financial governance arrangements to ensure that proper financial control is exercised throughout the Care Inspectorate. The Executive Director of Corporate and Customer Services is responsible for ensuring that financial management systems exist to enable Executive Directors and their budget managers to make financial decisions and take corrective action to deal with under or overspending to achieve best value.

2. Revenue and capital budgets

2.1 The detailed form of the revenue and/or capital budgets will be determined by the Board taking account of advice received from the Executive Director of Corporate and Customer Services.

2.2 Executive Directors are responsible for preparing annual income and expenditure estimates on revenue accounts for their areas of responsibility. They must provide all necessary information regarding their directorate's requirements to the Executive Director of Corporate and Customer Services.

2.3 The Executive Director of Corporate and Customer Services will submit the draft Revenue Budget and Capital Plan first to SLT and then to the Board to consider any relevant decisions within the context of the Care Inspectorate's strategic objectives. The draft Revenue Budget and Capital Plan will be accompanied by a covering report containing all relevant information so that SLT and the Board can consider the proposed budget and approve as appropriate.

2.4 For capital budget purposes capital expenditure is defined as expenditure on individual items valued at over £5k and with a life in excess of one year, and where it is probable that future economic benefits associated with the item will flow to the Care Inspectorate. If in doubt, the Head of Finance and Corporate Governance or the Accounting and Procurement Manager can provide advice.

3. Budget monitoring

3.1 The overall responsibility for control of departmental revenue expenditure lies with each relevant Executive Director. Designated budget managers are

responsible for the detailed monitoring and control of income and expenditure within the sphere of their delegated responsibility.

3.2   Expenditure will be restricted to that included in the Revenue Budget or Capital Plan, unless a budget flexibility procedure (see Section 4 below) has been followed, or alternatively, proposals for additional expenditure have been approved by the Board.

3.3   The Chief Executive may approve any expenditure which would otherwise require Board approval where she/he considers that to be urgent, necessary and expedient to protect or preserve the critical interests of the Care Inspectorate (a certificate of which, given by the Chief Executive or Executive Director deputising for the Chief Executive shall be conclusive), provided that such action is reported to the Board at its next meeting following the taking of the action, in terms of paragraph 2.3.9 of the Care Inspectorate's Reservation of Powers and Scheme of Delegation.

3.4   The Executive Director of Corporate and Customer Services will provide each budget manager regular statements of income and expenditure under each approved budget heading estimate and any other relevant information that they need. However, each budget manager is responsible for ensuring that they have all the relevant financial and non-financial information to control the actual expenditure and income against the budget.

3.5   Executive Directors are responsible for ensuring that their budget managers carry out budget monitoring in accordance with the requirements and timescales set out by the Executive Director of Corporate and Customer Services.

3.6   The Executive Director of Corporate and Customer Services will submit regular budget monitoring reports to the Board which detail the Care Inspectorate's income and expenditure position with sufficient additional information so that the Board can properly monitor the Care Inspectorate's up to date financial position.

4.   Budget Flexibility

4.1   Once the Board has approved a budget it is expected that expenditure will be authorised in accordance with the approved budget. However, it is sometimes necessary to change plans or respond to events. Therefore, controlled budget flexibility is required. Below are the main budget flexibility procedures.

4.2   **Virement** (the transfer of budget between income/expenditure headings or costs centres) may be used as a means of funding desirable or essential expenditure.   The budget virement policy is available on the Finance section of the intranet. It should be noted that no virement proposal should be used to finance a new service, change an existing Care Inspectorate policy decision or change the permanent establishment of the Care Inspectorate where that will incur costs of more than £200k per annum. All of which need the approval of the Board.

4.3 **Alternative Expenditure Proposals (AEP):** The AEP process (available on the intranet) is used for SLT to decide on expenditure priorities to react to corporate budget underspends. The AEP process is used where budget flexibility is required for non-recurring expenditure in excess of £10,000 which will be incurred in the current financial year. All AEP proposals are considered by SLT. It should be noted that no AEP proposal should be used to finance a new service or change an existing Care Inspectorate policy decision. All of which need the approval of the Board.

4.4 **Fee income:** Where actual fee income is to exceed budget then this reflects additional workload requirements and related expenditure may exceed budget by an amount not exceeding the additional income. Correspondingly, if actual income is less than budgeted then expenditure must be adjusted as far as practicable to offset the income shortfall.

4.5 Board approval is required for:
- all proposals that will significantly expand or contract an area of activity on an on-going basis (implications beyond the current financial year).
- all proposals to start a new area of activity or significantly curtail an existing area of activity.
- all proposals that will require changes to existing policy decisions.
- proposals that require a change to the permanent establishment of the Care Inspectorate where that change will incur costs of more than £200k per annum. £200k is the cumulative total in any financial year.

5. Accounting

5.1 All accounting procedures and records of the Care Inspectorate and its officers will be determined by the Executive Director of Corporate and Customer Services. All Care Inspectorate accounts and accounting records will be compiled by the Executive Director of Corporate and Customer Services or under their direction.

5.2 Each year, the Executive Director of Corporate and Customer Services will ensure the Care Inspectorate's Annual Report and Accounts are laid before the Scottish Parliament in accordance with statutory requirements.

6. Internal audit

6.1 As part of their remit the Audit and Risk Committee will ensure that there is appropriate and proportionate internal audit coverage of the Care Inspectorate's accounting and financial operations.

6.2 The Executive Director of Corporate and Customer Services or any member of their staff or any other person authorised by them for that purpose is authorised to:
(a) enter all Care Inspectorate offices, establishments or land at any time.
(b) have access to all records, computer files, memory devices and other media documents and correspondence relating to any financial and related Care Inspectorate transactions.

(c)   request and receive such explanations as are necessary concerning any matter under examination; and

(d)   require any Care Inspectorate employee to produce cash, stores or any other Care Inspectorate property under their control.

6.3   Whenever there is any suspicion of an irregularity concerning cash, payments made, income received, payroll (including claiming expenses), stores, other property of the Care Inspectorate or any suspected irregularity in the functions exercised by the Care Inspectorate, then the Reporting Fraud, Theft or Other Financial Regularity procedure should be followed. The Counter Fraud, Bribery and Corruption Framework and the Whistleblowing Guidance are all relevant for consideration in such circumstances.

6.4   All internal audit reports shall be submitted to SLT for consideration and agreement of a management response where required.

6.5   All reports from either the External Auditor or Internal Auditor will be submitted to the Audit and Risk Committee for its consideration.

7.   Banking arrangements and control of cheques

7.1   All arrangements with the Care Inspectorate's bankers shall be made by the Executive Director of Corporate and Customer Services who will operate such banking accounts as he may consider necessary.

7.2   The Executive Director of Corporate and Customer Services is responsible for ensuring proper arrangements are in place for the safe custody of cash and cheques.

7.3   Cheques on the Care Inspectorate's banking accounts will be signed by any two authorised signatories as approved by the Care Inspectorate as required.

7.4   The Executive Director of Corporate and Customer Services is responsible for arranging any payments through the Bankers Automated Clearing System (BACS) or on-line banking arrangements and ensuring that proper security control procedures are affected and reviewed.

7.5   The Executive Director of Corporate and Customer Services is responsible for ensuring regular and effective bank account reconciliation procedures are followed.

8.   Procurement

8.1   The Care Inspectorate's Procurement Strategy and Policy must be followed for all procurement and purchasing activity. Guidance and procedural documentation are available for all procurement processes within the procurement area of the Finance section of the document library on the intranet. All procurement activity must follow the approved procurement procedures and comply with the 'Delegated Authority to Commit & Approve Expenditure' which is also available within the procurement area of the Finance section of the document library on the intranet.

8.2 The procurement process to be followed is determined by value as follows:

Competitive process to be followed	Value of spend (exc VAT and for the whole life of the requirement)	Route to market Suitable framework available?		Procurement strategy business case required (Template 30)	Engage Procurement Team
		Yes	**No**		
Low Value	<£1,000	n/a	Min 1 quote	No	No
Basic Value	£1,000- £10,000	Direct award or mini competition as per Framework rules	Min 3 evidenced quotes	No	No (support is available if required)
Quick Quote/ Framework	£10,000-£50,000	Direct award or mini competition as per Framework rules	Min 4 quotes through PCS	No	Yes
Standard	£50,000 – £177,897	Direct award or mini competition as per Framework rules	Open competition through PCS with basic SPD	Yes	Yes
Government Procurement Agreement (GPA) Tender Process[1]	>£177,897	Direct award or mini competition as per Framework rules	Open competition through PCS with full SPD	Yes	Yes

8.3 Where quotes received exceed the originally estimated value of expenditure and this moves the procurement to a new value threshold, the procurement route for the new value threshold must then be applied. In exceptional circumstances, approval to proceed with the existing process may be granted. Requests for an exception must be submitted to the Finance Procurement Team.

8.4 All procurement which is advertised as a full tender on the 'Public Contracts Scotland' advertising portal must have a project and evaluation team whereby, as a minimum, the Lead Officer has undergone procurement training.

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[1] The GPA threshold is a VAT inclusive threshold of £213,447. This is reviewed every two years.

8.5   Authority to award competitively procured contracts is delegated to officers as noted in the "Authority to Commit and Approve Expenditure" document available on the intranet. This is with the exception of internal audit services where the authority to contract is reserved to the Board as noted in the Reservation of Powers and Scheme of Delegation. No authority to award contracts will be delegated to an officer who has not satisfactorily undertaken the relevant procurement training.

8.6   Contracts awarded without competitive advertising need to meet specific criteria as noted in the procurement procedures and require specific approval. Requests for 'Non Competitive Action' with a value of lower than £30,000 total contract value or £10,000 annually may be approved by the Executive Director of Corporate and Customer Services and the Head of Finance and Corporate Governance.   Requests for 'Non Competitive Action' with a value exceeding these thresholds require Sponsor Department approval.

8.7   Specific approval is required for the procurement of consultancy services. The definition and approval requirement for consultancy expenditure is available within the procurement area of the Finance section of the document library on the intranet.

9.   Orders for works, goods and services

9.1   Purchase orders must, with a few exceptions noted below, be raised and approved in the financial system. Guidance and procedural documentation are available within the Transactions area of the Finance and Corporate Governance section on the intranet.

9.2   Purchase orders shall be issued for all work, goods or services to be supplied to the Care Inspectorate except for the following:
- the purchase is being made using an Electronic Purchasing Card,
- supplies of public utility services,
- periodic payments such as rent and rates,
- petty cash purchases,
- postal charges or
- other exceptions as the Executive Director of Corporate and Customer Services may approve.

9.3   In exceptional cases of urgency, where it is not possible to issue an approved purchase order in the financial system, a manual purchase order number can be requested from the Finance Section. The supplier must be advised to quote this order number on any invoice submitted for payment.

9.4   No authority to raise or approve purchase orders will be delegated to any officer who has not satisfactorily undertaken the relevant training.

9.5   Each budget manager will be responsible for all orders issued by their department and for ensuring that the cost is allocated to an appropriate budget head and is covered within the approved budgeted expenditure.

9.6   Budget managers may delegate financial responsibility to an expenditure

approver subject to the limits noted in the Finance & Corporate Governance Scheme of Delegation in the 'Authority to Commit and Approve Expenditure' document.

9.7 The Executive Director of Corporate and Customer Services will maintain a register of authorised signatories. Budget managers must notify any additions and deletions to the Accounting and Procurement Manager.

10. Electronic Purchasing Card (GPC)

10.1 Designated officers have a GPC card to purchase low value goods and services. The GPC card has set transaction limits of up to a maximum value of £1,000 per single transaction and £10,000 cumulative value of transactions per month. Applications for, and guidance on the use of GPC cards, are detailed within the GPC card procedure within the Transactions Team/ Payments area of the Finance section of the document library on the intranet.

10.2 Purchases using the GPC card are restricted as follows:

a. It cannot be used to withdraw cash.
b. It must not be used for personal expenditure.
c. It must not be used to pay for items already invoiced.
d. Loyalty points cannot be collected.
e. Card details must not be stored on internet sites.

10.3 Cardholders are responsible for ensuring the safe, secure storage of their card and card details.

10.4 Budget managers are responsible for all purchases from their budget made by GPC card.

11. Payment of accounts

11.1 The Care Inspectorate is committed to paying supplier invoices within 10 working days of the invoice(s) being received. Performance against this target is reported in the Annual Report and Accounts each year.

11.2 All invoices should be received by the Transactions Team at Compass House as noted on the approved purchase order.

11.3 Where possible, arrangements should be made for the separation of the authorisation of purchase orders as distinct from goods received notes. Each goods received note should be signed by the appropriate receiving officer. Where a goods received note is not provided, a manual one should be created using the template provided within the Transactions Team area of the Finance and Corporate Governance section on the intranet.

11.4 Where budget managers or expenditure approvers are requested to manually approve an invoice, the officer must make sure that:

(a) the goods received match the order.

(b)   prices, discounts and arithmetic are correct.

(c)   there is no duplication of payments.

(d)   expenditure is within the approved budget.

(e)   the expenditure is coded to an appropriate cost centre and account code

(f)   the expenditure is within their delegated financial authority and

(g)   work has been carried out to a satisfactory level.

11.5   The payment of all approved invoices and payments will be made under arrangements approved and controlled by the Executive Director of Corporate and Customer Services. Approved payment methods are as follows:

(a)   Direct BACS submission ie invoices and non-payroll expenses

(b)   Indirect BACS submission ie managed payroll service payments

(c)   Cheque

(d)   Direct payments via bank account

(e)   Petty cash (see section 17)

(f)   GPC card (see section 10)

(g)   Direct debit

(h)   Standing order

Internal control arrangements are in place to ensure separation of duties between preparation, approval and processing of payments.

11.6   We will not make payment on duplicate invoices, statements or photocopy invoices unless the approving officer certifies in writing that the amount in question has not previously been paid.

11.7   The Executive Director of Corporate and Customer Services may approve compensation payments made under legal obligation, up to the value of £10,000. Any compensation payments exceeding this value must be approved by the Sponsor Department.

11.8   The maximum value of any ex-gratia payment cannot exceed £200 and must be approved by the Executive Director of Corporate and Customer Services.

12.   Payroll administration

12.1   The payment of all salaries, wages, allowances, pensions, compensation and other emoluments to all employees and Board members or former employees and Board members of the Care Inspectorate will be made by the Executive Director of Corporate and Customer Services under arrangements approved and controlled by them.

12.2   The Executive Director of Corporate and Customer Services will provide guidance on responsibilities for ensuring proper records are kept of all matters affecting the payment of such emoluments and in particular:

(a)   appointments, promotions, resignations, dismissals, suspensions, secondments and transfers.

(b)   absences from duty for sickness, holidays or other reason.

(c)   changes in remuneration, other than normal increments and pay

awards and agreements of general application.

(d)   information necessary to maintain records of service for pension, income tax, national insurance and other areas as required.

12.3   All time records or other pay documents will be in a form prescribed or approved by the Executive Director of Corporate and Customer Services and shall be certified in accordance with guidance issued by the Executive Director of Corporate and Customer Services.

12.4   The Executive Director of Corporate and Customer Services will provide through the payroll system any management information as they, the Chief Executive, or any Executive Director decide is necessary to achieve value for money and/or compliance with policy and procedures.

13.   Income

13.1   The statutory fee rates charged by the Care Inspectorate to care service providers shall be set at rates equal to or below the statutory maximum rates. The rates set will be approved by the Board and shall not be altered without its approval.

13.2   The rate of charge for goods or services supplied by the Care Inspectorate to the public and external organisations will be approved by SLT and shall be set with reference to the Fees and Charges section of the Scottish Public Finance Manual.

13.3   It is the Executive Director of Corporate and Customer Services duty to make adequate financial and accounting arrangements to ensure that all monies due to the Care Inspectorate are properly recorded and for the proper collection, custody, control and banking of all cash and cash equivalents in all the Care Inspectorate's departments and locations.

13.4   It is essential that particulars of all charges to be made for services rendered by the Care Inspectorate and of all other amounts due to it shall be promptly notified to the Head of Finance and Corporate Governance in a form approved by them. All accounts due to the Care Inspectorate will be issued by, or under arrangements approved by, the Executive Director of Corporate and Customer Services.

13.5   All financial documents such as receipt forms, receipt books, tickets and other such items will be in a form approved by the Executive Director of Corporate and Customer Services who will be satisfied with the arrangement for the ordering, supply and control by each department. All records, forms and so on must be kept by each department for a period stipulated by the Executive Director of Corporate and Customer Services.

13.6   All monies received on behalf of the Care Inspectorate in any department shall be deposited promptly with the Executive Director of Corporate and Customer Services or the Care Inspectorate's bankers according to the arrangements made by the Executive Director of Corporate and Customer Services. No deduction may be made from such monies. All income must be

banked in full.

13.7   Personal cheques shall not be cashed out of money held on behalf of the Care Inspectorate.

13.8   Where cash is received, the person receiving it will issue a receipt to record the transaction.

13.9   Each Executive Director is responsible for ensuring that all of their departmental income is billed promptly and efficiently. This includes ensuring that the correct new registration fees are charged to prospective service providers and that accurate data is held on the Care Inspectorate Registration App for the billing of continuation of registration fees, or their successor system when implemented.

13.10   The "Fee Waiver Policy" must be followed should it be considered appropriate to contemplate charging reduced fees or waiving a fee altogether. The Head of Finance and Corporate Governance and the Transactions Manager have authority to approve fee waiver requests. Discounts for combined services are an exception to this as a standing authorisation has been supplied to offer a discount to services that provide two or more services from the same premises. Responsibility for the initial granting and annual review of combined service discounts rests with the Chief Inspectors.

14.   Insurance

14.1   The Care Inspectorate is not permitted to take out commercial insurance apart from circumstances meeting the exception criteria as set out in the Scottish Public Finance Manual. It is the Scottish Government's policy to self-insure. The Sponsor Department has supplied a Certificate of Exemption for Employer's Liability Insurance. Within this context the Executive Director of Corporate and Customer Services will ensure that necessary insurance cover is in place and negotiate all claims in consultation with other officers as necessary.

14.2   Each senior manager must promptly notify the Executive Director of Corporate and Customer Services of any action or event which may give rise to a claim being made by or against the Care Inspectorate. Senior Managers will immediately notify the Executive Director of Corporate and Customer Services in writing of any loss of property and inform the police if appropriate of the circumstances of the loss.   The Executive Director of Corporate and Customer Services will be responsible for agreeing a position with the Sponsor Department where losses occur.

15.   Inventories

15.1   The Executive Director of Corporate and Customer Services is responsible for ensuring inventory lists of all furniture and fittings, vehicles, plant and equipment is maintained.

15.2   All surplus plant, vehicles, tools, equipment, furnishings, materials or

commodities to be disposed of by any Care Inspectorate department will be advertised for sale either by the invitation of sale offers or by public auction unless special circumstances apply. The Executive Director of Corporate and Customer Services alone can decide whether these apply. All offers received must be held on file for audit purposes with the inventory records amended as appropriate.

15.3 The Care Inspectorate's property will not be removed unless in the ordinary course of Care Inspectorate business. Its property may only be used for official purposes unless otherwise specifically directed by an Executive Director.

16. Security

16.1 Each Executive Director or Senior Manager as appropriate, is responsible for maintaining proper security at all times for all buildings, stock, stores, furniture, equipment, cash, records etc under their control. They shall consult with the Executive Director of Corporate and Customer Services in any case where security is thought to be defective or where it is considered that special security arrangements may be needed.

16.2 Maximum limits for cash holdings shall be agreed with the Executive Director of Corporate and Customer Services and shall not be exceeded without their express permission. Specific guidance relating to the administration of petty cash imprests (money advanced) is available on the Care Inspectorate's intranet.

16.3 Keys to safes and similar receptacles are the responsibility of the designated keyholder who will make suitable arrangements for their security at all times. The loss of any such keys must be reported to the Executive Director of Corporate and Customer Services immediately. For security purposes, keys should be removed from premises overnight.

17. Petty Cash Imprest accounts

17.1 The Executive Director of Corporate and Customer Services shall make appropriate imprest advances and determine accounting periods in connection with the payment of expenses and petty outlays chargeable to the Care Inspectorate.

17.2 The Executive Director of Corporate and Customer Services shall issue appropriate instructions to officers to ensure to their satisfaction the proper security of cash advanced in this way. They will also determine the limit for any one payment from petty cash and this will be specified in the Petty Cash Guidance.

17.3 The recipient of any advance of petty cash or imprest shall account for this money to the Executive Director of Corporate and Customer Services when required and shall repay the money on leaving the Care Inspectorate's employment or when required by the Executive Director of Corporate and Customer Services. Detailed guidance on the administration of petty cash and

petty cash imprests is available on the Care Inspectorate's intranet.

18. Travelling, subsistence and financial loss allowances

18.1 All claims for payment of car allowances, subsistence allowances, travelling and incidental expenses shall be submitted according to the approved Business Travel and Subsistence Policy, duly certified, in a form approved by the Executive Director of Corporate and Customer Services to them at such regular intervals as are agreed. A significant proportion of expenses will be claimed via the payroll/HR system and authorisation will be through the line management arrangements approved and set up on the payroll/HR system. The names of officers authorised to approve expenses incurred outwith the payroll/HR system process shall be sent to the Executive Director of Corporate and Customer Services by each Executive Director together with specimen signatures and shall be amended on the occasion of any change. The number of officers so authorised shall be determined in agreement with the Executive Director of Corporate and Customer Services.

18.2 The authorisation by or on behalf of an Executive Director shall be taken to mean that the authorising officer is satisfied that the journeys were properly sanctioned, the expenditure properly and necessarily incurred and that the allowances are properly payable.

18.3 Business expenses charged to GPC cards remain subject to the Business Travel and Subsistence Policy. Human Resources and Finance staff conduct regular compliance reviews.

18.4 Whenever possible, travel and accommodation should be arranged by Care Inspectorate administrative staff. This avoids the need for the reimbursement of expenses.

19. Expenditure on gifts, hospitality and sponsorship

19.1 The Chief Executive, Executive Directors and budget managers may provide hospitality within their delegated budget allowance. Hospitality is appropriate when members and/or officers of the Care Inspectorate are meeting with members or officers of other public bodies, Members of Parliament, firms, consultants or others who are assisting or co-operating with the Care Inspectorate in carrying out its functions. A record of all hospitality granted shall be kept and shall be open to inspection by any member of the Care Inspectorate.

19.2 Where there is a proposal to provide a gift, this must be submitted in writing to the Chief Executive who will consider and, if appropriate, approve. The maximum value for any gift cannot exceed £200 in accordance with the sum laid down in the NDPB Executive Framework.

19.3 Payments made to sponsor individuals, groups or events will be subject to the Care Inspectorate Sponsorship Policy and will not exceed £200 in value.

20. Registering and Declaring Interests

20.1 Board members and officers must not allow any business or personal interest to influence the decisions they make in relation to work or use their position to further their own interests or the interest of others who do not have a right to benefit under Care Inspectorate policies.

20.2 Full details of registering and declaring interests are contained within the Board Members Code of Conduct and for officers: The Code of Conduct Policy.

20.3 A register of Board members interests will be maintained and reviewed at least annually.

20.4 Where there is any doubt about whether an interest should be registered or declared then advice should be sought from the Chair, Chief Executive, Executive Director of Corporate and Customer Services or the Head of Finance and Corporate Governance as appropriate.

21. Acceptance of Gifts, Hospitality and Services

21.1 Generally, no employee should accept gifts, gratuities etc. from any client or stakeholder other than a token item.

21.2 Any token item which is accepted and has an estimated value of more than £20 should be registered, using the appropriate form.

21.3 Full details of the acceptance of gifts, hospitality and services are contained in the Human Resources section of the intranet within the Code of Conduct area.

22. Grants Awarded to the Care Inspectorate

22.1 All bids for grant funding must be approved by the Senior Leadership Team before being submitted to the grant provider. SLT should be informed of the grant funding amount, funding period, staffing implications, outcomes, key milestones and any risks to the Care Inspectorate. Where possible, grants will be included in the annual budget.

