



A Meeting of the Care Inspectorate Board is to take place from
10.30 am-1.00 pm on Thursday 8 February 2024
 in Tay Meeting Room, Ground Floor, 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 and Introductions	10:30
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Board Meeting held on 9 November 2023 (paper attached)	10:35
5.	Action Record of Board meeting held on 9 November 2023 (paper attached)	
6.	Matters Arising	
7.	Chair's Report – Report No: B-31-2023/24	10:40
8.	Chief Executive's Report – Report No: B-32-2023/24	10:45
	STRATEGY AND POLICY	
	No items to be taken at public meeting.	
	MONITORING AND GOVERNANCE	
9.	Monitoring our Performance Report 2023/24 Quarter 3 – Report No: B-33-2023/24	10:55
10.	Budget Monitoring and Staffing Update - Report No: B-34-2023/24	11:05
11.	Audit and Risk Committee Meeting held 14 December 2023 – Report No: B-35-2023/24	11:20

12.	Equality Duty Reporting: Annual Equalities Report – Report No: B-36-2023/24	11:30
13.	Corporate Parenting Triennial Report 2021-2023 – Report No: B-37-2023/24	11:45
14.	Annual Review of the Care Inspectorate’s Financial Regulations – Report No: B-38-2023/24	12:00
S H O R T B R E A