22.2 Grants from Scottish Government other than grant in aid, must be referred to the Sponsor Department in advance of being agreed, in accordance with the Scottish Public Finance Manual.

23. Write off of Bad Debts and/or Losses

23.1 The Executive Director of Corporate and Customer Services may approve the write off of bad debt and or losses, not exceeding £3,000 in the following circumstances:

   i) Loss of cash due to theft, fraud, overpayment of salaries, wages, fees, allowances or other causes

ii) Loss of equipment and property due to theft, fraud, arson, fire, flood, motor vehicle accidents or damage to vehicles.

23.2 Losses exceeding £3,000 must be submitted to the Sponsor Department and will be reported to the Board.

23.3 In accordance with the NDPB Executive Framework, irrecoverable debt with a value of £10,000 or less will be authorised by the Chief Executive and debts to be written off with a value exceeding £10,000 must be authorised by the Sponsor Department.

24. Approval and Revision of Financial Regulations by the Care Inspectorate

24.1 The Financial Regulations will be reviewed at least annually by the Board and at any time if the circumstances indicate this would be appropriate. The Board must approve any amendments to the Financial Regulations.

Care Inspectorate's Financial Regulations

Publication code (leave blank – comms will complete this)

Lead Director: Executive Director of Corporate and Customer Services

Presented to the Board – *30*22 March 2023*2*

Approved by the Board – 2~~2 March 2022~~

VERSION CONTROL

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
1.0	Board	First Issued Version	
2.0	Board	• Reference to 'Management Statement and Finance Memorandum' replaced with 'NDPB Executive Framework'. • Finance function renamed as 'Finance & Corporate Governance'. • Insurance section updated to refer to 'Scottish Public Finance Manual (paragraph 14.1). • Minor grammatical corrections. *Amendments to reflect structural changes and minor grammatical changes.*	18/12/15
3.0	Head of Finance & Corporate Governance	• *Amendments to reflect organisational structure changes, clarity over delegated authority and the inclusion of a new section for grants awarded to the Care Inspectorate.* • Post title changes to reflect current organisational structure. • Alternative Expenditure Proposal paragraph (4.3) updated to clarify that requests must relate to non-recurring spend and those proposals need to conclude by 31 March of the relevant financial year. • Procurement non-competitive action paragraph (8.7) amended to show delegated authority levels in the NDPB Executive Framework. • Inclusion of a new "Grants Awarded to the Care Inspectorate" section • Renumbering as a result of the insertion of the new section described above.	10/11/16

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
4.0	Head of Finance & Corporate Governance	• *Amendments to reflect organisational structure changes, updated delegated authority for travel and subsistence claims and fee waivers.* • ~~Team name changes to reflect current organisational structure.~~ • ~~Para 10 title amended from 'Government Procurement Card' to 'Electronic Purchasing Card (GPC)'~~ • ~~Para 6.2 (b) reference to 'disks' replaced with 'memory devices'.~~ • ~~Para 18.3 updated to reflect change in delegated authority for travel and subsistence claims exceeding three months.~~ • ~~Para 13.10 amended to reflect the revised scheme of delegation regarding fee waivers.~~ • ~~Renumbering as a result of the above amendments.~~	9/11/17
5.0	Head of Legal Services	• Changes to reflect amended Board and Committee structure. • ~~Paragraph 3.3 redrafted to reflect~~ Reservation of Powers and Scheme of *D*~~R~~elegation *paragraphs updated to clarify authority for changes to establishment.* • *Minor grammatical changes.* • ~~Paragraphs 4.2, 4.3 and 4.5 redrafted to reflect Reservation of Powers and Scheme of Delegation regarding Board authority in respect of changes to establishment.~~ • ~~Deletion of "request" and substitution with "require" in Para 6.2(d).~~ • ~~EU Procurement Threshold updated – Para 8.2.~~ • ~~Correction of typographical error in Para 9.2.~~ • ~~References to "Executive Team" changed to "Executive Group".~~ • ~~Amendments to revise arrangements for Executive approval of reports.~~	13/04/18

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
6.0	Head of Finance & Corporate Governance	*• Addition of delegated authority to write off bad debts and losses.* *• Updated to note the requirement for reports with Resource Implications to be submitted to the Executive D~~d~~irector of Corporate and Customer Services.* *• Amendment to reflect revised counter fraud and corruption framework.* *• Minor grammatical changes.* ~~Para 1.6 updated to reflect the requirement for reports with resource implications to be submitted to the Director of Corporate and Customer Services no later than 7 days in advance of the issue date of the meeting papers.~~ • ~~Insertion of section 23 to include delegated authority to write off bad debts and/or losses.~~ • ~~Section 15 amended to remove reference to surpluses of deficiencies on stocks and stores as this is now included in the new section 23.~~ • ~~Approval and Revision of the Financial Regulations is now referenced in section 24 to reflect addition of bad debts and losses section above.~~ • ~~Reference to 'receipts and payments' in para 3.4 replaces with 'income and expenditure'.~~ • ~~Para 10.2 updated to include restriction on the use of electronic purchasing card details not being stored on websites.~~ • ~~Para 1.8 amended to remove reference to Resources Committee.~~ • ~~Minor grammatical errors.~~ • ~~Renumbering as a result of the changes added in section 23.~~ • ~~Para 6.3 updated to replace 'Prevention of Fraud Policy' with the updated 'Counter Fraud and Corruption Framework' Para 13.9 updated to include PMS and RMS successor system reference.~~	13/02/19

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE

7.0	Head of Finance & Corporate Governance	• *Capital expenditure definition update to note* ~~Para 2.4 updated to note~~ that*,* in addition to the value and length of use, future economic benefits are expected to be realised before an item of expenditure meets the capital definition.
		• ~~References to Audit Committee amended to Audit and Risk Committee.~~
		• ~~Amendment to para 4.2 to remove maximum virement value as virement requests will follow the agreed virement policy.~~*Other minor updates to reflect committee structure changes.*
		  • ~~Amendment to para 8.2 to include the updated procurement thresholds.~~
		  • ~~Removal of previous para 8.4 as procurement risk is now addressed through the overarching procurement risk register and the procurement strategy business case for standard and higher risk procurements. Section 8 renumbered following this change.~~
		  • ~~Amendment of minor typographical errors.~~
			11/03/20

8.0	Head of Finance and Corporate Governance	• All references to EU replaced with Government Procurement Agreement
		• ~~Update to changes in role titles where required.~~*Changes to reflect organisational structure amendments.*
		  • ~~References to 'Executive Group' changed to 'Senior Leadership Team'.~~
		• *Update to delegated authority within the Care Inspectorate.*~~Para 8.6 updated to include the delegated authority to approved requests to direct award to the Head of Finance and Corporate Governance.~~
		  • ~~Requirement for travel and subsistence claims exceeding three months requiring the approval of the Head of Finance and Corporate Governance has been removed. This was para 18.3 and the subsequent paras have been renumbered sequentially.~~
		  • ~~Para 22.3 removed as grants agreed by Sponsor, reported through the budget and regular budget monitoring reports.~~
		• ~~Minor grammatical changes.~~*Minor changes to the grants section.*
			14/03/21

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
9.0	Head of Finance and Corporate Governance	• Pronouns throughout the document amended to make the regulations more inclusive. • ~~Procurement thresholds in table 8.2 updated to include the revised Government Procurement Agreement (GPA) threshold effective from 1 January 2022.~~ • *Delegated authority for establishment changes updated.* ~~Para 4.5 updated to clarify the delegated approval value for permanent staff changes without recourse to the Board is £200k annually.~~ • Para*graph* 11.5 updated to include Direct debit and Standing order as approved payment methods. • *Minor changes to the grants section.* ~~The grant funding para 22.1 updated to include information SLT need for grants awarded to the Care Inspectorate.~~ • • *Minor grammatical changes* ~~Other minor changes to sentences~~.	*10/03/22*
10.0	*Head of Finance and Corporate Governance*	• *Minor amendments to reflect internal operational changes.* • *Paragraph 13.9 updated to reflect changes in our management information systems.* • • *Paragraph 6.3 updated with the Reporting Fraud, Theft or Other Financial Regularity Procedure.*	*13/03/23*

Financial Regulations

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FINANCIAL REGULATION

1. Introduction

1.1 The Chief Executive, as the accountable officer as detailed in the NDPB Executive Framework document, is personally responsible to the Scottish Parliament for properly administering the Care Inspectorate's financial affairs. The Memorandum requires that she/he acts according to its instructions and those laid down within the Scottish Public Finance Manual. In particular, she/he must act according to the Memorandum to Accountable Officers of other public bodies.

1.2 The Chief Executive will delegate the day-to-day administration and oversight of these financial regulations to the Executive Director of Corporate and Customer Services who will ensure that there are suitable arrangements in place to protect the propriety and regularity of the Care Inspectorate's finances. The Executive Director of Corporate and Customer Services will report directly to the Chief Executive and keep them informed on the operation of these financial regulations. In the absence of the Executive Director of Corporate and Customer Services, the Chief Executive will assume responsibility for all functions delegated to them under these regulations.

1.3 The Care Inspectorate and all of its officers must observe the Care Inspectorate's financial regulations.

1.4 The Executive Director of Corporate and Customer Services will provide a Draft Budget Report to the Board each financial year for its approval.

1.5 The Executive Director of Corporate and Customer Services is entitled to report upon the financial implications of any matter coming before the Care Inspectorate or any of its committees and sub committees, and will further report to the Board if necessary, in the interests of the Care Inspectorate's financial affairs.

1.6 All Board and Committee reports prepared by officers must include an "Implications and/or Direct Benefits" section. Any officer who intends to submit a report which has resource implications to a Care Inspectorate Board, committee or sub-committee meeting must first submit the report to the relevant Executive Director for consideration and agreement. It is good practice for report authors to involve Corporate and Customer Services as early as possible in a development to ensure sustainability, financial, IT and Human Resource implications are considered at an early stage. Normally, the responsible officer must submit the draft report to the Executive Director of Corporate and Customer Services no later than 7 days prior to the date of the reports being issued for the meeting. Any observations on the report made by the Executive Director of Corporate and Customer Services or their representative must be incorporated into the author's report. In exceptional circumstances the 7-day period mentioned above may be reduced with the prior agreement of the Executive Director of Corporate and Customer

Services.

1.7 At all times, the Care Inspectorate will try to secure best value for the money it spends, making appropriate use of all contract arrangements made and encouraging the use of the best management techniques throughout the organisation.

1.8 As the accountable officer, the Chief Executive will receive regular reports from the Executive Director of Corporate and Customer Services on the revenue spending of the Care Inspectorate. This will normally be through budget monitoring reports to Strategic Leadership Team (SLT), but the Chief Executive may ask for an update at any time. The Executive Director of Corporate and Customer Services will provide a budget monitoring report detailing any significant under or overspending to each meeting of the Board.

1.9 The Chief Executive is responsible for corporate and financial governance arrangements to ensure that proper financial control is exercised throughout the Care Inspectorate. The Executive Director of Corporate and Customer Services is responsible for ensuring that financial management systems exist to enable Executive Directors and their budget managers to make financial decisions and take corrective action to deal with under or overspending to achieve best value.

2. Revenue and capital budgets

2.1 The detailed form of the revenue and/or capital budgets will be determined by the Board taking account of advice received from the Executive Director of Corporate and Customer Services.

2.2 Executive Directors are responsible for preparing annual income and expenditure estimates on revenue accounts for their areas of responsibility. They must provide all necessary information regarding their directorate's requirements to the Executive Director of Corporate and Customer Services.

2.3 The Executive Director of Corporate and Customer Services will submit the draft Revenue Budget and Capital Plan first to SLT and then to the Board to consider any relevant decisions within the context of the Care Inspectorate's strategic objectives. The draft Revenue Budget and Capital Plan will be accompanied by a covering report containing all relevant information so that SLT and the Board can consider the proposed budget and approve as appropriate.

2.4 For capital budget purposes capital expenditure is defined as expenditure on individual items valued at over £5k and with a life in excess of one year, and where it is probable that future economic benefits associated with the item will flow to the Care Inspectorate. If in doubt, the Head of Finance and Corporate Governance or the Accounting and Procurement Manager can provide advice.

3. Budget monitoring

3.1   The overall responsibility for control of departmental revenue expenditure lies with each relevant Executive Director. Designated budget managers are responsible for the detailed monitoring and control of income and expenditure within the sphere of their delegated responsibility.

3.2   Expenditure will be restricted to that included in the Revenue Budget or Capital Plan, unless a budget flexibility procedure (see Section 4 below) has been followed, or alternatively, proposals for additional expenditure have been approved by the Board.

3.3   The Chief Executive may approve any expenditure which would otherwise require Board approval where she/he considers that to be urgent, necessary and expedient to protect or preserve the critical interests of the Care Inspectorate (a certificate of which, given by the Chief Executive or *Executive* ~~d~~*D*irector deputising for the Chief Executive shall be conclusive), provided that such action is reported to the Board at its next meeting following the taking of the action, in terms of paragraph 2.3.9 of the Care Inspectorate's Reservation of Powers and Scheme of Delegation.

3.4   The Executive Director of Corporate and Customer Services will provide each budget manager regular statements of income and expenditure under each approved budget heading estimate and any other relevant information that they need. However, each budget manager is responsible for ensuring that they have all the relevant financial and non-financial information to control the actual expenditure and income against the budget.

3.5   Executive Directors are responsible for ensuring that their budget managers carry out budget monitoring in accordance with the requirements and timescales set out by the Executive Director of Corporate and Customer Services.

3.6   The Executive Director of Corporate and Customer Services will submit regular budget monitoring reports to the Board which detail the Care Inspectorate's income and expenditure position with sufficient additional information so that the Board can properly monitor the Care Inspectorate's up to date financial position.

4.   Budget Flexibility

4.1   Once the Board has approved a budget it is expected that expenditure will be authorised in accordance with the approved budget. However, it is sometimes necessary to change plans or respond to events. Therefore, controlled budget flexibility is required. Below are the main budget flexibility procedures.

4.2   **Virement** (the transfer of budget between income/expenditure headings or costs centres) may be used as a means of funding desirable or essential expenditure.   The budget virement policy is available on the Finance section of the intranet. It should be noted that no virement proposal should be used to

finance a new service, change an existing Care Inspectorate policy decision or change the permanent establishment of the Care Inspectorate where that will incur costs of more than £200k per annum. All of which need the approval of the Board.

4.3 **Alternative Expenditure Proposals (AEP):** The AEP process (available on the intranet) is used for SLT to decide on expenditure priorities to react to corporate budget underspends. The AEP process is used where budget flexibility is required for non-recurring expenditure in excess of £10,000 which will be incurred in the current financial year. All AEP proposals are considered by SLT. It should be noted that no AEP proposal should be used to finance a new service or change an existing Care Inspectorate policy decision. All of which need the approval of the Board.

4.4 **Fee income:** Where actual fee income is to exceed budget then this reflects additional workload requirements and related expenditure may exceed budget by an amount not exceeding the additional income. Correspondingly, if actual income is less than budgeted then expenditure must be adjusted as far as practicable to offset the income shortfall.

4.5 Board approval is required for:
- all proposals that will significantly expand or contract an area of activity on an on-going basis (implications beyond the current financial year).
- all proposals to start a new area of activity or significantly curtail an existing area of activity.
- all proposals that will require changes to existing policy decisions.
- proposals that require a change to the permanent establishment of the Care Inspectorate where that change will incur costs of more than £200k per annum. £200k is the cumulative total in any financial year.

5. Accounting

5.1 All accounting procedures and records of the Care Inspectorate and its officers will be determined by the Executive Director of Corporate and Customer Services. All Care Inspectorate accounts and accounting records will be compiled by the Executive Director of Corporate and Customer Services or under their direction.

5.2 Each year, the Executive Director of Corporate and Customer Services will ensure the Care Inspectorate's Annual Report and Accounts are laid before the Scottish Parliament in accordance with statutory requirements.

6. Internal audit

6.1 As part of their remit the Audit and Risk Committee will ensure that there is appropriate and proportionate internal audit coverage of the Care Inspectorate's accounting and financial operations.

6.2 The Executive Director of Corporate and Customer Services or any member of their staff or any other person authorised by them for that purpose is

authorised to:

(a) enter all Care Inspectorate offices, establishments or land at any time.

(b) have access to all records, computer files, memory devices and other media documents and correspondence relating to any financial and related Care Inspectorate transactions.

(c) request and receive such explanations as are necessary concerning any matter under examination; and

(d) require any Care Inspectorate employee to produce cash, stores or any other Care Inspectorate property under their control.

6.3 Whenever there is any suspicion of an irregularity concerning cash, payments made, income received, payroll (including claiming expenses), stores, other property of the Care Inspectorate or any suspected irregularity in the functions exercised by the Care Inspectorate, then the *Reporting Fraud, Theft or Other Financial Regularity procedure should be followed*~~Head of Finance and Corporate Governance (designated Fraud Prevention Officer) should be informed in the first instance. If due to the nature of the suspicion it is not appropriate to inform the Head of Finance & Corporate Governance then one of the following should be informed as appropriate; the Chief Executive, the Executive Director of Corporate and Customer Services or the internal auditors (contact details on the intranet)~~. The Counter Fraud, Bribery and Corruption Framework and the Whistleblowing Guidance are all relevant for consideration in such circumstances.

6.4 All internal audit reports shall be submitted to SLT for consideration and agreement of a management response where required.

6.5 All reports from either the External Auditor or Internal Auditor will be submitted to the Audit and Risk Committee for its consideration.

7. Banking arrangements and control of cheques

7.1 All arrangements with the Care Inspectorate's bankers shall be made by the Executive Director of Corporate and Customer Services who will operate such banking accounts as he may consider necessary.

7.2 The Executive Director of Corporate and Customer Services is responsible for ensuring proper arrangements are in place for the safe custody of cash and cheques.

7.3 Cheques on the Care Inspectorate's banking accounts will be signed by any two authorised signatories as approved by the Care Inspectorate as required.

7.4 The Executive Director of Corporate and Customer Services is responsible for arranging any payments through the Bankers Automated Clearing System (BACS) or on-line banking arrangements and ensuring that proper security control procedures are affected and reviewed.

7.5 The Executive Director of Corporate and Customer Services is responsible for ensuring regular and effective bank account reconciliation procedures are

followed.

8. Procurement

8.1 The Care Inspectorate's Procurement Strategy and Policy must be followed for all procurement and purchasing activity. Guidance and procedural documentation are available for all procurement processes within the procurement area of the Finance section of the document library on the intranet. All procurement activity must follow the approved procurement procedures and comply with the 'Delegated Authority to Commit & Approve Expenditure' which is also available within the procurement area of the Finance section of the document library on the intranet.

8.2 The procurement process to be followed is determined by value as follows:

Competitive process to be followed	Value of spend (exc VAT and for the whole life of the requirement)	Route to market Suitable framework available?		Procurement strategy business case required (Template 30)	Engage Procurement Team
		Yes	**No**		
Low Value	<£1,000	n/a	Min 1 quote	No	No
Basic Value	£1,000- £10,000	Direct award or mini competition as per Framework rules	Min 3 evidenced quotes	No	No (support *is* available if required)
Quick Quote/ Framework	£10,000-£50,000	Direct award or mini competition as per Framework rules	Min 4 quotes through PCS	No	Yes
Standard	£50,000 – £177,897	Direct award or mini competition as per Framework rules	Open competition through PCS with basic SPD	Yes	Yes
Government Procurement Agreement (GPA) Tender Process[1]	>£177,897	Direct award or mini competition as per Framework rules	Open competition through PCS with full SPD	Yes	Yes

[1] The GPA threshold is a VAT inclusive threshold of £213,447. This is reviewed every two years.

8.3   Where quotes received exceed the originally estimated value of expenditure and this moves the procurement to a new value threshold, the procurement route for the new value threshold must then be applied. In exceptional circumstances, approval to proceed with the existing process may be granted. Requests for an exception must be submitted to the Finance Procurement Team.

8.4   All procurement which is advertised as a full tender on the 'Public Contracts Scotland' advertising portal must have a project and evaluation team whereby, as a minimum, the Lead Officer has undergone procurement training.

8.5   Authority to award competitively procured contracts is delegated to officers as noted in the '*'Authority to Commit and Approve Expenditure'*Delegated Authority to Commit & Approve Expenditure' document available on the intranet. This is with the exception of internal audit services where the authority to contract is reserved to the Board as noted in
the Reservation of Powers and Scheme of Delegation. No authority to award contracts will be delegated to an officer who has not satisfactorily undertaken the relevant procurement training.

8.6   Contracts awarded without competitive advertising need to meet specific criteria as noted in the procurement procedures and require specific approval. Requests for 'Non Competitive Action' with a value of lower than £30,000 total contract value or £10,000 annually may be approved by the Executive Director of Corporate and Customer Services and the Head of Finance and Corporate Governance.   Requests for 'Non Competitive Action' with a value exceeding these thresholds require Sponsor Department approval.

8.7   Specific approval is required for the procurement of consultancy services. The definition and approval requirement for consultancy expenditure is available within the procurement area of the Finance section of the document library on the intranet.

9.   **Orders for works, goods and services**

9.1   Purchase orders must, with a few exceptions noted below, be raised and approved in the financial system. Guidance and procedural documentation are available within the purchasing and payment area*Transactions area* of the Finance and Corporate Governance section on the intranet.

9.2   Purchase orders shall be issued for all work, goods or services to be supplied to the Care Inspectorate except for the following:
   o   the purchase is being made using an Electronic Purchasing Card,
   o   supplies of public utility services,
   o   periodic payments such as rent and rates,
   o   petty cash purchases,
   o   postal charges or
   o   other exceptions as the Executive Director of Corporate and Customer Services may approve.

9.3 In exceptional cases of urgency, where it is not possible to issue an approved purchase order in the financial system, a manual purchase order number can be requested from the Finance Section. The supplier must be advised to quote this order number on any invoice submitted for payment.

9.4 No authority to raise or approve purchase orders will be delegated to any officer who has not satisfactorily undertaken the relevant training.

9.5 Each budget manager will be responsible for all orders issued by their department and for ensuring that the cost is allocated to an appropriate budget head and is covered within the approved budgeted expenditure.

9.6 Budget managers may delegate financial responsibility to an expenditure approver subject to the limits noted in the Finance & Corporate Governance Scheme of Delegation in the 'Authority to Commit and Approve Expenditure' document.

9.7 The Executive Director of Corporate and Customer Services will maintain a register of authorised signatories. Budget managers must notify any additions and deletions to the Accounting and Procurement Manager.

10. Electronic Purchasing Card (GPC))

10.1 Designated officers have a GPC card in order to purchase low value goods and services. The GPC card has set transaction limits of up to a maximum value of £1,000 per single transaction and £10,000 cumulative value of transactions per month. Applications for, and guidance on the use of GPC cards, are detailed within the GPC card procedure within the Transactions Team/ Payments area of the Finance section of the document library on the intranet.

10.2 Purchases using the GPC card are restricted as follows:

   a. It cannot be used to withdraw cash.
   b. It must not be used for personal expenditure.
   c. It must not be used to pay for items already invoiced.
   d. Loyalty points cannot be collected.
   e. Card details must not be stored on internet sites.

10.3 Cardholders are responsible for ensuring the safe, secure storage of their card and card details.

10.4 Budget managers are responsible for all purchases from their budget made by GPC card.

11. Payment of accounts

11.1 The Care Inspectorate is committed to paying supplier invoices within 10 working days of the invoice(s) being received. Performance against this

target is reported in the Annual Report and Accounts each year.

11.2 All invoices should be received by the Transactions Team at Compass House as noted on the approved purchase order.

11.3 Where possible, arrangements should be made for the separation of the authorisation of purchase orders as distinct from goods received notes. Each goods received note should be signed by the appropriate receiving officer. Where a goods received note is not provided, a manual one should be created using the template provided within the Transactions Team area of the Finance and Corporate Governance section on the intranet.

11.4 Where budget managers or expenditure approvers are requested to manually approve an invoice, the officer must make sure that:

(a) the goods received match the order.
(b) prices, discounts and arithmetic are correct.
(c) there is no duplication of payments.
(d) expenditure is within the approved budget.
(e) the expenditure is coded to an appropriate cost centre and account code
(e)*(f)* *the expenditure* and is within their delegated financial authority *and.*
(f)*(g)* work has been carried out to a satisfactory level.

11.5 The payment of all approved invoices and payments will be made under arrangements approved and controlled by the Executive Director of Corporate and Customer Services. Approved payment methods are as follows:

(a) Direct BACS submission i.e. invoices and non-payroll expenses
(b) Indirect BACS submission i.e. managed payroll service payments
(c) Cheque
(d) Direct payments via bank account
(e) Petty cash (see section 17)
(f) GPC card (see section 10)
(g) Direct debit
(h) Standing order

Internal control arrangements are in place to ensure separation of duties between preparation, approval and processing of payments.

11.6 Payment will not be made*We will not make payment* on duplicate invoices, statements or photocopy invoices unless the approving officer certifies in writing that the amount in question has not previously been paid.

11.7 The Executive Director of Corporate and Customer Services may approve compensation payments made under legal obligation, up to the value of £10,000. Any compensation payments exceeding this value must be approved by the Sponsor Department.

11.8 The maximum value of any ex-gratia payment cannot exceed £200 and must

be approved by the Executive Director of Corporate and Customer Services.

12. Payroll administration

12.1 The payment of all salaries, wages, allowances, pensions, compensation and other emoluments to all employees and Board members or former employees and Board members of the Care Inspectorate will be made by the Executive Director of Corporate and Customer Services under arrangements approved and controlled by them.

12.2 The Executive Director of Corporate and Customer Services will provide guidance on responsibilities for ensuring proper records are kept of all matters affecting the payment of such emoluments and in particular:
   (a) appointments, promotions, resignations, dismissals, suspensions, secondments and transfers.
   (b) absences from duty for sickness, holidays or other reason.
   (c) changes in remuneration, other than normal increments and pay awards and agreements of general application.
   (d) information necessary to maintain records of service for pension, income tax, national insurance and other areas as required.

12.3 All time records or other pay documents will be in a form prescribed or approved by the Executive Director of Corporate and Customer Services and shall be certified in accordance with guidance issued by the Executive Director of Corporate and Customer Services.

12.4 The Executive Director of Corporate and Customer Services will provide through the payroll system any management information as they, the Chief Executive, or any Executive Director decide is necessary to achieve value for money and/or compliance with policy and procedures.

13. Income

13.1 The statutory fee rates charged by the Care Inspectorate to care service providers shall be set at rates equal to or below the statutory maximum rates. The rates set will be approved by the Board and shall not be altered without its approval.

13.2 The rate of charge for goods or services supplied by the Care Inspectorate to the public and external organisations will be approved by SLT and shall be set with reference to the Fees and Charges section of the Scottish Public Finance Manual.

13.3 It is the Executive Director of Corporate and Customer Services duty to make adequate financial and accounting arrangements to ensure that all monies due to the Care Inspectorate are properly recorded and for the proper collection, custody, control and banking of all cash and cash equivalents in all the Care Inspectorate's departments and locations.

13.4 It is essential that particulars of all charges to be made for services rendered

by the Care Inspectorate and of all other amounts due to it shall be promptly notified to the Head of Finance and Corporate Governance in a form approved by them. All accounts due to the Care Inspectorate will be issued by, or under arrangements approved by, the Executive Director of Corporate and Customer Services.

13.5   All financial documents such as receipt forms, receipt books, tickets and other such items will be in a form approved by the Executive Director of Corporate and Customer Services who will be satisfied with the arrangement for the ordering, supply and control by each department. All records, forms and so on must be kept by each department for a period stipulated by the Executive Director of Corporate and Customer Services.

13.6   All monies received on behalf of the Care Inspectorate in any department shall be deposited promptly with the Executive Director of Corporate and Customer Services or the Care Inspectorate's bankers according to the arrangements made by the Executive Director of Corporate and Customer Services. No deduction may be made from such monies. All income must be banked in full.

13.7   Personal cheques shall not be cashed out of money held on behalf of the Care Inspectorate.

13.8   Where cash is received, the person receiving it will issue a receipt to record the transaction.

13.9   Each Executive Director is responsible for ensuring that all of their departmental income is billed promptly and efficiently. This includes ensuring that the correct new registration fees are charged to prospective service providers and that accurate data is held on the *Care Inspectorate Registration App* ~~Practice Management System and Regulatory Management System~~ for the billing of continuation of registration fees, or their successor system when implemented.

13.10 The "Fee Waiver Policy" must be followed should it be considered appropriate to contemplate charging reduced fees or waiving a fee altogether. The Head of Finance and Corporate Governance and the Transactions Manager have authority to approve fee waiver requests. Discounts for combined services are an exception to this as a standing authorisation has been supplied to offer a discount to services that provide two or more services from the same premises. Responsibility for the initial granting and annual review of combined service discounts rests with the Chief Inspectors.

14.   Insurance

14.1   The Care Inspectorate is not permitted to take out commercial insurance apart from circumstances meeting the exception criteria as set out in the Scottish Public Finance Manual. It is the Scottish Government's policy to self-insure. The Sponsor Department has supplied a Certificate of Exemption for Employer's Liability Insurance. Within this context the Executive Director of

Corporate and Customer Services will ensure that necessary insurance cover is in place and negotiate all claims in consultation with other officers as necessary.

14.2   Each senior manager must promptly notify the Executive Director of Corporate and Customer Services of any action or event which may give rise to a claim being made by or against the Care Inspectorate. Senior Managers will immediately notify the Executive Director of Corporate and Customer Services in writing of any loss of property and inform the police if appropriate of the circumstances of the loss.   The Executive Director of Corporate and Customer Services will be responsible for agreeing a position with the Sponsor Department where losses occur.

15.   Inventories

15.1   The Executive Director of Corporate and Customer Services is responsible for ensuring inventory lists of all furniture and fittings, vehicles, plant and equipment is maintained.

15.2   All surplus plant, vehicles, tools, equipment, furnishings, materials or commodities to be disposed of by any Care Inspectorate department will be advertised for sale either by the invitation of sale offers or by public auction unless special circumstances apply. The Executive Director of Corporate and Customer Services alone can decide whether these apply. All offers received must be held on file for audit purposes with the inventory records amended as appropriate.

15.3   The Care Inspectorate's property will not be removed unless in the ordinary course of Care Inspectorate business. Its property may only be used for official purposes unless otherwise specifically directed by an Executive Director.

16.   Security

16.1   Each Executive Director or Senior Manager as appropriate, is responsible for maintaining proper security at all times for all buildings, stock, stores, furniture, equipment, cash, records etc. under their control. They shall consult with the Executive Director of Corporate and Customer Services in any case where security is thought to be defective or where it is considered that special security arrangements may be needed.

16.2   Maximum limits for cash holdings shall be agreed with the Executive Director of Corporate and Customer Services and shall not be exceeded without their express permission. Specific guidance relating to the administration of petty cash imprests (money advanced) is available on the Care Inspectorate's intranet.

16.3   Keys to safes and similar receptacles are the responsibility of the designated keyholder who will make suitable arrangements for their security at all times.

The loss of any such keys must be reported to the Executive Director of Corporate and Customer Services immediately. For security purposes, keys should be removed from premises overnight.

17.   Petty Cash Imprest accounts

17.1   The Executive Director of Corporate and Customer Services shall make appropriate imprest advances and determine accounting periods in connection with the payment of expenses and petty outlays chargeable to the Care Inspectorate.

17.2   The Executive Director of Corporate and Customer Services shall issue appropriate instructions to officers to ensure to their satisfaction the proper security of cash advanced in this way. They will also determine the limit for any one payment from petty cash and this will be specified in the Petty Cash Guidance.

17.3   The recipient of any advance of petty cash or imprest shall account for this money to the Executive Director of Corporate and Customer Services when required and shall repay the money on leaving the Care Inspectorate's employment or when required by the Executive Director of Corporate and Customer Services. Detailed guidance on the administration of petty cash and petty cash imprests is available on the Care Inspectorate's intranet.

18.   Travelling, subsistence and financial loss allowances

18.1   All claims for payment of car allowances, subsistence allowances, travelling and incidental expenses shall be submitted according to the approved Business Travel and Subsistence Policy, duly certified, in a form approved by the Executive Director of Corporate and Customer Services to them at such regular intervals as are agreed. A significant proportion of expenses will be claimed via the payroll/HR system and authorisation will be through the line management arrangements approved and set up on the payroll/HR system. The names of officers authorised to approve expenses incurred outwith the payroll/HR system process shall be sent to the Executive Director of Corporate and Customer Services by each Executive Director together with specimen signatures and shall be amended on the occasion of any change. The number of officers so authorised shall be determined in agreement with the Executive Director of Corporate and Customer Services.

18.2   The authorisation by or on behalf of an Executive Director shall be taken to mean that the authorising officer is satisfied that the journeys were properly sanctioned, the expenditure properly and necessarily incurred and that the allowances are properly payable.

18.3   Business expenses charged to GPC cards remain subject to the Business Travel and Subsistence Policy. ~~Customer Service~~*Human Resources* and Finance staff conduct regular compliance reviews.

18.4   Whenever possible, travel and accommodation should be arranged by Care

Inspectorate administrative staff. This avoids the need for the reimbursement of expenses.

19.   Expenditure on gifts, hospitality and sponsorship

19.1   The Chief Executive, Executive Directors and budget managers may provide hospitality within their delegated budget allowance. Hospitality is appropriate when members and/or officers of the Care Inspectorate are meeting with members or officers of other public bodies, Members of Parliament, firms, consultants or others who are assisting or co-operating with the Care Inspectorate in carrying out its functions.   A record of all hospitality granted shall be kept and shall be open to inspection by any member of the Care Inspectorate.

19.2   Where there is a proposal to provide a gift, this must be submitted in writing to the Chief Executive who will consider and, if appropriate, approve. The maximum value for any gift cannot exceed £200 in accordance with the sum laid down in the NDPB Executive Framework.

19.3   Payments made to sponsor individuals, groups or events will be subject to the Care Inspectorate Sponsorship Policy and will not exceed £200 in value.

20.   Registering and Declaring Interests

20.1   Board members and officers must not allow any business or personal interest to influence the decisions they make in relation to work or use their position to further their own interests or the interest of others who do not have a right to benefit under Care Inspectorate policies.

20.2   Full details of registering and declaring interests are contained within the Board Members Code of Conduct and for officers: The Code of Conduct Policy.

20.3   A register of Board members interests will be maintained and reviewed at least annually.

20.4   Where there is any doubt about whether an interest should be registered or declared then advice should be sought from the Chair, Chief Executive, Executive Director of Corporate and Customer Services or the Head of Finance and Corporate Governance as appropriate.

21.   Acceptance of Gifts, Hospitality and Services

21.1   Generally, no employee should accept gifts, gratuities etc. from any client or stakeholder other than a token item.

21.2   Any token item which is accepted and has an estimated value of more than £20 should be registered, using the appropriate form.

21.3 Full details of the acceptance of gifts, hospitality and services are contained in the ~~Organisational Development~~*Human Resources* section of the intranet within the Code of Conduct area.

22. Grants Awarded to the Care Inspectorate

22.1 All bids for grant funding must be approved by the Senior Leadership Team before being submitted to the grant provider. SLT should be informed of the grant funding amount, funding period, staffing implications, outcomes, key milestones and any risks to the Care Inspectorate. Where possible, grants will be included in the annual budget.

22.2 Grants from Scottish Government other than grant in aid, must be referred to the Sponsor Department in advance of being agreed, in accordance with the Scottish Public Finance Manual.

23. Write off of Bad Debts and/or Losses

23.1 The Executive Director of Corporate and Customer Services may approve the write off of bad debt and or losses, not exceeding £3,000 in the following circumstances:

   i) Loss of cash due to theft, fraud, overpayment of salaries, wages, fees, allowances or other causes
   ii) Loss of equipment and property due to theft, fraud, arson, fire, flood, motor vehicle accidents or damage to vehicles.

23.2 Losses exceeding £3,000 must be submitted to the Sponsor Department and will be reported to the Board.

23.3 In accordance with the NDPB Executive Framework, irrecoverable debt with a value of £10,000 or less will be authorised by the Chief Executive and debts to be written off with a value exceeding £10,000 must be authorised by the Sponsor Department.

24. Approval and Revision of Financial Regulations by the Care Inspectorate

24.1 The Financial Regulations will be reviewed at least annually by the Board and at any time if the circumstances indicate this would be appropriate. The Board must approve any amendments to the Financial Regulations.

Title:	**EQUALITIES MAINSTREAMING PROGRESS REPORT APRIL 2021- MARCH 2023**
Author:	*Jacqui Duncan, Equalities Professional Adviser*
Responsible Director:	Edith Macintosh, Deputy Chief Executive/Executive Director Strategy and Improvement
Appendices:	1. **EQUALITIES MAINSTREAMING PROGRESS REPORT APRIL 2021- MARCH 2023 (Draft)**
	2. **EQUALITY INFORMATION BY PROTECTED CHARACTERISTIC (Appendix 1 of the draft report)**
Consultation:	The draft Equalities Mainstreaming Progress Report April 2021- March 2023 has been contributed to by the following groups/ departments. • scrutiny and assurance • the corporate equality group • communications • human resources • involvement and equalities • organisational and workforce development • professional standards and practice • quality improvement support (including The Promise) The operational and strategic leadership teams have also been consulted.
Resource Implications:	**No**

EXECUTIVE SUMMARY
As a values driven organisation, we strive to put equality and diversity at the heart of all we do and to integrate this approach into our day-to-day work. This is evidenced in the draft Equalities Mainstreaming Progress Report April 2021- March 2023 and the Equality, Diversity, and Inclusion Strategy 2021-2025.   The Care Inspectorate has an obligation to report progress on mainstreaming the public sector equality duty under The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the specific duties) as amended.   These duties include publishing a mainstreaming report on the progress the Care Inspectorate has made in integrating the General Equality Duty into carrying out its

functions, to better perform that Duty. We must publish reports at intervals of not more than two years.

Our full responsibilities as a public body are outlined in section 2.0 of this covering report. Appendix 1 presents the draft of the Equalities Mainstreaming Progress Report April 2021- March 2023. The report:
- demonstrates our progresses against the equality outcomes we set in 2021.
- provides evidence of how the General Equality Duty has been mainstreamed into the Care Inspectorate work and across directorates since 2021. This includes how the Care Inspectorate has mainstreamed equality as a scrutiny and quality improvement support body, an employer, and in our work with external partners.
- contains information required under the specific duties of the Equality Act (2010) including workforce information, our equal pay statement and our gender, disability and ethnicity pay gaps.

This important work is integral to delivering our Corporate Plan 2022-25, Strategic Workforce Plan 2023-2026, Equality, Diversity and Inclusion Strategy 2021-25 and the Quality Improvement and Involvement Strategy 2022-25.

We will build on our current achievements reporting to the Board through the Annual Equalities Progress Report and reporting publicly on our progress in our next Equalities Mainstreaming Progress Report in April 2025.

The Board is invited to:	
1.	Note the positive actions and achievements in the Equalities Mainstreaming Progress Report April 2021- March 2023 since April 2021 and the plans to continue making progress with our equality outcomes going forward.
2.	Approve the report so that it can be finalised by our communications team, sent to Sponsor Branch and published on our intranet and website no later than 30 April 2023.

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

Equality Impact Assessment				
Yes	☐	**Not Yet**	☐	**No**	X
		One is planned or is already in progress	Reason: This report is to confirm we are meeting our equality duties, it does not require a decision/change that will impact on people.

BOARD MEETING 30 MARCH 2023

Agenda item 15
Report No: B-57-2022/23

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

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

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

EQUALITIES MAINSTREAMING PROGRESS REPORT APRIL 2021- MARCH 2023

1.0   INTRODUCTION / BACKGROUND

The Scottish Government's National Performance Framework includes the ambition that "*We respect, protect and fulfil human rights and live free from discrimination."* The Scottish Government is committed to all citizens living a life where rights are respected, protected, enabled, and fulfilled across our public services and society as a whole.

To support this work we are required, as a public body, to publish a report on how our work supports the mainstreaming of equality. Evidence of work completed, and progress against our outcomes were gathered from across the organisation to help us to publish a report on the progress we have made in integrating the General Equality Duty into carrying out our functions.

2.0   OUR RESPONSIBILITIES AS A PUBLIC BODY

The General Equality Duty (Section 149) of the Equality Act 2010, requires public authorities, including the Care Inspectorate, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 helps public bodies in Scotland, including the Care Inspectorate, to support the better performance of the General Equality Duty. The Specific Duties require us to:

- publish equality outcomes and report progress
- equality impact assess all new and existing policies
- gather and use employee information
- use information on the protected characteristics of members
- publish gender pay gap information
- publish statements on equal pay
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible.

Compliance with our duties is enforced by the Equalities and Human Rights Commission (EHRC).

Appendix 1 sets out the draft report for publication on our website in April 2023.

2.1   Our responsibilities as an inclusive employer of choice

Our Strategic Workforce Plan 2023-2026 sets out our clear ambition for the Care Inspectorate to be an inclusive employer of choice, with a stronger focus throughout on equality, diversity and inclusion of staff and volunteers.

This report helps us to highlight ourselves as an inclusive employer of choice as we must include the following information:
- evidence of mainstreaming equality as an employer
- workforce equality information related to protected characteristics
- pay gap information
- equal pay statement

2.2   Progress achieved

The draft Equalities Mainstreaming Progress Report April 2021- March 2023 outlines the key areas of progress since April 2021.

Highlights include:
- Agreed the scope for equality outcome one. We have increased our sector specific equality communications (through newsletters, website and the hub) to promote greater awareness of equalities and to share more examples of excellent equality practice externally. We will also share information with the Equality and Human Rights Commission (EHRC) where appropriate.
- Continued to embed the health and social care standards and equalities legislation across all areas of our scrutiny and assurance and quality improvement work.
- Integrated equality and involvement into the Quality Improvement and Involvement Strategy 2022-2025.
- Produced case studies that evidence working with others to influence and improve outcomes for older people, to improve care experiences.
- Gathered carers experiences through the carers inquiry which will inform our work.
- Supported volunteers of all ages to participate in and co-design our core scrutiny and quality improvement activity.
- Continued involving and engaging with a diverse group of people who experience care and those who are important to them in our plans and processes.
- Progressed with our commitments under Keeping the Promise and linking our work to the principles of equality, non-discrimination and inclusion and improving participation.
- Participated in the leading to change programme (a leadership development programme) that has a focus on community engagement and equalities.

- Worked with our internal group, Executive Sponsor and CEMVO (Council of Ethnic Minority Voluntary Sector Organisations), to make improvements around race equality in employment and becoming an anti-racist organisation.
- Raised the profile of disability internally through the creation of an online group and sharing two lived experience blogs. Some colleagues living with a disability helped to shape the Disability Confident Level 2 action plan.
- Achieved Level 2 of the Disability Confident Scheme.
- Attained Level 2 Carer Established Award.
- Continued work with existing employee networks and we won the [Proud Scotland Employer Award - Large Employer](#) (over 500 employees) that recognises employers who have led the way in creating a culture conducive to happiness and security within the workplace for employees who identify as LGBTQI+ (Lesbian, Gay, Bisexual, Trans, Queer, Intersex).
- Received positive participant feedback from virtual pride, Black history month and the board inclusive leadership events.
- Since 2019, we have stayed the same or improved in five areas of the staff survey, in the areas relating to inclusion and fair treatment and discrimination.
- Improved the equality impact assessment process (which has resulted in an 62.5% increase in assessments being undertaken and completed).

We continue to make improvements in the following areas:
- Proposing changes to the Procurement Strategy, Invitation to Quote and Invitation To Tender that will embed equality further into the process.
- Introduced a new organisational value on equality which will help us to embed equality further into all we do.
- Changes to our people policies to be more inclusive.
- Changes to our workplaces, processes, systems and events so that they are more accessible and inclusive.
- Introducing new modules and changes to the self-service payroll and HR system that will provide better diversity and inclusion metrics.
- Embedding equality, diversity and inclusion in the learning and development programme. Twenty-eight courses are available on the Learning Management System and new content is added quarterly.
- Working with external organisations on various accreditations, actions plans, working groups and other projects to help us to improve as an employer and to help us to have a greater impact to embed equality into our day-to-day work.

We will report progress to the Board through our Annual Equalities Progress Report. In 2025, we will:
- publish our next Equalities Mainstreaming Report April 2023- March 2025
- set new equality outcomes (following an evidence review and consultation).

The Scottish Government is currently reviewing the effectiveness of the Public Sector Equality Duty (PSED) in Scotland. Changes are likely to be in place for reporting in 2025.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

3.1 Resources

We do not anticipate additional resources above and beyond the current resources deployed in support of this work.

3.2 Sustainability

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

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

- Equality outcomes one and two directly improve the provision of care:
  - Equality outcome one is about further embedding equality into our scrutiny and assurance and quality improvement work.
  - Equality outcome two has a focus on increasing opportunities for involvement, participation and engagement from people who experience care.
- Equality outcome three will indirectly improve the provision of care.
  - Equality outcome is about improving the diversity of our workforce. Investing in a diverse workforce and organisation, means that staff are well equipped to support the rights of people experiencing care and to champion and seek evidence of equality, diversity, and human rights. The Care Inspectorate's focus on equality and diversity promotes equality of opportunity for all, giving every individual the chance to achieve their potential, free from prejudice and discrimination. This also supports the National Workforce Strategy for Health and Social Care in Scotland that's vision is for a workforce that is inclusive and diverse, reflective of the communities that it cares for and supports.

3.4 Customers (Internal and/or External)

Staff have a variety of ways to specifically get involved with and influence the Care Inspectorate's equality and diversity work including:

- Carers Group
- Corporate Equality Group
- Corporate Parenting Group

- Disability Group
- Interfaith Group
- LGBT Charter Champions Group
- Race Equality Group
- UNCRC (United Nations Convention on the Rights of the Child) (Internal) Reference Group

These groups and the visible embedding of equality, diversity and inclusion across different departments and workstreams contribute to giving each staff member the assurance that we are committed to colleagues achieving professional and personal potential, free from prejudice and discrimination.

4.0   CONCLUSIONS/NEXT STEPS

The Board is invited to:

- Note the positive actions and achievements in the Equalities Mainstreaming Progress Report April 2021- March 2023 and the plans to continue making progress with our equality outcomes going forward.
- Approve the report so that it can be, finalised by our communications team, sent to the Care Inspectorate's Scottish Government Sponsor Branch, and be published on our intranet and website no later than 30 April 2023.

Care Inspectorate

Equalities Mainstreaming Progress Report April 2021- March 2023

Contents

You can find more information about equality and diversity within the Care Inspectorate on our website https://www.careinspectorate.com/index.php/equality-and-diversity . You can also get information by emailing equalities@careinspectorate.gov.scot. This report is available in alternative languages and formats on request.

Introduction

This report provides an update on the progress we have made to deliver our equality outcomes actions (2021-2025) which were published in our [Equality Outcomes, Mainstreaming Report, and Action Plan](#) in April 2021.

It also demonstrates how we are mainstreaming equality, by integrating it into our day-to-day working and our core functions. Equality is a part of everything we do.

This report covers our:

- progress against our equality outcomes from April 2021 to March 2023
- plans to meet our equality outcomes for April 2023 to March 2025
- workforce equality information including our pay gap information (appendix 1)
- equal pay statement (appendix 1).

About us

The Care Inspectorate's vision is for world-class social care and social work in Scotland, where everyone, in every community, experiences high-quality care, support, and learning, tailored to their rights, needs, and wishes. The Care Inspectorate is the independent scrutiny and quality improvement support body for social care and social work services in Scotland. We are responsible for regulating social care services including services for adults, older people, children, and young people. This includes registration, inspection, complaints, enforcement, and quality improvement support.

We support services to improve the quality of their care, promote innovation and drive continuous improvement. We take action where experiences and outcomes are not meeting individual needs.

We influence and shape social care policy nationally and internationally, sharing our learning with others. Our work supports the transformation of social care in Scotland and is aligned to Scotland's Health and Social Care Standards, which are integral to every element of our scrutiny and quality improvement work. We place human rights and the Health and Social Care Standards at the heart of all that we do. This supports services and communities to be safe places for people to live well and flourish, with their rights, needs, and choices respected and realised.

"We are delighted to share our Equalities Mainstreaming Progress Report with you. I am proud of our achievements since we last reported in 2021. As the independent scrutiny and quality improvement support body for social care and social work services in Scotland we have a central role in promoting equality, examining progress against agreed standards, and encouraging and supporting improvement. We firmly believe that equality improves and enriches people's experience of care, and we are committed to further embedding equality into everything we do. We know there is still more for us to do. We will continue to proactively promote the rights of all people who experience care to ensure they are treated with equality, non-discrimination, dignity and respect and their human rights are upheld." Quote from Jackie Irvine, Chief Executive & insert a photo).

Looking forward April 2023-March 2025

Progress will continue through existing workplans and our equality outcome action plan for April 2023-March 2025, including reviewing and consulting on new outcomes.

In between our mandatory equalities mainstreaming reporting, we also share an annual equalities progress report with our Board every April. This is part of our governance arrangements. We will update the Board again in April 2024.

Our specific duties to mainstream equality

The Equality Act 2010 came into effect in October 2010. The Act covers nine protected characteristics:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

The General Equality Duty (Section 149) of the Equality Act 2010, requires public bodies, including the Care Inspectorate, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 helps public bodies in Scotland, including the Care Inspectorate, to support the better performance of the General Equality Duty. The Specific Duties require us to:

- publish equality outcomes and report on progress
- assess the impact on equality of all new and existing policies
- gather and use employee information to identify and support improvements
- use information on the protected characteristics of members (board and management)
- publish gender pay gap information
- publish statements on equal pay
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible.

Progress in achieving our equality outcomes April 2021 – March 2023

We are making good progress with our three equality outcomes, published in our [Equality Outcomes, Mainstreaming Report, and Action Plan](#). The equality outcomes we set in April 2021 were informed by evidence and remain unchanged. The table below presents our equality outcomes. We mapped them to the respective duties and structured them in line with guidance from the Equalities and Human Rights Commission.

Equality outcome 1				
Issue	**Equality outcome 1**	**Outputs and outcomes**	**Activities**	**General duty**
Care experienced younger people, older people, disabled people, the LGBT community, and people from a minority ethnic community do not always experience care that meets their specific needs and wishes.	We will collaborate with providers of care and other stakeholders to develop and evaluate quality illustrations* in our quality frameworks. These will: • include equality, diversity and human rights • aid discussion and understanding between inspectors and care service providers • promote a self-evaluation process for	• Very good and weak practice examples are developed. • Quality illustrations that focus on equality and diversity are included in all our quality frameworks.	• Identify individuals to develop quality illustrations. • Promote quality illustrations. • Train our staff (webinars). • Review impact of quality illustrations (evaluations that measure pre- and post-learning).	Foster good relations and eliminate discrimination.

Equality outcome 1				
Issue	**Equality outcome 1**	**Outputs and outcomes**	**Activities**	**General duty**
	continuous improvement. • ensure people experience high-quality care and support that is compassionate and tailored to their rights, needs and wishes.			
*Quality illustrations are a tool that we use to support care services to self-evaluate and are part of our external quality assurance activity. We have illustrations of what very good quality would look like, and what weak quality would look like. We have quality frameworks to evaluate the quality of care during inspections and improvement planning. The frameworks reflect the Health and Social Care Standards: My Support, My Life. The Standards are our main vehicle for bringing human rights, equalities, diversity, and inclusion into our scrutiny assurance and quality improvement support work.				

Equality Outcome 1

Equality outcome one helps us to further embed equality into our scrutiny and assurance and quality improvement support work.

Achieved:
- The right individuals have been identified to support and promote this work. We have agreed to increase our sector specific equality communications (through newsletters, website and the hub) to promote greater awareness of equalities and to share more examples of excellent equality practice externally. We will also share information with the Equality and Human Rights Commission (EHRC) where appropriate.
- Continued to promote 'Proud to Care: LGBT and Dementia A Guide for Health and Social Care Providers'. The resource has been produced in partnership with worked with LGBT Health and Wellbeing, Alzheimer Scotland and others. Within the toolkit we provided quality illustrations to highlight good practice and best practice.

Next steps April 2023-March 2025:
- Continue to embed the health and social care standards and equalities legislation across all areas of our scrutiny and assurance and quality improvement work. This will take into account recommendations made by the Equality and Human Rights Commission (EHRC) Inquiry into experiences from health and social care: the treatment of lower-paid ethnic minority workers.
- Further strengthen our quality frameworks for strategic inspection to reflect the Scottish Government guidance for the public sector on procuring care, support services and taking a rights-based approach.
- Continue to build equalities into core training for new scrutiny and assurance staff through induction and the learning and development programme.
- Establish an internal equalities practice development group to identify and share practice.

Equality outcome 2				
Issue	**Equality outcome 2**	**Outputs and outcomes**	**Activities**	**General duty**
People who are care experienced and younger, older, disabled or minority ethnic, and families and carers of people experiencing care can face barriers to participation and engagement. This results in reduced opportunities to share their lived experience or discuss their specific needs.	We will increase opportunities for people who are care experienced and: - younger - older - disabled - minority ethnic and - families and carers of people experiencing care - volunteers - national stakeholders to get involved with our work. This will influence and improve what we do so that people in these communities have a better experience of care.	- Increase our overall engagement (events, focus groups and surveys) activity by 15% from an average of 130 to 150 engagements across these groups by March 2025. - Rise in interest and volunteer applications from people from these communities.	- Run events, focus groups and surveys with adults and older people, our new Working Together Group and our volunteers. - Work with four new organisations and groups of people each year. - Develop different methods of volunteer recruitment and retention specifically aimed at these communities.	Advance equality of opportunity, external eliminate discrimination and foster good relations

Equality Outcome 2

Equality outcome two is about increasing opportunities for participation, engagement and the sharing of lived experience. There is a specific focus on reaching out to people with protected characteristics.

Our new [Quality Improvement and Involvement Strategy 2022-25,](#) has a specific focus on equality outcome two. It states that we will:
- Support volunteers of all ages to participate in and co-design our core scrutiny and quality improvement activity.
- Strengthen the way we work by continuing to codesign and coproduce work with people who experience care and those important to them.
- Work with organisations that represent people who experience care to help improve the quality of care.

This new strategy will ensure that quality improvement, co-production, equality, and fairness are integrated into all our work across the organisation.

Case studies - the Care Inspectorate working with others to influence and improve outcomes for older people, so that they have a better experience of care.
[Arts in Care](#) is a project to enhance wellbeing in older people's care homes through arts practices. Feedback has been very good and shown that it has increased wellbeing for both residents and staff. Community artists (poets, artists, musicians and a dancer) have received training to work in care homes and then went into homes to deliver sessions. The final evaluation report is currently in draft. Further information is available [here](#).
[Screen memories](#) is a project which involved 14 people who live in three care homes in different geographical locations in Scotland. The aim of the project was to give people an opportunity to connect with another care home via technology and to take part in a reminiscing activity. They support people to interact and reminisce about times in their lives that will bring back special memories, improving mood, wellbeing and inclusion.
In December 2022 we published the [Inquiry into adult carers' experiences of social work and social care services](#). We undertook this inquiry to help us understand adult carers' experiences of adult social work and social care services. We focused on the support carers received to maintain or improve their quality of life and to support their ability to continue to care. This report draws together the views of: • carers • health and social care partnerships • local carers' organisations • service providers. The findings of the carers inquiry contribute to learning across social work and social care sectors and aims to inform how future support for carers can be developed and improved.

In March 2022 the Scottish Government introduced new standards for Anne's Law, which upholds the rights of care home residents and families to always remain connected, including during a Covid-19 outbreak. Two inspectors have recently started in a seconded post working on the Anne's Law Project. They will provide support and guidance, aiming to:
  o enhance and promote the importance of meaningful connection
  o involve communities
  o support visiting rights for people who live in adult and older people's care homes.

Increasing opportunities for volunteers
We support a cohort of Care Inspectorate volunteers many of whom have experienced or are experiencing care services and represent a variety of the protected characteristic groups.

For volunteers we have made the following changes:
- Revised our Involvement and Equalities Charter to include more references to inclusion, equality and the Public Sector Equality Duty.
- Removed the age limit of young inspection volunteers so they can continue to work with us beyond their 26th birthday.
- Updated the inspection volunteer application form and equal opportunity monitoring forms, developed different methods of volunteer recruitment, all aimed at increasing the diversity of our volunteer workforce specifically around:
  o age
  o care experience
  o living with a disability
  o race.

We have run one recruitment campaign for our young inspection volunteer scheme, since we published our outcomes. We received 16 applications from a range of ages (16-27) and our youngest successful applicant to date. All applicants were asked to provide their equalities data.

Volunteers continue to be involved in, staff recruitment, consultations that inform our strategic priorities and they participate in shaping the day-to-day work of the Care Inspectorate. Some volunteers presented at a Board development event. Also, some met with the Minister for Children and Young People about their work with 'Stand up for Siblings.'

Examples of coproducing improved care experiences for younger people
- Text to Complain service was introduced in 2021, for children and young people to raise awareness about our complaints process. Our young inspection volunteers were involved in the design and communication of this service. This means that children and young people can make early contact with us if they have a complaint about the care they experience.
- Our young inspection volunteers were involved in co-producing a new information resource about Continuing Care. They worked alongside other young people from

CELCIS (Centre for Excellence for Children's Care and Protection) and Clan Childlaw.

- The involvement and equalities team co-developed a child friendly [animation](#) with young inspection volunteers, that is sent out to the care service before an inspection. The animation shows how we place children and young people at the heart of our inspection.

Examples of improving outcomes for care experienced people
We are fully committed to implementing [The Promise](#) and have introduced an extensive change programme to uphold the rights and improve the outcomes for care experienced people, inclusive of all ages.

Achieved :

- Identification of recommendations on what would improve participation practice in the Care Inspectorate and how we consult with children and young people when inspecting their service.
- Signing of the [national trauma-informed pledge .](#) 139 staff have undertaken training in 'Introduction to the National Trauma Training Programme (NTTP)' which recognises that people from minority or marginalised groups can be disproportionately affected by trauma and abuse. Four trauma champions have been identified.

The [Care about Physical Activity (CAPA)](#) team was reconstituted in Spring/Summer of 2022 funded through Scottish Government. In-person workshops for care services have been held which have included people who experience care. The team share [good practice](#) with care services on innovative ways to get older people moving more and to involve the community in the lives of people who experience care.

Improving opportunities for participation and engagement
We use [Citizen Lab](#) as an online tool for consultation and participation, it helps us to gather people's views on our work. Any person with an interest in the subject area can contribute their views and get involved, this includes people experiencing care, professionals and Care Inspectorate employees. Their feedback helps to influence and improve what we do so that people have a better experience of care. So far, we have held seven consultations.

Next steps April 2023-March 2025:

- Continue to widen participation opportunities to be more inclusive and accessible to people with protected characteristics. The Working Together Group is being reviewed in light of this work.
- Embed the [Lundy model](#) of participation into all aspects of our work.
- Improve measurements around engagement activity.
- Increase the number of volunteer recruitment campaigns to increase the diversity of our volunteer workforce.

- Improve our equalities monitoring for volunteers, including asking existing volunteers to refresh their equalities information.
- Develop an easy read version of our volunteer application form that is accessible for people living with a learning disability.
- Continue our work towards the family firm approach which involves providing enhanced support to looked after young people and care leavers.
- Collaborate with the following organisations:
  - LUNA (learning to understand needs and abilities). The is a charity run by young people with disability and lifelong illness. A webinar is planned for early 2023 and will cover what we mean by disability, what language to use, what it means to us to be proud of our disabilities, and how to work with disabled children and young people.
  - Each and Every Child to deliver training to help our workforce, reframe how we talk think and feel about care experience.
  - Volunteer Scotland to advertise our volunteering opportunities with the aim of reaching a more diverse group across Scotland.
- Communicate the Care About Physical Activity messages for people to achieve their personalised health and wellbeing goals.

Equality Outcome 3				
Issue	**Equality outcome 3**	**Outputs and outcomes**	**Activities**	**General duty**
Twelve per cent of our workforce have declared that they have a disability, and our employee engagement survey showed our inclusion scores were less positive amongst disabled employees. Just over 1% of our workforce is from a minority ethnic community. Employee disclosure rate is 85%.	We will seek to increase the number of Care Inspectorate disabled employees and employees from the minority ethnic community. We will increase applications by 5% for each. We will also increase the number of employees who share their equalities information with us to over 90%.	• Increase of 5% in applications from disabled people and people from minority ethnic groups respectively. • Ensure we retain this talent. • Achieve Disability Confident Employer (Level 2). • Employee disclosure rate of 90% or higher. • Employees from these communities may volunteer to share their lived experience with our leaders.	• Undertake an assessment of any racism and structural barriers that potentially might exist within our organisation, and integrate our ambitions into our next corporate plan. • Work with the Council of Ethnic Minority Voluntary Sector Organisations and BEMIS (a national ethnic and cultural minorities-led umbrella body supporting the development of the ethnic minorities voluntary sector), Disability Confident, Inclusion Scotland, and Glasgow Disability Alliance to use the Scottish Government toolkit to develop more inclusive recruitment practices	Advance equality of opportunity

Equality Outcome 3				
Issue	**Equality outcome 3**	**Outputs and outcomes**	**Activities**	**General duty**
			• Sign up to the Business in the Community Race Charter • Add an equality and diversity question to our employee exit questionnaire • Monitor our turnover of disabled and minority ethnic staff. • Facilitate and support set up of any desired disabled employees' network. • Introduce mentoring schemes that are about sharing lived experience.	

Equality Outcome 3

The aim of equality outcome three is to help us develop an increasingly diverse and inclusive workforce. We have a specific focus on the protected characteristics of race and disability. We are looking at how we attract and recruit new employees and how we develop, support and listen to our existing workforce. Good data collection and workforce information are also a priority as they will provide valuable insights into our workforce and help with evidenced based decision making.

Activity: increasing the number of Care Inspectorate employees from the minority ethnic community to improve the diversity of our workforce

Achieved:
- Pledged our support to the [Fair Work Minister's Public Sector Leadership Summit on Race Equality in Employment.](#)
- Working towards our Race Equality in Employment Plan which we refer to in our Corporate Plan.
- We now have an Executive Sponsor for race.
- Signed up to the Business in the Community Race Charter.
- Shared learning resources to raise awareness of discrimination during Race Equality Week.
- Held a race webinar: Racial bias at work - The employees' perspective.
- Ran an event with Sir Geoff Palmer during Black History Month feedback from the event is shared below.

"A revelation to hear about Black History… fascinating."

"Thought provoking, staff team will continue to think about it today and beyond… highlight of the week."

"Listening to you today has reminded me of my own childhood growing up in Brixton…I was privileged to experience Caribbean culture."

- 1.36% of our workforce are from a minority ethnic group, this is a small increase since we last reported.
- Following good practice principles set out in the [Scottish Government's Minority Ethnic Toolkit](#) that offers public sector advice when looking to improve the diversity of their workforce by recruiting more people from minority ethnic backgrounds.
- Created a recruitment infographic with diverse imagery that we use for job adverts on social media to attract a diverse pool of job applicants insert image.
- Conduct face-to-face exit interviews. The exit interview form guides the conversation to explore themes including 'fairness and equal treatment' however the conversation is guided by the employee's responses.

Activity: increasing the number of Care Inspectorate disabled employees to improve the diversity of our workforce

Achieved:

- 11.68% of our workforce are living with a disability, a slight decrease from our last report.
- Improved access for organisational learning events to prompt staff to make any accessibility requests.
- We are continuously improving the recruitment process to make it more accessible. Currently we offer:
  - a conversation with people prior to interview around reasonable adjustments. This support continues to our onboarding and induction process
  - a hybrid approach to interviews (such as a combination of Microsoft Teams/ face to face interviews).
- Supporting neurodiverse employees with:
  - TextHelp Read&Write – a literacy support tool that offers help for everyday tasks
  - Dragon Professional – a voice activated tool that offers help with dictation and transcription.

Activity: creating new employee networks and strengthening existing employee networks, to influence and further embed equality, diversity and inclusion

Achieved:

Race equality group

- Established an internal race equality group to share lived experience and to work with CEMVO (Council of Ethnic Minority Voluntary Sector Organisations), on becoming an anti-racist organisation, looking at:
  - Intelligence, data collection and analysis
  - Reviewing policies and procedures
  - Support around undertaking our assessment of any potential racism and structural barriers that might exist within our organisation
  - Recruitment
  - Stakeholder (customers, providers, and our workforce) and community engagement.

Disability group

- Established a disability group to share and discuss experiences of individual disability. The group has:
  - developed a disability engagement plan
  - shared views on the Disability Confident Scheme Level 2 action plan
  - written two lived experience blogs which has created discussions on yammer. Feedback from Ian Jamieson, Business Support Assistant, an employee who shared his lived experience below.

"As it turned out, it was a story that resonated with a lot of people, and on a personal level, I found it quite cathartic, but more than that; it has driven conversations and discussions that I almost certainly wouldn't have had otherwise. I learned a lot in the writing of that blog, not least that there is intrinsic power to lived experience, and I find myself thinking of ways we can harness that, to better shape our policies and the decisions we make."

Carers group
Invited employees with caring responsibilities to a 'Care for a Cuppa' event during Carers Week in June 2021.
"Bringing unpaid carers together to talk about their experiences is invaluable. We can underestimate how so very important it is just being able to talk and have someone listen. The care for cuppa was about creating a safe space for people with caring responsibilities to come together and share their knowledge and experiences."
Quote Amanda Tough, carer and Involvement and Equalities Team Manager

Worked with Healthcare Improvement Scotland for Carers Rights Day in November 2021, and hosted a joint webinar to:
- Raise awareness and knowledge of the role of unpaid carers.
- Ensure unpaid carers know their rights (including the Equality Act 2010).
- Inform unpaid carers of the different support on offer.
- Provide opportunities to shape future event themes for unpaid carers.
- Share ideas to help us support unpaid carers.

Co-hosted webinars for Carers Rights Day in November 2022 with:
- NHS Education for Scotland.
- Dundee Carers Centre.

"To me, caring for a loved one of any age, is a privilege, as challenging as it can often be. There can be anxiety, fear and uncertainty for all, and it can be an emotional path as the relationship paradigm shifts, intergenerational or otherwise. As a carer, it can be easy to block out your own feelings in favour of the person you are caring for. One in three people will be carers at some point in their lives and Carers Rights Day is an important opportunity to celebrate the role of carers." Quote Arvind Salwan, carer and Strategic Communications Adviser.

We are working with Dundee Carers Centre to develop a Care Inspectorate carers network; it will be a short-term group (meeting once a week for around six weeks in 2023) where carers plan what they want to discuss. Each session is an opportunity for the carers to learn with and from each other; with support from the team and guest speakers if required.

LGBT charter champion group

- Delivers the LGBT Youth Scotland Charter and supports our work as a Stonewall diversity champion.
- Meets with LGBT Youth Scotland, to discuss learning needs, and works with them on our pride cafes and sector specific guidance.
- Supported our submission to the Proud Scot Award, following our nomination. On the 3 June 2022, we won the Proud Scotland Employer Award - Large Employer (over 500 employees). This award recognises employers who have led the way in creating a culture conducive to happiness and security within the workplace for employees who identify as LGBTQI+ (Lesbian, Gay, Bisexual, Trans, Queer, Intersex). Insert photo

Interfaith group

A self-organised group which focuses on faith issues, faith in the workplace and encourages employees to get together as a community in a social setting. This offers an opportunity for connection and awareness raising.

Parents group

During the pandemic, a parents' Yammer group was established which now has 67 active members. It is open to all parents and carers of any sex, gender identity and sexual orientation.

Corporate equality group

The group steers the delivery and progress of the actions from our equality outcomes. We now have a member of the Operational Leadership Team on the group who is a Chief Inspector.

Next steps April 2023-March 2025:

- Continue to make improvements to recruitment and selection and work with CEMVO to embed an anti-racist an intersectional approach.
- Work towards the Scottish Government's A Fair Work Action Plan: Becoming a leading Fair Work Nation by 2025 and A Fairer Scotland for All: An Anti-Racist Employment Strategy.
- Work with Disability Confident, Inclusion Scotland, and Glasgow Disability Alliance.
- Improve our 'return to work' process by adding a disability question in to our new online sickness reporting system.
- Improve equalities reporting on our self-service payroll and HR system to report on applications received by protected characteristic including disability and race, reduce number of self-identified 'unknowns' in our staff information reports, increase staff disclosure rates to achieve 90% (since we last reported it has decreased by just over 14%) and to increase declaration rates for leavers.
- Create an animation to support and encourage staff to complete their equalities data.
- Continue to work with non-departmental public bodies equality forums to:
  - strengthen links between the individual organisational employee network groups

- o create opportunities for shared learning and collaboration.
- Through our new Strategic Workforce Plan, introduce mentoring schemes for colleagues within minority groups to share their lived experience with our leaders.

Mainstreaming equality to meet our legal responsibilities under the Equality Act (2010)

This outlines the progress we have made in meeting our specific legal responsibilities.

Equality impact assessments

In January 2022 we appointed an Equality Impact Assessment Adviser to work with us for 12 weeks to:

- move our equality impact assessment process online
- increase user confidence and competence
- update our timetable for review
- update and improve our intranet and website.

This was completed to help to ensure staff know that in addition to eliminating unlawful discrimination, we use impact assessments as a tool to advance equality of opportunity and foster good relations. This has resulted in an 62.5% increase in the number of equality impact screening forms equality impact assessments completed, that are available on our website (five more than 2021 published/ update once more are published).

Island community impact assessments have been included in our process and we held an island only event as part of our corporate plan consultation. We have completed assessments for our corporate plan and for our joint inspections, including joint inspections of adult support and protection in the three island partnerships – Western Isles, Orkney, Shetland.

We continue to promote our equality impact assessment toolkit which includes:

- how-to guide
- evidence gathering form
- the Scottish Government's animation Mountains for All
- e-learning
- video of a recorded training session
- guidance from the Equality and Human Rights Commission.

Public procurement

We are working to ensure procurement processes are inclusive, and we set out wherever possible to partner with diverse suppliers. We are achieving this through our

- revised Procurement Strategy (insert date once finalised)
- Invitation to Quote
- Invitation To Tender.

Publishing public information in accessible formats

We continue to offer translations, alternative formats, interpreters, and translators on request. Our website meets our duties for disabled people under the Equality Act (2010). The Recite Me tool provides greater functionality to website visitors with

different accessibility needs. The functionality includes text-to-speech functionality, dyslexia software, an interactive dictionary, and a translation tool with over 100 languages and it works across all devices.

Our social media content is accessible by including:
- camel casing
- alt text images
- closed captions
- subtitled videos
- colours and fonts with the correct contrasting.

We have worked with:
- British Sign Language interpreters for online events.
- Happy to Translate to develop a bespoke version of their app to allow inspectors to engage with young people who have English as a foreign language. The app was launched in the inspection year 2022-2023.

Our facilities
We ensure our workplaces and any event spaces we use are accessible, inclusive and safe for staff, volunteers, and members of the public. We are currently, trialling hybrid working and gathering monthly feedback from our workforce on how this is working. This data will inform future decision-making on how we work.

Mainstreaming equality as a scrutiny and quality improvement support body

Leadership, governance and decision making
Our new Corporate Plan 2022 shows our commitment to maintain a focus on people's rights, choices, and individual outcomes.

Our leaders continue to work in partnership with the trades unions. Our Partnership Agreement outlines our commitment to equality and diversity which references the values of the Scottish Government's Fair Work Framework. Both activities help to create a safe, diverse and inclusive workplace.

In 2022, we introduced a new value on equality which will help us to embed equality further into all we do, including our recrutiment and selection, leadership and our performance management processes. Insert infographic of new value.

In April 2021, we also published our first Equality, Diversity, and Inclusion Strategy 2021-2025. . Promoting a culture of equality, diversity, and inclusion is at the core of what we believe. We have summarised our beliefs into the following seven commitments:

1. We ensure that all our work reflects the voice of people who experience care
2. We promote fairness, equality, diversity and inclusion in all that we do
3. We promote dignity and respect and human rights for all
4. We recognise and value individual differences and the contributions of all
5. We treat people fairly and according to their needs
6. We have a zero-tolerance approach to all forms of discrimination, harassment, bullying or victimisation
7. We have a culture where everyone feels valued and included.

The 2021 an equalities audit reviewed the arrangements put in place to develop reporting on equalities and diversity against the good practice guidance issued by the Equality and Human Rights Commission and the Scottish Government. The review focused primarily on the systems and procedures in place. The report is a very positive one, we were awarded an overall grading of 'good'.

Inclusive leadership, skills and behaviours are demonstrated by:
• The Senior Leadership Team signing a statement of intent on equality, diversity and inclusion.
• Pledging our support to the Fair Work Minister's Public Sector Leadership Summit on Race Equality in Employment.
• Sponsoring our employee network groups and their visible support during events such as Pride.
• Completing the bespoke learning curriculum and face to face training for the Board and Strategic Leadership Team.

In November 2022, a Board Development Day, focussed on 'Leading Inclusively at the Care Inspectorate'. Below is some feedback from board members.

"It was good to have the time and space to reflect on inclusive leadership and my personal style of inclusion." Board member

"…For me the key outcome was that we all have our personal biases, and we have work to be aware of them and how they impact on our decision making and relationships, but also that as a board member we have to be role models for the organisation." Board member

The attendees recommended this training (or similar) for the Strategic Leadership Team, Operational Leadership Team and potentially managers who attend the Manager's Forum. Plans to implement this are underway for 2023.

Equality impact assessment training sessions have also taken place with our Strategic Leadership Team. Changes have been made to our committee report templates to enhance our internal checks and balances around decision making.

Collective leadership
We partnered with The Lens to deliver our first Intrapreneurship Programme. The Lens programme encourages staff to share innovative ideas and opportunities. Their ideas had to focus on improving outcomes for people and reducing inequality.

Scrutiny and assurance
We produced supporting information, publications, toolkits and videos as follows:
- New quality frameworks for inspection and self-evaluation that have a focus on equality, non-discrimination and human rights were developed
- We focused on children's rights, wellbeing, experiences and if their rights are being upheld using new key question 7 "How well do we support children's wellbeing"?
- We continued to work collaboratively with the Scottish Physical Restraint Action Group (SPRAG) on a Self-evaluation tool: The use of restrictive practices to reduce the unnecessary use of restraint.
- Launched the notification reporting on the use of restrictive practices for residential children and young people's services. A live spreadsheet provides improved information on number of restraints, types of restraint and restrictive practices being used.
- We continued to work on areas for improvement as identified in the Deprivation of Liberty thematic review and the unlawful detention of care-experienced children. The review highlights examples of involving children and young people in decisions about things that involve them.
- We ensured children and young people's rights are protected and help to reduce cross-border placements into Scotland through our Distance placements report published May 2022.
- Published Looked After Children and Young People: Admissions Guidance for Residential Services June 2022.
- Published Care Homes for Children and Young People - The Design Guide to support applicants and providers with design, planning and construction considerations. Children were asked what was important to them in care home design.

- Supported refugees and asylum seekers across Scotland by registering safe and accessible accommodation, for children, young people and their guardians.
- We continued to provide detailed evidence and contribute to the Scottish Child Abuse Inquiry as a core participant and to learn lessons and use this to inform and improve practice.

Quality improvement support

In addition to the achievements listed in equality outcome two we :

- Presented a session on 'Standards, rights and equality' at the Care Home Falls and Frailty Forum, in May 2022. This covered responsibilities under the public sector equality duty and included social practitioners.
- Started to test PainChek, a pain monitoring app, which uses automated facial analysis to help individuals who are not able to verbalise the extent of their level of pain. This is being tested in care homes, most of the participants will have a disability or a long-term health condition.
- Worked with Public Health Scotland and key stakeholders including the Scottish Commission for Learning Disability, Scottish Government, People First National Gender-Based Violence and Learning, Intellectual Disabilities Steering Group on developing a Learning Disability, Relationships and Care Providers Guidance.

Information Technology, Digital and Transformation

In building new digital solutions like the Registration or Complaints app, we adhere to design principles that ensure that these tools are accessible. These principles are formalised by the [Digital Scotland Service Standard](#) which aims to ensure that public bodies are designing and delivering services which are inclusive and accessible, to meet the needs of users.

Equality data

We are working closely with the Scottish Government and other statutory agencies as part of a significant change programme to integrate data across health and social care. This involves collaborating with colleagues in Public Health Scotland and Healthcare Improvement Scotland to create unified data sets.

During 2021 we:

- participated in the Equality Data Improvement Programme
- shared the [Chief Statistician guidance on sex, gender identity, trans status - data collection and publication](#) with our workforce.

In 2023 we will be jointly reviewing the content of our annual returns with the Scottish Social Services Council. This is a key source of social care workforce [data.](#)

Mainstreaming equality as an employer

Positive progress has been made with the [Strategic Workforce Plan](#) which was reviewed during 2022/23 in line with the new [Corporate Plan](#). It sets out our ambition to be an inclusive employer of choice and has a strong focus throughout on equality, diversity and inclusion of staff and volunteers.

Policies, procedures and processes
We have the following policies in place to support non-discrimination.
- Equality and Diversity
- Dignity at Work
Since 2021, we have updated our policy review programme and refreshed our policy review group, who help to shape our people management policies.

Equality outcome three requires a recruitment process that is accessible and inclusive. We work hard to ensure it is free from bias and aim to increase diversity at every level of workforce. Since 2021 we have:
- Updated the equal opportunities form for recruitment of employees.
- Removed data in the application form that might reveal personal information about an applicant and introduce unconscious bias.
- Moved to the design/ development stage of improving our self-service payroll and HR system.
- Shared HR workforce equalities data at the quarterly board meetings.

In November 2022 we met with the assessor from Investors In Young People standard to discuss the report and areas for improvement. We continue to offer a wide range of opportunities for young people including:
- modern apprenticeships
- internships
- work placements through partnering with universities (examples include Allied Health Professional, Human Resources, and Sustainability)
- volunteering
- advertising on Skills Development Scotland, My World of Work website.

Next steps April 2023-March 2025:
- Work with 'Changing the Chemistry', to increase the diversity of our board.
- Promote 'Happy to Talk Flexible Working', and 'Working Families Scotland' in our recruitment literature to show we are an inclusive and flexible employer.
- Advertise on a wider range of job boards to attract a more diverse group of job applicants.
- Develop a Transgender Inclusion Policy.
- Review our Equal Pay Statement, Equality and Diversity Policy and family friendly policies.
- Take forward the Hybrid Working Policy
- Improve our diversity and inclusion data and metrics by introducing changes to our self-service payroll and HR system during 2023.

Learning and development
We developed and implemented three bespoke equality e-learning curriculums. Equality, diversity and inclusion is firmly embedded in our learning and development programme with:
- 28 e-learning modules available to all colleagues through the learning management system (LMS), and more are added quarterly.
- A calendar of webinars and events

Pride in care events
We held our first virtual pride in June 2021. This involved:
- The LGBT Charter group taking over our social media page for a day (messages from allies, colleagues, LGBT+ Charter group, executive sponsors).
- Co- hosting a webinar with Life Changes Trust and LGBT Health and Wellbeing, 66 people attended.
- Facilitating three conversation cafes for the sector and our workforce. The focus was on the on 'Proud to Care: LGBT and Dementia A Guide for Health and Social Care Providers, language and sharing good practice.

Second virtual pride in July 2022. This involved:
- LGBT Charter group social media take over day - same format as 2021.
- Facilitating six conversation cafes for the sector and our workforce. The theme was the LGBT+ community and different identities within it. It covered:
  o deafness, neurodiversity and diverse gender identities
  o LGBT young people
  o LGBT families
  o transgender lived experience
  o language
  o sharing good practice.

We co-hosted the cafes with Four Pillars, LGBT Health and Wellbeing and LGBT Youth Scotland. A range of individuals were also invited to share their lived experience. Here is some feedback from the events we have ran.

"Great to know we are looking towards the future, I would have hated to know somebody could not be themselves if they were living in my care home."

"Really enjoyed the examples of stories ... this really helps to bring the issues to life and helps us as inspectors to think of ways to frame conversations with providers with improvement in mind."

Next steps April 2023-March 2025:
- Deliver training as agreed in the learning needs analysis.
- Continue to deliver events that focus on lived experience.
- Produce a video on equalities for the Professional Development Award (PDA).
- Deliver more learning events with leaders, our workforce and the sector.

Culture and employee engagement survey

Our employee survey provides intelligence to measure inclusion, fair treatment, discrimination, engagement and trust. The 2022 survey results showed that we have stayed the same or improved in five areas since 2019. One area showed a 6% percentage decline, this was around individual opinions of discrimination cases being resolved. Human Resource colleagues are looking at the cases to see if any lessons can be learned.

Communication and engagement with our workforce

Internal communications help to inform and include our workforce in the conversation around equality, diversity and inclusion. Our equality professional adviser presents regular updates to the directorate management teams. We also:

- Celebrate equality dates together through all staff email, blogs, equality intranet pages, the equality calendar Insert photos from International Women's Day.
- Use Yammer for conversation and to share practice, ideas, comments and lived experiences.
- Promote awareness about commemorative dates that are important to different minority groups through our social media channels.

Employee health and wellbeing

We support colleagues to have wellbeing conversations as part of our performance management process. This includes talking about any reasonable adjustments that might be needed for disabled employees. Human resource colleagues are engaged in all sickness absences discussions and have recently had training in absence and performance management to ensure their knowledge and skills are up to date.

We share information to help colleagues access the support they need including:

- access to support scheme
- employee assistance programme
- health promotions and awareness days
- unmind self-help app
- menopause yammer group and focus group.

Next steps April 2023-March 2025:

- update our stress risk assessment process
- develop wellness action plans / passports (for colleagues living with disability/long term health conditions, carers and menopause)
- create a menopause policy/ toolkit
- focus on women's reproductive health and men's mental health.

External employer professional accreditations

We have relationships with the following organisations to help us learn and deliver good practice:

- Completed the organisation's first Stonewall Workplace Equality Index and were awarded the Bronze employer award.
- Continued to make progress against our LGBT Youth Scotland Foundation action plan.
- Achieved Level 2 of the Disability Confident Scheme.
- Attained Level 2 Carer Established Award insert photo of award/ carers lunch.
- Signed up to the Carers of Dundee Carers Charter.
- Accredited living wage employer.

Insert awards and charter images
https://www.careinspectorate.com/index.php/awards-and-charters

Next steps April 2023-March 2025:

- Stonewall Workplace Employer Index plan - continue to make progress with the actions we have identified as a priority.
- Agree training model and apply for renewal of the LGBT Youth Scotland award in 2023.
- Continue to review our progress against Disability Confident Level 2 plan.
- Apply for Carer Positive Award level 3, November 2023.

Equality work with external partners

External partners, including our work with other regulators, help us to have a greater impact in terms of embedding equality into our day-to-day work.

Scottish Government

We are part of the Scottish Government's Human Rights Executive Board, which is the key decision-making group for considering the recommendations of the National Taskforce. We are supporting the Scottish Government to draft new human rights legislation.

Our work with the Scottish Government has involved working closely with the new Directorate for Equality, Inclusion and Human Rights on proposals for scrutiny bodies to assume greater powers regarding improving compliance with human rights requirements.

Scottish Human Rights Commission (SHRC)

We are:

- Part of the leadership panel for the Scottish National Action Plan (SNAP) on Human Rights.
- Involving the SHRC in developing and delivering our Professional Development Award (PDA) to ensure that it reflects current human rights and equality policy, practice, and approach to learning.

Scottish Social Services Council (SSSC)

We work with the SSSC to improve the equality and diversity of the social care workforce through recruitment. We are currently reviewing our joint guidance on Safer Recruitment to strengthen the advice given to employers on how to increase diversity and remove any potential racial discrimination from the recruitment process. The guidance provides:

- A rights-based approach to recruitment.
- Detailed advice on reducing discrimination and promoting positive action about age, race, and disability.

The review also aims to reduce the barriers to employing people with care experience and thereby improving outcomes and life chances.

In December 2022, we issued a joint statement supporting the rights of refugees to work and promoting the recruitment of refugees across the care sector.

We are also actively supporting the SSSC to review their Codes of Practice to have a greater focus on rights, relationships, and equality, aligned with the Health and Social Care Standards.

Healthcare Improvement Scotland (HIS)

National standards for introducing the Barnahus model to Scotland are being jointly developed by the Care Inspectorate and HIS on behalf of the Scottish Government. The Barnahus model offers the opportunity for a system-wide transformation of how

Scotland responds to children who have experienced or witnessed harm and trauma. The standards are due to be finalised in February 2023.

In October 2022 [My new home supporting people with an intellectual/disability and advanced dementia moving into a care home guidance for staff](#) was published. This was in response to the fact that people living with a learning disability are living longer and are more likely to develop dementia than people in the general population.

"People may communicate using alternative formats such as Makaton or visual formats. Staff will need to learn the person's language…People living with a learning disability and dementia may also experience environmental barriers to maintaining independence… Signage should be at eye level and in accessible formats, to enable people to find their way around the home. The height and depth of seating should be considered to enable people to get up independently. I believe the guidance is really important and will support staff to ensure people to experience positive transitions and good outcomes." Sharon Ward Inspector, Report contributor <mark>insert photo</mark>

NHS Education Scotland (NES)
We are participating in the Leading to Change programme. This supports compassionate and collaborative diverse leaders at all levels across health, social work and social care in Scotland. It also has a focus on equalities interventions (the current priority is race).

We also have input into the review of equal partners in care learning resource for social care staff.

Age Scotland
We worked with Age Scotland on developing and consulting on our Age Inclusion Matrix, which is to support our commitment to providing an age-inclusive environment, where staff feel valued, respected, and able to contribute to their full potential at all ages and stages of their career. The matrix was completed in June 2021 and shared with our Operational Leadership Team. We continue to work towards the ongoing actions.

In Sept 2022, the Involvement and Equalities team, attended a summit with Age Scotland, About Dementia and Rights Made Real in Care Homes. The discussion was focused on care home residents and included how we:
- Identify, and respond to what is important concerning their right to vote.
- Support them to exercise their right to vote in the ways that matter to them.

Gender Equal Play
We jointly chair a working group on gender-equal play in early years. This group works to raise awareness and challenge the root causes of gender imbalances in early learning and childcare.

Electoral Commission, Aberlour and Children and Young People's Commissioner

As part of raising awareness of the rights for young people to vote in the Scottish Council Local elections on 5 May 2022, we co-hosted Welcome to your Vote webinars. These took place on Friday 25 February 2022. The webinars supported providers to make links to the:

- United Nations Convention on the Rights of the Child (UNCRC).
- Health and Social Care Standards.
- Barriers to voting encountered by some care experienced young people (and practical ways on how to overcome them to ensure non-discrimination and equality).

Stand Up for Siblings and Clan Childlaw

We have worked in partnership with both these organisations to enhance the rights of siblings to live together and remain connected. Legislation and implementation guidance have both been introduced. Our contribution has included introducing flexibility around care service registration requirements.

Who Cares Scotland

We worked with Who Cares Scotland to deliver corporate parenting training to 65 employees.

Scottish Public Services Ombudsman (SPSO)

As one of the few scrutiny bodies with a statutory duty to directly investigate complaints, we work closely with the SPSO to uphold the rights of complainants. We are currently helping them to develop a national child-friendly complaints process.

Consultations

Contributed to the following consultations relating to equality:

- National Carers Strategy
- Equality evidence finder
- National Care Service equality impact assessment
- Public Sector Equality Duty review.

Appendix 1: Equality information by protected characteristic

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Mainstreaming of equality is a journey of continuous improvement and to monitor our progress and ensure our focus is in the priority areas we provide our Strategic Leadership Team and Board with an annual update of progress against our outcomes. We will share our next annual equalities progress report with our Board in April 2024.

In 2023 we will be making some changes to our self-service payroll and HR system during 2023. The changes will aim to improve:

- our 'return to work' process by adding a disability question.
- equalities reporting by reducing the number of 'unknowns.'
- staff disclosure rates to achieve 90%.
- recruitment information.
- declaration rates for leavers.
- pay gap reporting.
- our ability to benchmark with other with other organisations across the public sector. We aim to achieve this by aligning our changes with the Equality Data Improvement Programme and other relevant guidance.

1. Summary of workforce data: key findings equality information by protected characteristic

In 2023, we have 659 employees; this has increased by 32 employees since we last reported in 2021.

Age

- We have low numbers (0.91%) of employees under the age of 25, although it has increased slightly since 2021.
- People aged under 16 made up 17% of the Scottish population in 2017 and 64% of people were aged 16 to 64. Source: Mid-2018 Population Estimates Scotland (Last updated: April 2019, NRS.) We will continue to balance our age profile and support our older workforce by working with Age Scotland on our Age Inclusive Matrix, our Youth Employment Strategy and through our Strategic Workforce Plan.
- 74% of the workforce are aged 45 or over, this is consistent with the last time we reported.
- Part time working is popular with employees aged 55 and over (59% of part time workforce).
- Across all age ranges, we have a high level of participation in learning and development. However, learning and development is most popular amongst employees aged between 55-64.
- Our workforce profile highlights that we have an ageing workforce with a significant proportion of staff eligible to retire over the next three years. Due to the specialist nature of our roles and the requirement for previous experience, we typically attract people at an advanced stage in their career and therefore tend to be older when they join the Care Inspectorate. We recognise the need to strengthen how we support talent management and succession planning.
- Scotland's population is ageing compared with previous decades. There is also a higher ratio of females to males in older ages, reflecting the longer female life expectancy. In 2021, 64% of Scotland's population was between 16-64. Scotland's population has been increasing since 2000, but growth differs by age. In the last two decades, the number of people aged: 0 to 15 years (children) has decreased by 58,900 (-6%). 16 to 64 years has increased by 207,900 (+6%). 65 years and over has increased by 266,700 (+33%). Source: Mid-2021 Population Estimates, Scotland Published 13 July 2022

Disability

- 11.68% of our employees identify as disabled, this has decreased from 14.6% in our last report, which is a significant but is likely to be due to more 'unknowns' in the system (24.28%).
- 3.64% of our part time workforce identify as disabled.
- The 2011 Scottish census stated that 20% of people living in Scotland had a long- term limiting health problem or disability. 120,000 in people in Scotland have a learning disability. 47.4% of disabled people are in paid employment 5.1% of people who have a learning disability are in paid employment (Enable Scotland slides, Inclusion Scotland Disability Inclusion at Work Conference, 4 October 2022).

- Research tells us that some disabled people face barriers to employment. Our equality outcome 3, identifies an action to advance equality of opportunity and makes this a priority.

Gender Reassignment
- No employees have reported having the protected characteristic of gender reassignment. 15 prefer not to say and 25.64% are 'unknown'.
- This trend is reflective of the Scottish population as it is estimated that between 0.6% and 1% are trans. External Source: Gender Identity Research and Education Society (GIRES) - The number of Gender Variant People in the UK (update 2011) (Published: 2011, GIRES).
- As of May 2018, around 0.5% of the Scottish population (24,000 people) were estimated to be trans. The Scottish Public Health Network Report on the Health Care Needs Assessment of Gender Identity Services suggests that 0.5% is the most often quoted likely prevalence of trans people. Further data would be required to confirm whether this figure is still accurate in 2022.
- We continue to promote the rights of trans people through the work of the LGBT Champion Charter Group. In July 2022, we held a conversation café as part of our virtual pride programme and Care Inspectorate employees and colleagues from the care sector heard the lived experience of a transgender individual.

Marriage and Civil Partnership
- The marital status of most of our workforce is either 'unknown' (almost 60%) or married (around 25.49%). Employees are asked to complete their marriage and civil partnership information in a separate part of the system to the other equalities information which may account for the high number of 'unknowns'.

Pregnancy and Maternity
- Although we have a predominantly female workforce, we have small numbers of pregnant employees. This is potentially due to our age profile.
- We continue to support all employees during pregnancy and within their maternity leave period through a variety of family friendly policies. These include but are not limited to shared paternity leave, dependent leave and the opportunity to apply and be considered for part-time work or flexible working arrangements.

Race
- 71.62% of our employees are white, 24.89% is 'unknown', 2.12% is prefer not to say and the remainder 1.37% are from minority ethnic communities, this figure has increased slightly since we last reported. Almost 25% are 'unknown'.
- No successful flexible working requests and no known internal promotions from people from a minority ethnic community.
- We have committed to undertaking an assessment of the Care Inspectorate's understanding of racism and to identify any structural barriers that may exist to help us better reflect the Scottish population. This includes an analysis of our recruitment and selection processes and engagement with ethnic minority groups. We are also introducing the positive action measures in equality outcome three to encourage more applications from the minority ethnic community.
- Minority ethnic adults represented 4.6% of the Scottish population in 2018, Source: Scottish Surveys Core Questions 2018 (Last updated: January 2021).

Religion or Belief
- Most employees report to have no religion (35.05%) 'unknown' is (24.43%) or identify as belonging to the Church of Scotland (17%).
- In 2018, Christian (Church of Scotland, Roman Catholic and Other Christian) represented 46% of the adult population. Over the past decade there has been an increase in the proportion of adults reporting that they do not belong to a religion, this has increased from 40% in 2009 to just over a half of adults (50%) in 2018. Source: Scottish Surveys Core Questions 2018 (Last updated: January 2021.

Sex
- 80.73% are women, 19.27% are men.
- 92% of our part time workforce are women.
- Our workforce does not reflect the Scottish population which had a relatively even split between the sexes in 2018, with 51% women and 49% men. Source: Mid-2019 Population Estimates Scotland (Last updated: April 2020, NRS). It does, however, replicate the occupational population of the care sector that we traditionally recruit from where women accounted for 80% of health and social care worker roles in 2019. Source: First Minister's National Advisory Council on Women and Girls 2020 Report and Recommendations.

Sexual Orientation
- Almost 67.22% heterosexual this is a decrease from 76% in 2021, this is likely due to the number of 'unknowns' (almost 25%)
- Over 3% self-identified as lesbian, gay, bisexual or other.
- Around 95% of the Scottish population identify as heterosexual. Source: Scottish Surveys Core Questions 2019 (Last updated: January 2021). We promote our work with the LGBT community by attending Pride, promoting that we are a Stonewall Diversity Champion and that we have the LGBT Youth Scotland Foundation Award. Our intention is to reach the LGBT community and show that we are a LGBT inclusive employer.

Gender Identity
- In 2020 we introduced the question about gender identity, we understand this is not a protected characteristic, however we feel it is important to include this as an additional category.
- 60.09% identify as female, 13.35% identify as male, 2.12% are 'prefer not to say' and the numbers for identify 'in another way' are too low to share as it could potentially disclose individuals. 24.28% are 'unknown'.

Performance appraisal

One to ones shows all formal one to ones **completed** through the Learning Management System (LMS) within each reporting period. In 2021 work was completed to improve how one to ones are recorded within the LMS – the recording process was streamlined.

Currently, we are aware that most teams are engaging in both formal and informal one to ones, however work continues to encourage teams to make use of the LMS to record formal one to one notes. Throughout the Covid pandemic, to take account of the pressures staff were under, colleagues were advised that following the formal process and recording this through the LMS was optional.

Learning and development

Internal training shows all internal sessions attended during the period. The status will show as either Completed or Pending Evaluation – the meaning of pending evaluation is that the individual has been marked as attending but has not completed an associated evaluation.

External training shows all requests within the period, and completion dates for those who have completed their course during the period.

Please note that in terms of external training requests, individuals are responsible for updating their own record to show they have attended following the event. Therefore, some colleagues may still appear as 'Registered' when they have already attended the event.

In both 2021 and 2022 five external training requests were denied.

- In **2021/2022** reasons included: dates clashing with employee conference, applicant chose not to further application following discussion with line manager, duplicate requests from the same employee (another request approved). In one case no reason was given for denial.
- In **2022/2023** reasons included: Prioritisation of limited places, application submitted in error, alternative space on conference provided due to a colleague speaking at the event, more comprehensive business case needed, and one case of an individual incorrectly using this route to request training for their team (individual was advised to follow the scoping process for team requests, and this request was granted).
- The data is consistent across all protected characteristics and there are no obvious trends to indicate less favourable treatment.

Retention

We have a high level of staff retention, with low employee turnover (9.72%). The most common reason for leaving is resignation, however, we have had a significant rise in retirements in 2021, which is indicative of the age profile in the organisation.

Our turnover remains low in comparison to the overall UK public sector average of 13.6%. Linked to our age profile, we continue to see an increasing trend for retirements, and we anticipate this will continue for a number of years ahead.

Note: In all the tables featured numbers less than ten have been replaced with an asterisk (*) as per Equality and Human Rights Commission (EHRC) guidance to avoid the potential identification of individuals. To ensure these numbers could not be calculated by subtracting from the total number of employees, where necessary, we have also replaced the second smallest field with two asterisks (**).

2. Whole workforce information

Age Whole Workforce				
	% 2021-2022	**Headcount 2021-2022**	**% 2022-2023**	**Headcount 2022-2023**
Under 25	*	*	*	*
25-34	5.74%	36	6.07%	40
35-44	17.54%	110	19.27%	127
45-54	31.90%	200	33.08%	218
55-64	39.07%	245	37.18%	245
65+	**	**	**	**
All People	**100%**	**627**	**100%**	**659**

Disability Whole Workforce				
	% 2021-2022	**Headcount 2021-2022**	**% 2022-2023**	**Headcount 2022-2023**
Don't know	*	*	*	*
No disability	65.07%	408	59.94%	395
Prefer not to say	**	**	**	**
Unknown	18.82%	118	24.28%	160
Disabled	11.80%	74	11.68%	77
All people	**100.00%**	**627**	**100.00%**	**659**

Gender Reassignment Whole Workforce				
	% 2021-2022	Headcount 2021-2022	% 2022-2023	Headcount 2022-2023
No gender reassignment	77.19%	484	72.08%	475
Prefer not to say	2.39%	15	2.28%	15
Unknown	20.41%	128	25.64%	169
All people	**100.00%**	**627**	**100.00%**	**659**

Marriage & Civil Partnership Whole Workforce				
	% 2021-2022	Headcount 2021-2022	% 2022-2023	Headcount 2022-2023
Civil partnership	*	*	*	*
Co-habiting	3.83%	24	3.49%	23
Divorced	3.51%	22	3.64%	24
Married	25.52%	160	25.49%	168
Prefer not to say	*	*	*	*
Separated	1.91%	12	1.82%	12
Single	4.15%	26	3.95%	26
Unknown	58.69%	368	59.64%	393
Widowed	*	*	*	*
All people	**100.00%**	**627**	**100.00%**	**659**

Race Whole Workforce				
	% 2021-2022	Headcount 2021-2022	% 2022-2023	Headcount 2022-2023
African, African Scottish or African British	*	*	*	*
Any mix of multiple ethnic groups	*	*	*	*
Asian, Asian Scottish or Asian British	0%	0	*	*
Caribbean or Black	*	*	*	*
Other ethnic group	*	*	*	*
Prefer not to say	2.39%	15	2.12%	14
Unknown	19.46%	122	24.89%	164
White	77.03%	483	71.62%	472
All people	**100.00%**	**627**	**100.00%**	**659**

Religion or Belief Whole Workforce				
	% 2021-2022	Headcount 2021-2022	% 2022-2023	Headcount 2022-2023
Buddhist	0%	0	*	*
Church of Scotland	18.18%	114	17.00%	112
None	36.68%	230	35.05%	231
Other	*	*	*	*
Other Christian	**	**	3.03%	20
Prefer not to say	9.41%	59	8.50%	56
Roman Catholic	11.48%	72	10.47%	69
Unknown	18.98%	119	24.43%	161
All people	**100.00%**	**627**	**100.00%**	**659**

Sex Whole Workforce				
	% 2021-2022	Headcount 2021-2022	% 2022-2023	Headcount 2022-2023
Female	79.43%	498	80.73%	532
Male	20.57%	129	19.27%	127
All people	**100.00%**	**627**	**100.00%**	**659**

Sexual Orientation Whole Workforce				
	% 2021-2022	Headcount 2021-2022	% 2022-2023	Headcount 2022-2023
Bi / bisexual	*	*	*	*
Gay / lesbian	**	**	**	**
Heterosexual / straight	71.93%	451	67.22%	443
Prefer not to say	4.94%	31	4.55%	30
Unknown	19.14%	120	24.58%	162
All people	**100.00%**	**627**	**100.00%**	**659**

Gender Identity Whole Workforce				
	% 2021-2022	Headcount 2021-2022	% 2022-2023	Headcount 2022-2023
Female	63.64%	399	60.09%	396
In another way (please specify)	*	*	*	*
Male	14.83%	93	13.35%	88
Prefer not to say	**	**	**	**
Unknown	18.98%	119	24.28%	160
All people	**100.00%**	**627**	**100.00%**	**659**

3. Comparison between part time and full-time workforce profile information

	Total headcount	No: Full time employees	No: Part time employees
2021-2022	627	500	127
2022-2023	659	546	113

Age 2021-2022				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Under 25	*	*	*	*
25-34	29	4.63%	*	*
35-44	91	14.51%	19	3.03%
45-54	180	28.71%	20	3.19%
55-64	184	29.35%	61	9.73%
65+	**	**	19	3.03%
All people	**500**	**79.74%**	**127**	**20.26%**

Age 2022-23				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Under 25	*	*	*	*
25-34	31	4.70%	*	*
35-44	110	16.69%	17	2.58%
45-54	199	30.20%	19	2.88%
55-64	191	28.98%	54	8.19%
65+	**	**	13	1.97%
All people	**546**	**82.85%**	**113**	**17.15%**

Disability 2021-2022				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Don't know	0	0%	*	*
No	328	52.31%	80	12.76%
Prefer not to say	19	3.03%	*	*
Unknown	100	15.95%	18	2.87%
Yes	53	8.45%	21	3.35%
All people	**500**	**79.74%**	**127**	**20.26%**

Disability 2022-2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Don't know	0	0%	*	*
No	331	50.23%	64	9.71%
Prefer not to say	19	2.88%	*	*
Unknown	143	21.70%	17	2.58%
Yes	53	8.04%	24	3.64%
All people	**546**	**82.85%**	**113**	**17.15%**

Gender Reassignment 2021-2022				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
No	381	60.77%	103	16.43%
Prefer not to say	13	2.07%	*	*
Unknown	106	16.91%	**	**
All people	**500**	**79.74%**	**127**	**20.26%**

Gender Reassignment 2022-2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
No	383	58.12%	92	13.96%
Prefer not to say	13	1.97%	*	*
Unknown	150	22.76%	**	**
All people	**546**	**82.85%**	**113**	**17.15%**

Marriage & Civil Partnership 2021-2022				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Civil partnership	*	*	*	*
Co-habiting	21	3.35%	*	*
Divorced	17	2.71%	*	*
Married	125	19.94%	35	5.58%
Prefer not to say	*	*	*	*
Separated	*	*	*	*
Single	24	3.83%	*	*
Unknown	295	47.05%	73	11.64%
Widowed	*	*	*	0.48%
All people	**500**	**79.74%**	**127**	**20.26%**

Marriage & Civil Partnership 2022-2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Civil partnership	*	*	0	0
Co-habiting	19	2.88%	*	*
Divorced	19	2.88%	*	*
Married	139	21.09%	29	4.40%
Prefer not to say	*	*	*	*
Separated	*	*	*	*
Single	24	3.64%	*	*
Unknown	326	49.47%	67	10.17%
Widowed	*	*	*	*
All people	**546**	**82.85%**	**113**	**17.15%**

Race 2021-2022				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
African, African Scottish or African British	*	*	*	*
Any mix of multiple ethnic groups	*	*	0	0
Asian, Asian Scottish or Asian British	0	0	0	0
Caribbean or Black	0	0	*	*
Other ethnic group	*	*	0	0
Prefer not to say	13	2.07%	*	*
Unknown	104	16.59%	18	2.87%
White	379	60.45%	104	16.59%
All people	**500**	**79.74%**	**127**	**20.26%**

Race 2022-2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
African, African Scottish or African British	*	*	*	*
Any mix of multiple ethnic groups	*	*	0	0
Asian, Asian Scottish or Asian British	*	*	0	0
Caribbean or Black	0	0	*	*
Other ethnic group	*	*	0	0
Prefer not to say	12	1.82%	*	*
Unknown	147	22.31%	17	2.58%
White	380	57.66%	92	13.96%
All people	**546**	**82.85%**	**113**	**17.15%**

Religion or Belief 2021-2022				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Church of Scotland	86	13.72%	28	4.47%
None	186	29.67%	44	7.02%
Other	*	*	*	*
Other Christian	17	2.71%	*	*
Prefer not to say	48	7.66%	11	1.75%
Roman Catholic	57	9.09%	15	2.39%
Unknown	101	16.11%	18	2.87%
All people	**500**	**79.74%**	**127**	**20.26%**

Religion or Belief 2022-2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Buddhist	*	*	0	0%
Church of Scotland	89	13.51%	23	3.49%
None	193	29.29%	38	5.77%
Other	*	*	*	*
Other Christian	14	2.12%	*	*
Prefer not to say	44	6.68%	12	1.82%
Roman Catholic	55	8.35%	14	2.12%
Unknown	144	21.85%	17	2.58%
All people	**546**	**82.85%**	**113**	**17.15%**

Sex 2021-2022				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Female	379	60.45%	**	**
Male	121	19.30%	*	*
All people	**500**	**79.74%**	**127**	**20.26%**

Sex 2022-2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Female	428	64.95%	**	**
Male	118	17.91%	*	*
All people	**546**	**82.85%**	**113**	**17.15%**

Sexual Orientation 2021-2022				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Bi / bisexual	*	*	*	*
Gay / lesbian	**	**	*	*
Heterosexual / straight	351	55.98%	100	15.95%
Prefer not to say	26	4.15%	*	*
Unknown	102	16.27%	18	2.87%
All people	**500**	**79.74%**	**127**	**20.26%**

Sexual Orientation 2022-2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Bi / bisexual	*	*	*	*
Gay / lesbian	**	**	*	*
Heterosexual / straight	356	54.02%	87	13.20%
Prefer not to say	25	3.79%	*	*
Unknown	145	22.00%	17	2.58%
All people	**546**	**82.85%**	**113**	**17.15%**

Gender Identity 2021-2022				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Female	299	47.69%	100	15.95%
In another way	0	0%	*	*
Male	86	13.72%	*	*
Prefer not to say	14	2.23%	*	*
Unknown	101	16.11%	18	2.87%
All people	**500**	**79.74%**	**127**	**20.26%**

Gender Identity 2022-2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Female	309	46.89%	87	13.20%
In another way	*	*	0	0%
Male	81	12.29%	*	*
Prefer not to say	**	**	*	*
Unknown	143	21.70%	17	2.58%
All people	**546**	**82.85%**	**113**	**17.15%**

4. Flexible working successful applications

Age: flexible working successful applications	2021-2022	2022 -2023
25-34	*	*
35-44	*	*
45-54	*	*
55-64	*	*
65 +	*	0
All people	**17**	**16**

Disability: flexible working successful applications	2021-2022	2022 -2023
No	*	11
Prefer not to say	*	*
Unknown	*	*
Yes	0	*
All people	**17**	**16**

Gender reassignment: flexible working successful applications	2021-2022	2022 -2023
No	*	14
Prefer not to say	*	0
Unknown	*	*
All people	**17**	**16**

Marriage and civil partnership: flexible working successful applications	2021-2022	2022 -2023
Co-habiting	*	0
Married	*	*
Separated	*	0
Single	*	0
Unknown	10	10
All people	**17**	**16**

Race: flexible working successful applications

	2021-2022	2022 -2023
Unknown	*	*
White	10	14
All people	**17**	**16**

Religion or belief: flexible working successful applications

	2021-2022	2022 -2023
None	*	*
Other	0	*
Other Christian	*	*
Prefer not to say	*	*
Roman Catholic	*	*
Unknown	*	*
All people	**17**	**16**

Sex: flexible working successful applications

	2021-2022	2022 -2023
Female	15	16
Male	*	0
All people	**17**	**16**

Sexual orientation: flexible working successful applications

	2021-2022	2022 -2023
Heterosexual/straight	*	13
Gay/lesbian	0	*
Prefer not to say	*	0
Unknown	*	*
All people	**17**	**16**

Gender identity: flexible working successful applications

	2021-2022	2022 -2023
Female	*	14
Male	*	0
Unknown	*	*
All people	**17**	**16**

5. Recruitment and selection

Data provided below is the headcount and percentage of all applications for both reporting periods. Due to system limitations, we are unable to report on shortlisted and appointed. Measures have been taken to ensure this is reportable from 2023 onwards.

All applicants				
	2021-2022		2022-2023	
	Headcount	%	Headcount	%
Total	683	100.00%	749	100.00%
External	593	86.82%	635	84.78%
Internal	88	12.88%	110	14.69%
Unknown	*	*	*	*

	2021-2022	2022- 2023
Shortlisted	599	291
Successful	175	81

Age: applicants				
	2021-2022		2022 -2023	
	Headcount	%	Headcount	%
Total	683	100.00%	749	100.00%
Under 21	0	0.00%	*	*
21-29	49	7.17%	67	8.95%
30-39	71	10.40%	120	16.02%
40-49	103	15.08%	165	22.03%
40-50	*	*	102	13.62%
50-59	84	12.30%	*	*
60-65	*	*	*	*
Prefer not to say	*	*	*	*
Unknown	363	53.15%	285	38.05%

Disability: applicants				
	2021-2022		2022 -2023	
	Headcount	%	Headcount	%
Total	683	100.00%	749	100.00%
No	397	58.13%	405	54.07%
Prefer not to say	*	*	*	*
Unknown	252	36.90%	293	39.12%
Yes	28	4.10%	48	6.41%

Marriage and civil partnership: applicants				
	2021-2022		2022 -2023	
	Headcount	%	Headcount	%
Total	683	100.00%	749	100.00%
Co-habiting	31	4.54%	79	10.55%
Divorced	19	2.78%	30	4.01%
In a relationship	*	*	*	*
Married	160	23.43%	218	29.11%
Prefer not to say	*	*	13	1.74%
Same sex civil partnership	*	*	*	*
Separated	*	*	16	2.14%
Single	82	12.01%	95	12.68%
Unknown	365	53.44%	289	38.58%
Widowed	*	*	*	*

Race: applications				
	2021-2022		**2022 -2023**	
	Headcount	**%**	**Headcount**	**%**
Total	683	100.00%	749	100.00%
African, African Scottish or African British	*	0.73%	15	2.00%
Any mixed or multiple ethnic group	*	*	0	0.00%
Asian, Asian Scottish or Asian British	*	*	*	*
Black, Black Scottish or Black British	0	0.00%	*	*
British	10	1.46%	12	1.60%
Bulgarian	*	*	*	*
Canadian, (English, Scottish, Irish)	0	0.00%	*	*
Caucasian	0	0.00%	*	*
Chinese, Chinese Scottish or Chinese British	0	0.00%	*	*
European	0	0.00%	*	*
Indian, Indian Scottish or Indian British	*	*	11	1.47%
Irish and Northern Irish	*	*	*	*
Other	*	*	0	0.00%
Pakistani, Pakistani Scottish or Pakistani British	0	0.00%	*	*
Philippines	0	0.00%	*	*
Polish	*	*	*	*
Prefer not to say	*	*	*	*
Scottish	0	0.00%	211	28.17%

Race: applications				
	2021-2022		2022 -2023	
	Headcount	%	Headcount	%
Scottish and Black Caribbean	0	0.00%	*	*
Unknown	370	54.17%	293	39.12%
White	0	0.00%	*	*
White - British	38	5.56%	55	7.34%
White - Irish or Northern Irish	*	*	0	0.00%
White - Other	*	*	*	*
White - Polish	*	*	*	*
White - Scottish	227	33.24%	112	14.95%

Religion or belief: applications				
	2021-2022		2022 -2023	
	Headcount	%	Headcount	%
Total	683	100.00%	749	100.00%
Buddhist	*	*	0	0.00%
Church of Scotland	57	8.35%	61	8.14%
Hindu	*	*	*	*
Jewish	0	0.00%	*	*
Muslim	*	*	*	*
No religion	172	25.18%	262	34.98%
Non-practicing Roman Catholic	*	*	0	0.00%
Omnism	0	0.00%	*	*
Other	*	*	*	*
Other - Heathen	*	*	*	*
Other Christian	23	3.37%	30	4.01%
Prefer not to say	15	2.20%	23	3.07%
Roman Catholic	40	5.86%	64	8.54%

Religion or belief: applications				
	2021-2022		2022 -2023	
	Headcount	%	Headcount	%
Sikh	*	*	*	*
Spiritualist	*	*	0	0.00%
Unknown	364	53.29%	291	38.85%

Sex: applicants				
	2021-2022		2022 -2023	
	Headcount	%	Headcount	%
Total	683	100.00%	749	100.00%
Female	242	35.43%	375	50.07%
Male	76	11.13%	83	11.08%
Other	*	*	0	0.00%
Prefer not to say	*	*	*	*
Unknown	362	53.00%	289	38.58%

Sexual orientation: applications				
	2021-2022		2022 -2023	
	Headcount	%	Headcount	%
Total	683	100.00%	749	100.00%
Bi/Bisexual	*	*	16	2.14%
Gay/Lesbian	16	2.34%	16	2.14%
Heterosexual/Straight	281	41.14%	277	36.98%
Prefer not to say	*	*	38	5.07%
Unknown	371	54.32%	402	53.67%

Caring responsibility: applicants				
	2021-2022		2022 -2023	
	Headcount	%	Headcount	%
Total	683	100.00%	749	100.00%
No	277	40.56%	388	51.80%
Prefer not to say	*	*	12	1.60%
Unknown	373	54.61%	304	40.59%
Yes	29	4.25%	45	6.01%

Gender identity: applicants				
	2021-2022		2022 -2023	
	Headcount	%	Headcount	%
Total	683	100.00%	749	100.00%
Gender not the same as at birth	*	*	*	*
Gender same as at birth	307	44.95%	446	59.55%
Prefer not to say	*	*	*	*
Unknown	373	54.61%	299	39.92%

6. Internal promotions

Age: internal promotions	2021-2022	2022-2023
25-34	*	0
35-44	11	11
45-54	*	*
55-64	*	*
Under 25	*	0
All people	**23**	**21**

Disability: internal promotions	2021-2022	2022-2023
No	16	15
Unknown	*	*
Yes	*	*
All people	**23**	**21**

Gender reassignment: internal promotions	2021-2022	2022-2023
No	17	16
Unknown	*	*
All people	**23**	**21**

Marriage and civil partnership: internal promotions	2021-2022	2022-2023
Married	*	*
Single	*	*
Unknown	15	13
All people	**23**	**21**

Race: internal promotions

	2021-2022	2022-2023
Unknown	*	*
White	19	18
All people	**23**	**21**

Religion or belief: internal promotions

	2021-2022	2022-2023
Church of Scotland	*	*
None	*	*
Other	*	*
Other Christian	*	*
Roman Catholic	*	*
Unknown	*	*
All people	**23**	**21**

Sex: internal promotions

	2021-2022	2022-2023
Female	17	16
Male	*	*
All people	**23**	**21**

Sexual orientation: internal promotions

	2021-2022	2022-2023
Bi/bisexual	*	*
Heterosexual/straight	18	17
Unknown	*	*
All people	**23**	**21**

Gender identity: internal promotions

	2021-2022	2022-2023
Female	15	14
Male	*	*
Unknown	*	*
All people	**23**	**21**

7. Learning and development

Age: learning and development								
	Internal				External			
	2021-2022		2022-2023		2021-2022		2022-2023	
	No	Yes	No	Yes	No	Yes	No	Yes
Under 25	*	*	*	*	*	0	*	0
25-34	16	20	12	28	29	*	31	*
35-44	27	83	27	100	97	13	109	18
45-54	25	175	19	199	185	15	190	28
55-64	29	216	37	208	226	19	220	25
65 +	*	24	*	17	32	0	23	0

Disability: learning and development								
	Internal				External			
	2021-2022		2022-2023		2021-2022		2022 -2023	
	No	Yes	No	Yes	No	Yes	No	Yes
Don't know	0	*	0	*	*	0	*	0
No	66	342	60	335	373	35	345	50
Prefer not to say	*	23	*	18	23	0	24	*
Unknown	31	87	20	140	112	0	143	17
Yes	*	68	16	61	64	10	66	11

	Marriage and civil partnership: learning and development							
	Internal				**External**			
	2021-2022		**2022-2023**		**2021-2022**		**2022-2023**	
	No	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**
Civil partnership	*	*	0	*	*	0	*	*
Co-habiting	*	20	*	20	22	*	20	*
Divorced	0	22	*	22	18	*	20	*
Married	20	140	22	146	147	13	150	18
Prefer not to say	*	*	*	*	*	0	*	*
Separated	*	11	0	12	10	*	10	*
Single	*	23	*	23	26	0	22	*
Unknown	76	292	73	320	335	33	347	46
Widowed	0	*	0	*	*	0	*	*

Race: learning and development								
	Internal				External			
	2021-2022		2022-2023		2021-2022		2022-2023	
	No	Yes	No	Yes	No	Yes	No	Yes
African, African Scottish or African British	*	*	0	*	*	0	*	0
Any mix of multiple ethnic groups	0	*	*	*	*	*	*	*
Asian, Asian Scottish or Asian British	0	0	*	0	0	0	*	0
Caribbean or Black	0	*	0	*	*	0	*	0
Other ethnic group	0	*	0	*	*	0	*	0
Prefer not to say	*	13	*	*	13	*	11	*
Unknown	31	91	21	143	116	*	147	17
White	72	411	76	396	438	45	413	59

Religion or belief: learning and development								
	Internal				External			
	2021-2022		2022-2023		2021-2022		2022-2023	
	No	Yes	No	Yes	No	Yes	No	Yes
Buddhist	0	0	0	*	0	0	*	0
Church of Scotland	16	98	19	93	109	*	99	13
None	41	189	37	194	199	31	198	33
Other	*	*	*	*	*	0	*	0
Other Christian	*	19	*	16	22	*	14	*
Prefer not to say	*	53	11	45	56	*	50	*
Roman Catholic	*	67	11	58	65	*	64	*
Unknown	31	88	20	141	113	*	144	17

Sex: learning and development							
	Internal				External		
	2021-2022		2022-2023		2021-2022		2022-2023	
	No	Yes	No	Yes	No	Yes	No	Yes
Female	73	425	75	457	456	42	464	68
Male	33	96	29	98	117	12	115	12

Sexual orientation: learning and development							
	Internal				External		
	2021-2022		2022-2023		2021-2022		2022-2023	
	No	Yes	No	Yes	No	Yes	No	Yes
Bi/bisexual	*	*	*	*	*	0	*	0
Gay/lesbian	*	18	*	18	20	0	19	*
Heterosexual/straight	67	384	76	367	407	44	385	58
Prefer not to say	*	27	*	25	27	*	26	*
Unknown	31	89	20	142	114	*	145	17

Gender reassignment: learning and development							
	Internal				External			
	2021-2022		2022-2023		2021-2022		2022-2023	
	No	Yes	No	Yes	No	Yes	No	Yes
No	72	412	78	397	438	46	415	60
Prefer not to say	0	15	*	11	13	*	13	*
Unknown	34	94	22	147	122	*	151	18

Gender identity: learning and development							
	2021-2022				2022 -2023			
	Internal		External		Internal		External	
	No	Yes	No	Yes	No	Yes	No	Yes
Female	53	346	361	38	62	334	340	56
In another way	0	*	*	0	0	*	*	0
Male	20	73	85	*	18	70	83	*
Prefer not to say	*	14	13	*	*	10	12	*
Unknown	32	87	113	*	20	140	143	17

8. Performance appraisal

Age: performance appraisal				
	2021 -2022		**2022-2023**	
	No	**Yes**	**No**	**Yes**
Under 25	*	0	*	0
25-34	32	*	32	*
35-44	87	23	106	21
45-54	154	46	174	44
55-64	198	47	199	46
65 +	28	4	21	2

Disability: performance appraisal				
	2021 -2022		**2022-2023**	
	No	**Yes**	**No**	**Yes**
Don't know	*	0	*	0
No	319	89	314	81
Prefer not to say	23	*	22	*
Unknown	105	13	138	22
Yes	55	19	63	14

Marriage and civil partnership: performance appraisal				
	2021 -2022		2022-2023	
	No	Yes	No	Yes
Civil partnership	*	0	*	0
Co-habiting	20	*	16	*
Divorced	16	*	22	*
Married	117	43	131	37
Prefer not to say	*	*	*	*
Separated	10	*	*	*
Single	18	*	21	*
Unknown	308	60	328	65
Widowed	*	0	*	*

Gender reassignment: performance appraisal				
	2021 -2022		2022-2023	
	No	Yes	No	Yes
No	376	108	378	97
Prefer not to say	13	*	14	*
Unknown	114	14	146	23

Race: performance appraisal				
	2021 -2022		2022-2023	
	No	Yes	No	Yes
African, African Scottish or African British	*	*	*	0
Any mix of multiple ethnic groups	*	0	*	*
Asian, Asian Scottish or Asian British	0	0	*	0
Caribbean or Black	*	0	*	0
Other ethnic group	*	0	*	0
Prefer not to say	15	0	13	*
Unknown	107	15	140	24
White	375	108	377	95

Religion or belief: performance appraisal				
	2021 -2022		2022-2023	
	No	Yes	No	Yes
Buddhist	0	0	*	0
Church of Scotland	85	29	93	19
None	181	49	182	49
Other	*	*	*	*
Other Christian	21	*	16	*
Prefer not to say	48	11	43	13
Roman Catholic	55	17	56	13
Unknown	106	13	139	22

Sex: performance appraisal				
	2021 -2022		2022-2023	
	No	Yes	No	Yes
Female	387	111	423	109
Male	116	13	115	12

Gender identity: performance appraisal				
	2021 -2022		2022-2023	
	No	Yes	No	Yes
Female	302	97	309	87
In another way	0	*	*	0
Male	81	12	77	11
Prefer not to say	14	*	13	*
Unknown	106	13	138	22

Sexual orientation: performance appraisal				
	2021 -2022		2022-2023	
	No	Yes	No	Yes
Bi/bisexual	*	0	*	*
Gay/lesbian	17	*	17	*
Heterosexual/straight	349	102	353	90
Prefer not to say	25	*	25	*
Unknown	107	13	140	22

9. Pregnancy and maternity

	2021-2022	2022-2023
Pregnant	*	*
Within maternity period (12 months)	18	*
Started maternity leave	*	*
Returned following maternity leave	12	*

10. Return to work of disabled employees following sick leave relating to their disability

Currently our systems are not set up to record this information in relation to sick leave. Resolving this is an action for the future.

11. Case work (dignity at work, grievance and disciplinary action)

Numbers are too small to meaningfully report on by every protected characteristic, we have reported on sex to show a summary that cases, although small, are distributed across both sexes.

Case work by protected characteristic of sex				
	2021-2022		2022 -2023	
Case	**Female**	**Male**	**Female**	**Male**
Grievance	*	*	*	*
Dignity at work	*	*	*	*
Discipline	*	*	*	*

12. Dismissals and other reasons for leaving

Reason	2021-2022	2022-2023
Resignation	27	39
Retirement	39	18
Other	*	*
All people	**71**	**64**

Turnover rate	
2021	**2022**
11.87%	9.72%

Currently we are only able to report on sex and age. Work is underway to increase declaration rates for leavers.

Age: Leaver		
	2021 -2022	**2022-2023**
Other		
25 to 34	*	*
45 to 54	*	*
55 to 64	*	*
65+	*	*
Retirement		
55 to 64	21	*
65+	18	*
Resignation		
Under 25	*	*
25 to 34	*	*
35 to 44	*	12
45 to 54	11	*
55 to 64	*	12
65+	*	*

Sex: Leaver				
	2021 -2022		**2022-2023**	
	Female	**Male**	**Female**	**Male**
Other	*	*	*	*
Retirement	30	*	16	*
Resignation	23	*	28	11

13. Pay gap

Year	Mean Female Hourly Rate	Mean Male Hourly Rate	Mean Gender Pay Gap
2021/22	22.43	24.71	9.25%
2022/23	22.77	25.56	10.92%

Year	Median Female Hourly Rate	Median Male Hourly Rate	Median Gender Pay Gap
2021/22	24.34	24.68	1.36%
2022/23	25.16	25.16	0.00%

To ensure our approach aligns with the advice from Audit Scotland, we have published both a mean and a median gender pay gap figure - the median is not skewed by very low or very high rates of pay. However, since gender pay gap issues are most pronounced in the lowest paid or highest paid employees the median may fail to pick up differences as effectively as the mean figure. Publishing both figures is useful as it gives an additional perspective.

The 2022 median figure shows that we do not have a gender pay gap. However, Close The Gap consider the mean to be a more accurate figure for measuring the gender pay gap as it shows the impact of part time working on women's pay. 15.78% of Care Inspectorate female employees work part time. The 2022 mean figure indicates that we have a pay gap of 10.92%. This has increased (by 1.22%) since the last time we reported in our 2021 Equalities Mainstreaming Report. This is slightly higher (0.82%) than the 10.1% gender pay gap in Scotland in 2021.

Action plan:
We will develop a plan to look at the gender pay gap (the protected characteristic of sex) alongside the other characteristics – taking an intersectional approach, for example break down gender pay data by age, ethnicity, and disability. Combining gender pay data with other protected characteristics highlights the further challenges faced by minority groups as any overlap can create different experiences of inequality.

We will break down data in different ways for example, part time pay gap figures by grade, department etc. Completing a comparison of full time and part time figures will allow a fuller analysis.

The Scottish Government Public Sector Pay Policy acts as a benchmark for all major public sector workforce groups across Scotland including the Scottish Social Services Council.   As a non-departmental public body, we are required to operate with the pay policy provisions set in order to meet our commitment to equal pay. Our pay ranges and reward policies are available to staff on the intranet. Pay and grading benchmark guidance is used when creating new posts, assessing an existing post or redesigning a post to ensure equal pay for work of equal value. This guidance is underpinned by analytical job evaluation, which is recognised as a sound basis on which to determine work of equal value. To avoid bias, evaluation focuses on the role rather than the individual, using established descriptions for each grade, and trained evaluators review cases.

Each pay range has a number of defined pay steps. Employees will enter a pay range at the relevant minimum. Employees will progress towards their maximum by one pay step on an annual basis. Pay reviews are negotiated with our recognised trade unions and cover all aspects of remuneration and terms and conditions.

As part of our ongoing commitment to put equal pay into practice we will:

- examine and keep under review existing and future pay practices including continuing to use an objective job evaluation system as detailed above
- carry out regular monitoring of the impact of the organisation's pay practices
- provide guidance for managers directly involved in decisions relating to remuneration
- continue to work in partnership with our recognised unions on all aspects of remuneration and terms and conditions.

Year	Mean BAME* Hourly Rate	Mean White Hourly Rate	Mean Ethnicity Pay Gap
2021/22	24.49	22.53	-8.68%
2022/23	24.47	23.25	-5.24%

Year	Median BAME* Hourly Rate	Median White Hourly Rate	Median Ethnicity Pay Gap
2021/22	25.16	24.34	-3.35%
2022/23	25.16	25.16	0.00%

The 2022 median figure shows no ethnicity pay gap. If we look at the mean figure for the same year, we pay on average staff from a Black, Asian and Minority Ethnic (BAME*) background 5.24% more than white employees. We need to be alerted to changes as we are dealing with small numbers.

Action plan:
We will continue to gather and analyse our data to identify any fluctuations, and this will be used to inform our decision making. We have specific actions as part of the Equalities and Human Rights Committee Report – Race Equality, Employment and Skills: Making Progress? and will respond and plan improvement interventions if these are required based on this additional workforce data.

As outlined above, we will develop a plan to take an intersectional approach, for example break down pay gap data by age, ethnicity, and disability.

Year	Mean Disabled Hourly Rate	Mean Non-Disabled Hourly Rate	Mean Disability Pay Gap
2021/22	21.38	22.81	6.23%
2022/23	21.54	23.23	7.31%

Year	Median Disabled Hourly Rate	Median Non-Disabled Hourly Rate	Median Disability Pay Gap
2021/22	24.34	24.34	0.00%
2022/23	25.16	25.16	0.00%

The 2022 median figure shows no disability pay gap. The mean figure shows there was a 7.31% disability pay gap (the gap has widened since 2021). In 2019 we paid on average, disabled employees 5.5% more than non- disabled employees. The figure could be due to the large number of unknowns.

Action plan:
The first point of action must be to make sure that our data is accurate so that we know for definite whether any gap is skewed due to under reporting. We will communicate with staff to encourage them to complete this data so that we are working with accurate information.

As outlined above, we will develop a plan to take an intersectional approach, for example break down pay gap data by age, ethnicity, and disability.

14.Occupational segregation

Paygrade	Role descriptors
1-3	Modern Apprentice & Administrative
4-6	Technical & Junior Management
7-8	Specialist & Middle Management
CS1+	Senior Leadership, Executive Directors & Chief Executive

Horizontal segregation refers to the clustering of men and women into different types of work, for example, different roles. It occurs when members of one group are typically employed in different types of job than members of another.

Vertical segregation refers to the clustering of people into different levels of work, for example, more men working as senior managers, and more women working in the lowest grades. Vertical segregation within an occupation occurs when members of one group (for example, men) are typically employed at a higher level than members of another.

Gender Occupational Segregation								
	2021/22				2022/23			
Paygrade	1 to 3	4 to 6	7 to 8	CS1+	1 to 3	4 to 6	7 to 8	CS1+
Female	103	50	72	43	98	56	66	44
Male	13	19	27	23	11	17	28	26

In 2021/2022 and 2022/2023 most women are employed in roles within grades 1 to 3 which tends to be in our business support or corporate and customer services roles. This a change from the last time we reported where most female staff were employed in grades 7-8 (which is reflective of our inspection workforce which is our core function as a scrutiny and improvement support body).

When we compare percentages of women and men in the different grades, we see the following:

- Grades 1- 3, 89% of women compared to 11% of males.
- Grades 4-6, 76% of women compared to 24% of males.

- Grades 7-8, 70% of women compared to 30% of males.
- Grades CS1+, 62% of women compared to 38% of males.

We therefore do not see any clustering of men and women into different types of work or different roles, but this could be due to our workforce profile 80.73% are women, 19.27% are men.

There has been an increase in women in our CS1 grades which are our senior leadership roles which shows that women are decision makers in our organisation. Although, it is notable that despite employing less men than women 37% of CS1 management and leadership roles are men.

Race Occupational Segregation								
	2021/22				2022/23			
Paygrade	1 to 3	4 to 6	7 to 8	CS1+	1 to 3	4 to 6	7 to 8	CS1+
African, African Scottish or African British	*	0	0	0	*	0	0	0
Any mix of multiple ethnic groups	*	0	0	*	*	0	0	*
Asian, Asian Scottish or Asian British	0	0	0	0	0	0	*	0
Caribbean or Black	0	0	0	0	0	0	0	*
Prefer not to say	*	*	*	*	*	*	*	*
Unknown	17	17	19	11	21	21	23	14
White	95	51	75	50	84	51	66	50

Low numbers of employees from minority ethnic communities are reflected across all pay grades and are employed in a number of different jobs including the higher paying grades of 7 to 8 and CS1 and above. We will continue to monitor the data as our numbers are small and it is important to quickly identify and changes.

Disability Occupational Segregation								
	2021/22				2022/23			
Paygrade	**1 to 3**	**4 to 6**	**7 to 8**	**CS1+**	**1 to 3**	**4 to 6**	**7 to 8**	**CS1+**
No	74	44	73	46	64	42	63	47
Prefer not to say	*	*	*	*	*	*	*	*
Unknown	16	16	19	11	20	20	23	14
Yes	21	*	*	*	21	*	*	*

Disabled employees are employed in a variety of different roles, but most are working in grades 1 to 3. This is a change from the last time we reported, when we had a higher number in grades 7-8.

15. Equal pay statement

The Care Inspectorate is committed to ensuring equal pay. We use a single job evaluation scheme to measure the relative value of all jobs in our pay and grading structure within an overall framework that is consistent, transparent and fair. We reviewed our Equal Pay Policy in October 2019.

Our equal pay objectives are set out below.
- We are committed to providing and promoting equal opportunities for all employees, regardless of sex, race, religion or belief, age, marriage and civil partnership, pregnancy and maternity, sexual orientation, gender reassignment or disability.
- All employees receive equal pay for work of equal value.
- Pay and reward systems are transparent, based on objective criteria and free from bias in relation to all aspects of equalities.
- We work with our recognised trade unions to ensure equality within our reward system.
- We regularly review our pay and reward system to eliminate any discrimination.
- Details of any complaints regarding equal pay will be retained confidentially for monitoring purposes.

16. Board equality information

At least two of our Board members should be people who experience care or are carers themselves. This brings a different insight and experience to the Board which is invaluable in moving our work forward. Two board members come from other organisations (Health Improvement Scotland and the Scottish Social Services Council). This means we can only report on the equality information of Care Inspectorate board members, however, we have counted all of them for 'sex' due to the implications for the Gender Representation on Public Boards (Scotland) Act.

Board Member Information Sex		
	2021-2022 Headcount	2022-2023 Headcount
Male	*	*
Female	*	*

Title:	**CORPORATE PARENTING – ANNUAL UPDATE TO BOARD**
Author:	*Craig Morris, Head of Improvement Support*
Responsible Director:	Edith Macintosh, Executive Director of Strategy and Improvement
Appendices:	**None**
Resource Implications:	**None**

EXECUTIVE SUMMARY
Our last corporate parenting plan 2021-2023 was signed off by the Board in March 2021. We report to the Board annually to share our progress against the agreed plan and this is the second time we have reported progress against the 2021–2023 plan. Within this report key areas of progress are highlighted along with the planned development of a 'care experience and children's rights group, recognising the connectivity between corporate parenting, UNCRC and The Promise work streams.
The Board is invited to:
1. Note the annual update and progress made against our corporate parenting plan 2012-2023.

Links	Corporate Plan Outcome (Number/s)	1 High-quality care for all 2 Improving outcomes for all 3 Everyone's rights are respected and realised	Risk Register (Yes/No)	No

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

Equality Impact Assessment					
Yes	☐	**Not Yet**	☐	**No**	**X**
				Reason: This is an update report. Any respective EQIA would be carried out in accord with the activities/outputs which are highlighted in this report.	

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

Reason for Confidentiality/Private Report: N/A – this is a public Board report
Disclosure after: N/A

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

Agenda item 16
Report No: B-58-2022/23

CORPORATE PARENTING – ANNUAL UPDATE TO BOARD

1.0   INTRODUCTION

Corporate parenting refers to an organisation's actions to uphold the rights of care experienced young people, secure their wellbeing and promote their "physical, emotional, spiritual, social and educational development". (Scottish Government 2014).

As corporate parents, we are expected to carry out many of the roles any parent should.

Our work compliments and supports the actions of parents, families, and carers to deliver positive change for our children and young people. To help us do this and to meet our statutory duties we are:

- **alert** to all matters that affect the wellbeing of our children and young people
- **strong** when challenging the disadvantages that our children and young people face
- **leaders** by driving improvements and working with other corporate parents to raise society's expectations for our children and young people
- **responsive** in how we assess the needs of our children and young people or any service or support provided
- **active** in providing our children and young people with real opportunities within our organisation, so that they grow and develop skills for the future.

2.0   CORPORATE PARENTING RESPONSIBILITIES AND ORGANISATIONAL CONTEXT

Part 9 of the Children and Young People (Scotland) Act, 2014 relates to corporate parenting. The Care Inspectorate (Social Care and Social Work Improvement Scotland) is named as a corporate parent. Corporate parenting is a whole organisation responsibility. As officers of the Care Inspectorate, we are all corporate parents. This may include jointly funding activities, sharing responsibilities for any actions to support our children and young people, providing opportunities for education and employment, and providing advice and assistance. It is important that, in fulfilling our roles as corporate parents, we enable our children and young people to have as much of a say as possible.

2.1   Corporate Parenting Group

We have a corporate parenting group in the Care Inspectorate which continues to meet on an eight-weekly basis. The group holds responsibility for the day-to-day oversight of our corporate parenting plan.

It is the role of the corporate parenting group to:

- Lead on development of the Care Inspectorate corporate parenting improvement plan.

- Lead on developing the corporate parenting report required every three years for the Scottish Government.
- Seek, agree, and deliver on opportunities to raise awareness and develop an understanding of corporate parenting responsibilities and report on activity at all levels of the organisation.
- Make links with and take opportunities to review other corporate parents' activities and approaches with a view to learning and improving our approaches.

2.2   Corporate Parenting Plan 2021

The Corporate Parenting Plan 2021-2023 was agreed by the Board in March 2021. The Board was provided with the first annual overview of progress on this plan on 22 March 2022. Following the Board meeting in March 2022, agreement was reached with the interim chair of the corporate parenting group, to hold a development session to review the plan in its entirety and consider the links across UNCRC and The Promise.

With the advent of the new internal governance and framework arrangements in place for The Promise and the developing work of the UNCRC (Internal) reference group, it was clear that there are many linkages across the three respective plans and frameworks. This resulted in an opportunity to rationalise the Corporate Parenting plan, making it more focussed, whilst ensuring that nothing is lost from the agreed plan but that it retains strategic alignment with our approach to The Promise and the UNCRC.

Two in-person corporate parenting development sessions were held in June and August 2022. The sessions were informed by The Promise plans and the Scottish Government's Review of Corporate Parenting Plans 2018 - 2021 and Caring for our Children and Young People: An update on Scotland's Corporate Parenting 2018-2021. A *stop, start, keep, change* approach was taken to review the corporate parenting plan. It was proposed that actions which were completed or belonged elsewhere are stopped; new actions necessary to further improve, reflecting new developments are started; ongoing actions of critical importance are kept; and where it was clear that actions must be amended to help us to further improve, these should be changed.

These development sessions reviewed the agenda for corporate parenting group meetings. The agenda now ensures that it remains linked to the six commitments within the corporate parenting improvement plan, and is more action orientated. The group will continue to consider progress updates at each meeting; however, a live register of progress will also be maintained.

The Corporate Parenting Improvement Plan is available through clicking on the following link - Revised corporate parenting improvement plan September2022.docx

Agenda item 16
Report No: B-58-2022/23

3.0   **KEY AREAS OF PROGRESS – CORPORATE PARENTING THE IMPROVEMENT PLAN**

Despite systems pressures and prior to this our organisational response to Covid-19, the Corporate Parenting group, has continued to meet and deliver actions against the six commitments of the three-year plan. The following updates and achievements linked to the Corporate Parenting three-year plan are for noting.

- The interim chair of the Corporate Parenting, group supported by a Strategic Inspector (previous Corporate Parenting chair), brought the group together for two sessions to update and refresh the current Corporate Parenting plan, employing a *stop, start, keep, change* approach. The revised plan is more closely aligned with The Promise workstreams and the UNCRC and it more clearly sets out measures of success.
- We have engaged with Who Cares? Scotland to deliver training on Corporate Parenting to develop the understanding of the role of the organisation and their role within that as Corporate Parents. Sixty-nine attendees across both the Scrutiny and Assurance and Strategy and Improvement directorates attended.
- Commitment 5 of the Corporate Parenting Improvement Plan, notes, ***"we continue to develop the 'family firm' concept, supporting opportunities for our young people to access employment and volunteering across the organisation, which can extend beyond their 26th birthday."*** In 2021, we removed the age of 26 years barrier for young inspection volunteers to continue their involvement with the Care Inspectorate. We hosted the first meeting of the <u>Family Firm</u> workstream in December 2022. A subgroup of the Corporate Parenting group.
- The Chair of the Corporate Parenting group is connecting regularly with other respective Corporate Parenting national leads and joined a newly formed pilot national collaborative corporate network, hosted by Who Cares? This has been set up as a cross-organisational space in response to asks from our Corporate Parenting partners for more opportunities to network and collaborate with colleagues from other Corporate Parenting bodies. Representation on this includes Police Scotland, Scottish Fire and Rescue Service and NHS 24 to name but a few. At the first meeting, January 2023, they gave an overview of the progress of Corporate Parenting work at the Care Inspectorate.

During Care Experience week (23-30 October 2022), we promoted a new animation aimed at children and young people with care experience. Its purpose was to communicate the new way we approach inspection activity in our residential childcare settings. This film was developed by Communications and co-designed with the participation and involvement of care experienced young people. The young people's achievements were celebrated by the Involvement and Equalities team, prior to its release and rollout into our inspection activity, and the film was promoted externally via social media channels. This work meets one of the commitments as set out in our Corporate Parenting plan 2021-2023,

to develop communications in a way that involves and appeals to children and young people.

3.1   Creation Of A Care Inspectorate 'Care Experience And Children's Rights' Group

There is a recognition that it is helpful to strengthen the current interconnectivity between UNCRC, Corporate Parenting and Keeping the Promise activities. Through internal consultation and approval by the Strategic Leadership Team, we will move from separate Corporate Parenting and UNCRC groups, to one overarching 'Care Experience and Children's Rights' group by Summer 2023. The move to one group reflects the landscape nationally, with many national partners employing this approach to Corporate Parenting and UNCRC responsibilities.

Our respective statutory duties for Corporate Parenting and the responsibilities to take forward full implementation of UNCRC, would remain but be led by one single group with clear action plans for the respective statutory duties.

4.0   IMPLICATIONS AND/OR DIRECT BENEFITS

4.1   Resources

We continue to invest in a whole organisation approach to corporate parenting with continued governance and reporting arrangements in place.

4.2   Sustainability

Environmental. There are no known direct environmental implications arising from this report.

Social considerations. We are committed corporate parents who will meet our statutory duties and responsibilities. Our work is explicit in how we aim to reduce discrimination, promote rights, support opportunities and help improve the life chances of our children and young people.

Employment opportunities. Our corporate parenting plan provides consideration of employment opportunities for our children and young people under commitment 5: We will improve opportunities for our children and young people to develop skills, experience, and confidence to achieve their employment and career ambitions.

Equality and Human Rights. Our corporate parenting plan will continue to demonstrate how we reduce discrimination, advance equality, promote rights, support opportunities, and help improve the life chances of our children and young people.

Health and Safety. There are no known direct health and safety implications arising from this report.

Fair Work Practice. Full cognisance will continue to be given to the Fair Work Convention and in particular, the Fair Work Framework where relevant within our work. This is particularly relevant to commitment 5: We will improve opportunities for our children and young people to develop skills, experience, and confidence to achieve their employment and career ambitions.

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

We are working to ensure that our statutory duties, responsibilities and commitments to babies, children and young people are fully articulated in our corporate parenting plan.

4.4   Customers (Internal and/or External)

We will continue to engage with our young people and external customers as outlined in our corporate parenting plan.

5.0   CONCLUSIONS/NEXT STEPS

The Board is asked to note the ongoing progress of our corporate parenting responsibilities.

BOARD MEETING 30 MARCH 2023

Agenda item 17
Report No: B-59-2022/23

Title:	**HR QUARTERLY REPORT – Q3 2022/23**	
Author:	*Lucy Finn, Head of Human Resources*	
Responsible Director:	Jacqueline Mackenzie, Executive Director of Corporate and Customer Services	
Appendices:	1.	**Workforce Profile Data**
Consultation:	**N/A**	
Resource Implications:	**No**	

EXECUTIVE SUMMARY
HR metrics for the Board covering Quarter 3 – October 2022 to December 2022.
Includes data on staff absence and turnover as well as an overview of recruitment during the period and an update on HR progress.
Appendix 1 outlines additional workforce data.
The Board is invited to:
1. Note the details in the report.
2. Consider whether any other information would be relevant to receive in future reports.

Links	Corporate Plan Outcome (Number/s)	4	Risk Register (Yes/No)	No
For Noting	X	**For Discussion**		**For Assurance**		**For Decision**	

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐	**No** ☐ Reason: Not required as presentation of information only

BOARD MEETING 30 MARCH 2023

Agenda item 17
Report No: B-59-2022/23

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

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

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
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g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

HR QUARTERLY BOARD REPORT

1.0   INTRODUCTION / BACKGROUND

The Human Resources (HR) Quarterly report provides the Board with an update on the activities of the HR team during the previous quarter.

This report covers Quarter 3, October to December 2022.

We will produce our annual report in May 2023 to cover the previous 12 months.

1.1   Data Included

We report on metrics under Corporate Plan Outcome 4: Our People are skilled, confident and well supported to carry out their roles, specifically staff absence and turnover.

We also report on recruitment information over the period and an update on progress or changes in the HR team.

We have provided information and analysis on the organisation's workforce profile at Appendix 1.

At the Board's request following the report for Q2, we have added the following information:

- The number of agency staff in the organisation during this period (added as an additional line to the headcount data in the Appendix)
- An overview of consideration of a graduate entry scheme for inspectors
- Trend data on the ageing workforce (this is shown for the last 5 years in the Appendix)

2.0   PROGRESS MADE OCTOBER TO DECEMBER 2022

We continue to build the HR team in terms of filling roles and embedding the new structure of support and this has allowed us to take forward work that we previously did not have capacity for. For example, more proactive and focussed support for employee cases and progressing policy work.

**3.0   WORKFORCE DATA**

3.1   Sickness Absence

The following table and graph show the relative impact of short, medium and long term absence on working time. As evidenced, most lost working time was due to long term absence. The median figure for public bodies at April 2022 was 3.6% so we have been below this, except in November.

Month	Long	Medium	Short	Total
October	1.98%	0.35%	0.52%	**2.85%**
November	2.22%	0.80%	0.69%	**3.70%**
December	1.87%	0.49%	0.64%	**2.99%**
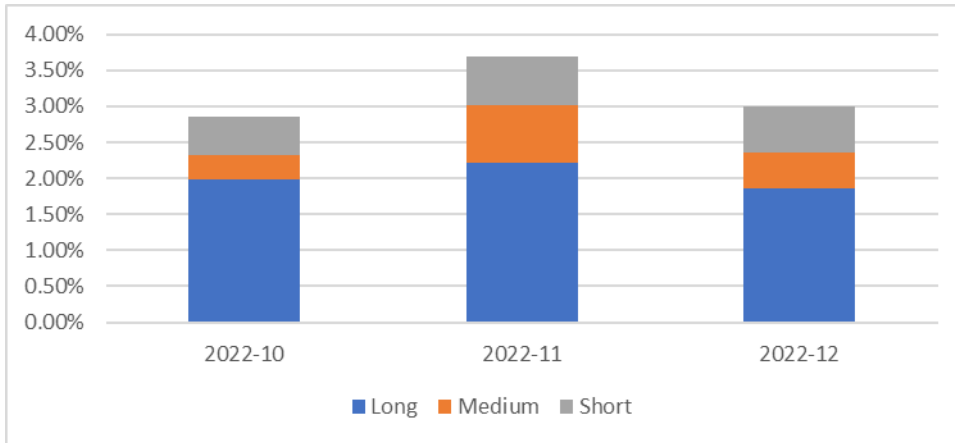
The median figure for public bodies at April 2022 was 3.6% so our absence rate is lower than this for this quarter at an average of 3.18%. The rates for Quarter 1 averaged 5.13%, with a peak of 5.85% in June. The year to date average for the first 3 quarters is 4.72% which is above the median figure.

The following chart outlines the reasons given for absence. The largest is the 'other' category with 107 employees, then mental health and Covid-19 related issues.

The 'other' category covers a number of reasons for absence. These have not been separated out as the numbers for each type are low and therefore there would be a danger of inadvertently identifying individual staff when reporting.
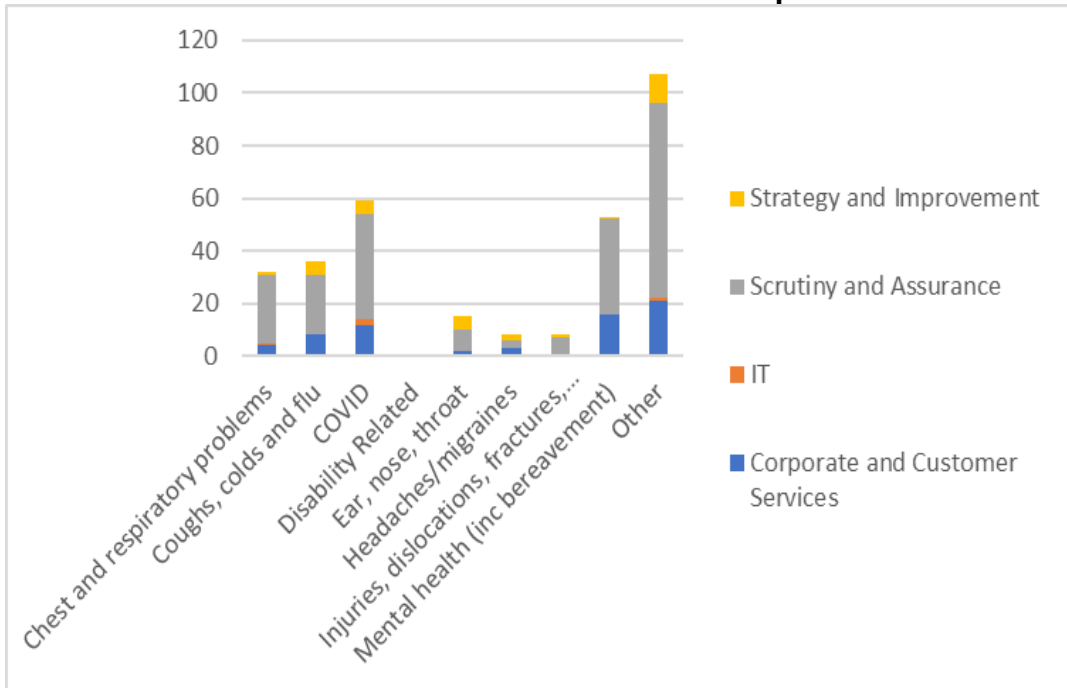
3.2. Staff Turnover

The overall turnover rate for October to December 2022 is 11.8% which is below the public sector median figure in 2021 of 12.4%. The following table shows turnover over a the last 12 month period – the highest month was February 2022 and the lowest November 2022:

2022 01 (Jan 2022)	11.83%
2022 02 (Feb 2022)	12.46%
2022 03 (March 2022)	10.93%
2022 04 (April 2022)	10.88%
2022 05 (May 2022)	10.34%
2022 06 (June 2022)	9.97%
2022 07 (July 2022)	10.26%
2022 08 (Aug 2022)	11.00%
2022 09 (Sep 2022)	10.01%
2022 10 (Oct 2022)	9.79%
2022 11 (Nov 2022)	9.59%
2022 12 (Dec 2022)	9.72%

A breakdown of turnover by Directorate and by reason for leaving are shown in the following chart and table. 54% of staff leavers were due to voluntary resignations and 27% due to retirement, with the remaining 18% being for other reasons.
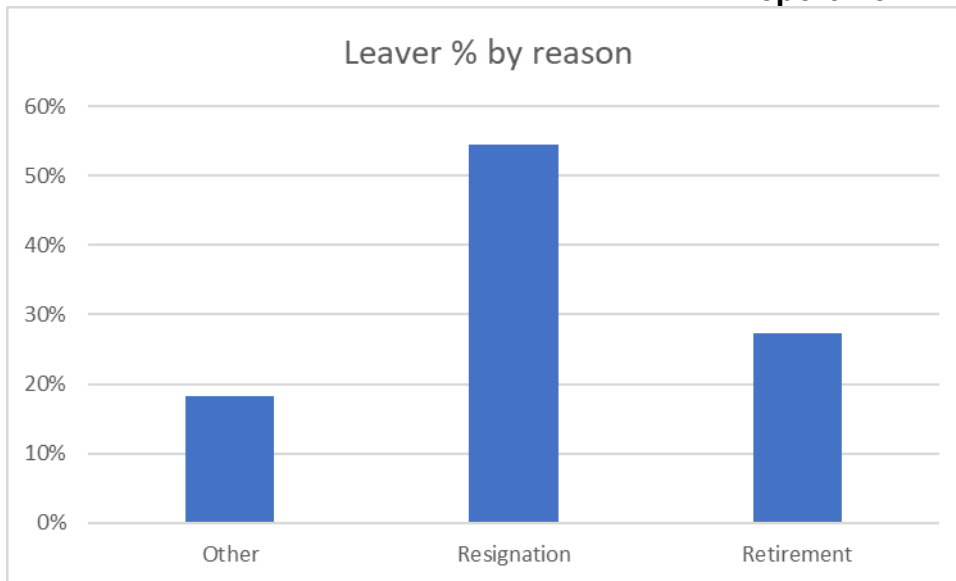
The figures for Scrutiny and Assurance are 27% for voluntary resignations and 18% for retirement, indicative of the age profile in the Directorate as summarised in Appendix 1.

Directorate	Other	Resignation	Retirement	Total
Corporate and Customer Services		1	1	2
IT Transformation and Digital		2		2
Scrutiny and Assurance		3	2	5
Strategy and Improvement	2			2
Total	**2**	**6**	**3**	**11**

Directorate	Other	Resignation	Retirement	Total
Corporate and Customer Services	0%	9%	9%	18%
IT Transformation and Digital	0%	18%	0%	18%
Scrutiny and Assurance	0%	27%	18%	45%
Strategy and Improvement	18%	0%	0%	18%

We are working on making sure that we have high completion rates for exit interviews in order to identify reasons for leaving and will highlight any themes in our annual report.

4.0 RECRUITMENT ACTIVITY

- Between 1 October 2022 and 31 December 2022, we have worked with all directorates to complete 20 recruitment campaigns.
- Over this period, we have filled 18 vacancies in total. 6 vacancies were filled by new employees and 12 were internal appointments.
- The vacancy fill rate during this period was 85.5%.

- In this period, four agency workers were recruited.

In quarter three, the following recruitment activity has taken place across the Care Inspectorate:

We have run 20 recruitment campaigns of which 14 were internal only. There were 13 campaigns for temporary posts and eight campaigns for permanent posts. (Note: this adds up to 21 as one campaign was for one temporary and one permanent.)

By Directorate
➢ Scrutiny and Assurance – 7 in total
➢ Corporate and Customer Services – 9 in total
➢ Strategy and Improvement – 3 in total
➢ ICT and Digital Transformation – 1 in total
➢ Executive – 0

The average number of days to process a campaign (from vacancy going live to the employee's first day not including volume campaigns) is 74 calendar days. This is a reduction of 12 days on last year.
We have filled 18 vacancies in total. Six vacancies were filled by new employees and 12 were internal appointments.

The number of vacancies filled by directorate was:
- Scrutiny and Assurance – 0 externally / 8 internally = 8 in total
- Corporate and Customer Services – 4 externally / 3 internally = 7 in total
- Strategy and Improvement – 0 externally / 2 internally = 2 in total
- ICT and Digital Transformation – 0 externally / 1 internally = 1 in total

We have processed 86 applications in total. The average number of applications per campaign (not including inspectors) is 4.3.

External Market Pressures
Due to the buoyant market, we have had to advertise in a more prolific way to increase our ability to fill vacancies. Our fill rate has increased by 3% (since we last reported) to 88% and this is particularly good in the current climate.

In this period, the organisation has recruited four agency workers. All four in Corporate and Customer Service (three in Business Support and one in HR).

4.1   Scrutiny and Assurance Recruitment

Following the pre-employment of our most recent inspector campaign, we are appointing 17 inspectors (7 ELC, 5 Adults, CYP 2 and Complaints 3). Most are joining the organisation in February 2023 (with two exceptions joining in March and April respectively).

We currently have 14 successful candidates in our talent pool (3 Adults and 11 ELC). Successful candidates can remain up to two years in the talent pool - we will continue to engage with the talent pool so they can be kept warm to backfill vacancies as they arise.

4.2 Inspector Graduate Scheme

The question has been posed about whether we are considering a graduate entry scheme for inspectors. This is not something we are currently looking at, particularly as our last three inspector campaigns have been most successful. However, if there was an appetite for an inspector graduate scheme, it is something we could pick up going forward.

We would of course have to use the learning from the previously trialled "practitioner inspector" role, created to provide a pathway to the role of inspector. The organisation would need to have clarity around the need for such a scheme, the resource to deliver it and provide it with continued support for the long term.

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS

5.1 Resources

There are no additional resource implications because of this report.

5.2 Sustainability

This report is for information only and there are no sustainability issues or benefits because of it.

5.3 Policy

There are no direct policy implications in relation to this report but, as outlined there has been pressure on recruitment and retention across the social care sector during the period covered by this report and we expect that to be ongoing throughout the coming year. This will have an impact on the HR team in terms of recruitment and workforce planning support.

The ongoing review of health and social care and the implementation of the National Care Service remains an unknown in terms of the impact on the Care Inspectorate and SSSC and therefore the support that will be required from HR. We will keep a close eye on developments and resource plan accordingly.

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

HR data reporting is used to support Corporate Plan Outcome 4: Our People are skilled, confident and well supported to carry out their roles.

The use of HR metrics in these areas allows us to focus our efforts on areas that will ensure our employees are well supported and equipped to deliver their roles and can deliver a high-quality service which will in turn improve the provision of care.

5.5   Customers (Internal and/or External)

This report is for information only and there are no direct customer issues or benefits because of it. However, customer service remains a key priority for HR and we will seek customer feedback as appropriate to inform and improve our service.

6.0   CONCLUSIONS/NEXT STEPS

This report highlights some of the key HR metrics for the Care Inspectorate which we continue to monitor and review in line with our aims in both the Corporate Plan and the Strategic Workforce Plan. We welcome feedback on this report and any additional or different measures that the Board would like to see in future reports.

WORKFORCE PROFILE DETAILS

The following detail covers various information on the workforce not included in the main Board report.

HR will update these on a quarterly basis and include any other metrics considered of interest and/or relevance.

Commentary will be provided to draw out pertinent points and/or to outline any risk or action based on the data.

Headcount and FTE

Directorate	Headcount	FTE
Corporate and Customer Services	130	120.78
Executive Team	5	4.75
IT Transformation and Digital	20	19.66
Scrutiny and Assurance	417	394.28
Strategy and Improvement	81	77.67
Grand Total	**653**	**617.13**

These figures exclude any locum staff, agency staff and consultants. It includes all staff on payroll whether they are currently at work or not (ie includes staff on maternity leave or absent due to long term sickness).

Agency workers
At the time of this report there were 9 agency workers.

Age profile

We have an aging workforce – more than 70% of our workforce are over 45, with over a third over 55, this increases to nearly 50% in Scrutiny and Assurance.

HR are working with organisational workforce development (OWD) to produce robust workforce data to allow us to plan and future proof for employees' retirement. We are also exploring use of a 'talent pool' for inspectors so we can over recruit to vacancies and have a constant pool of resource to draw from.

Directorate	Under 25	25 to 34	35 to 44	45 to 54	55 to 64	65+
Corporate and Customer Services	6	15	23	32	45	9
Executive Team	Fewer than 5 in each category so not listed for data protection					
IT Transformation and Digital		1	6	7	6	
Scrutiny and Assurance		12	80	143	165	17
Strategy and Improvement		13	21	26	20	1
Total	**6**	**41**	**130**	**209**	**240**	**27**
% of workforce	**0.9%**	**6.3%**	**19.9%**	**32%**	**36.8%**	**4.1%**

Breakdown by sex

Directorate	Female	Male
Corporate and Customer Services	117	13
Executive Team	3	2
IT Transformation and Digital	7	13
Scrutiny and Assurance	342	75
Strategy and Improvement	59	22
Total	**528**	**125**
% of workforce	**80.9%**	**19.1%**

Staff Locations

The following table shows the office locations where our staff are based – it includes the nearest office location for our contractual homeworkers. Most of our staff are based near to the Dundee or Paisley offices with some offices being much smaller having a small employee base. We will continue to report on this to see whether this changes given the ongoing hybrid working trial and also decisions on our future estate.

We will also review the home postcodes for staff to assess whether we are attracting staff who live further away from one of our offices than previously.

Office Location	Headcount	% of workforce
Edinburgh	77	11.79%
Hamilton	66	10.11%
Dundee	154	23.58%
Aberdeen	46	7.04%
Inverness	22	3.37%
Paisley	158	24.20%
Dunfermline	47	7.20%
Stirling	43	6.58%
Selkirk	14	2.14%
Oban	5	0.77%
Stornoway	2	0.31%
Dumfries	11	1.68%
Elgin	7	1.07%
Shetland	1	0.15%

Ageing workforce

This data shows the age profile of the organisation on 31 December each year for the past 5 years. There has been a gradual increase of staff aged 55 to 64 but the most significant increase is in the 35 to 44 age range.

Age Range	2018	2019	2020	2021	2022
Under 25	8	8	6	5	6
25 to 34	42	41	38	44	40
35 to 44	93	92	96	113	127
45 to 54	239	227	202	206	209
55 to 64	221	222	228	230	244
65+	22	30	33	29	26
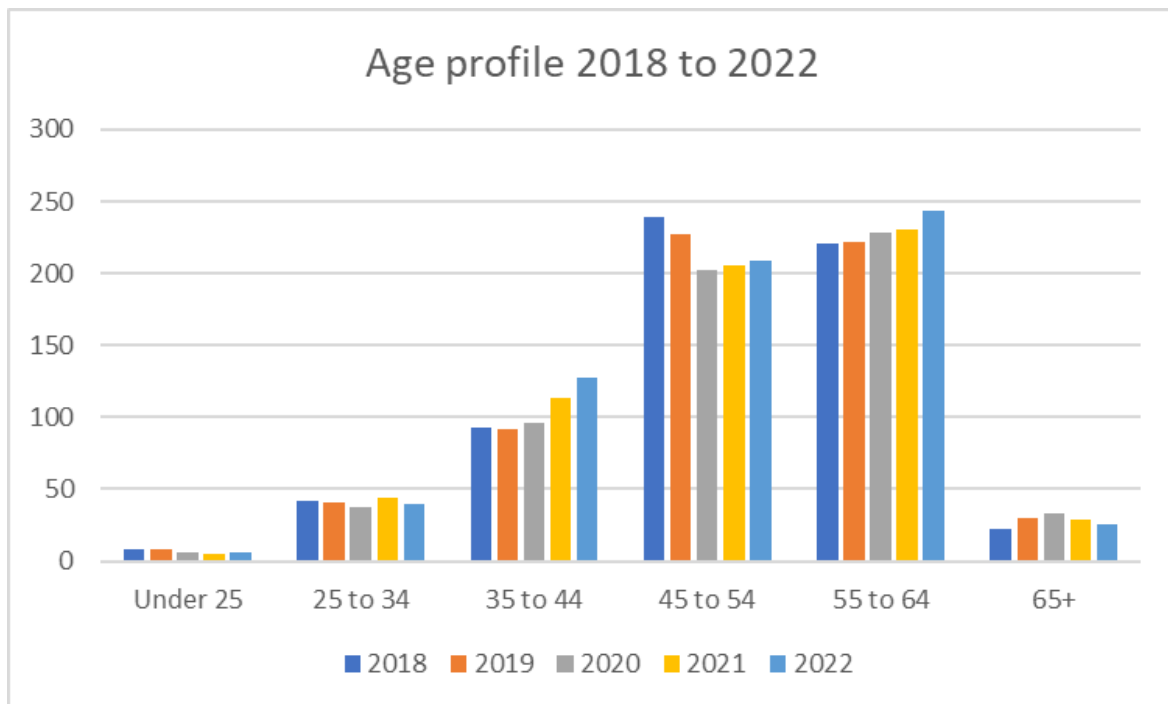
BOARD

Schedule of Business 2023/24

BUSINESS TOPIC	11 May 2023	10 Aug 2023	9 Nov 2023	8 Feb 2024	28 Mar 2024 **(Budget Only)**
Chair's Report (quarterly)	✓	✓	✓	✓	
Chief Executive Report (quarterly)	✓	✓	✓	✓	
STRATEGY AND POLICY ITEMS					
Approval of Care Inspectorate Strategies on a rolling/as required basis • Customer Engagement Strategy • Communications Strategy • Estates Strategy • Financial Strategy • Health and Safety Strategy • ICT Strategy • Improvement and Involvement Support Strategy and Delivery Plan (2022-25) • Information Governance Strategy • Intelligence Strategy • Legal Services Strategy • Shared Services Strategy • Workforce Strategy (Plan to Feb 2023 Board) • Procurement Strategy (3 year cycle, next due 2026-29, to last meeting of Board cycle					
Scrutiny and Assurance Strategy and Plan 2024/25 (Plan to be marked as **"Private item"**)				✓ (Plan)	

Agenda item 19

BUSINESS TOPIC	11 May 2023	10 Aug 2023	9 Nov 2023	8 Feb 2024	28 Mar 2024 (Budget Only)
Budget and Indicative Budgets					✓
Strategic Risk Register 2023/24	✓				
Approval of Risk Appetite and Risk Policy	✓				
MOWG Budget Development – update report	✓				
MONITORING AND GOVERNANCE ITEMS					
Monitoring our Performance Quarterly Report	✓ (Q4)	✓ (Q1)	✓ (Q2)	✓ (Q3)	
Minutes/Report of Audit and Risk Committee	✓	✓	✓	✓	
Complaints Activity Report	✓ (annual)		(mid-year – tbc)		
Annual Accounts 2021/22 Progress Report *(to 1st Quarter meeting of Board)*	✓				
Annual Report and Accounts - Audit and Risk Committee Annual Report - Draft Annual Report and Accounts 2019/20 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit			(tbc)		
Budget Monitoring and Staffing Update	✓	✓	✓	✓	
Health and Safety Annual Report 2022/23 (normally to 1st meeting of Board cycle)	✓				
UNCRC Report		✓			
Equality Duty Reporting – Annual Progress Report				✓	
Annual Review of the CI's Financial Regs				✓	
Annual Procurement Performance Report			✓		
OPERATIONAL ITEMS					
HR Quarterly Update report	✓(Q4)/Annual	✓(Q1)	✓(Q2)	✓(Q3)	
Estates Update Report (Annual - to first meeting of cycle)	✓				
Board and Committee Cycle 2023/24: meeting dates		✓			
Shared Services Update Report Annual Report		✓			
Corporate Parenting Plan Progress Update				✓	

BUSINESS TOPIC	11 May 2023	10 Aug 2023	9 Nov 2023	8 Feb 2024	28 Mar 2024 (Budget Only)
Approval of Pay Remit for submission to Scottish Government **(tbc)**					
Update on Significant Organisational Restructures *(when required)*					
Approval of Compensation Payments *(when required)*					
STANDING ITEMS					
Identification of Risk	✓	✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	
CI Employee Relations Appeals *(standing item, but only when required)*					
PRIVATE AND CONFIDENTIAL ITEMS					
Scrutiny and Assurance Plan 2024-25				✓	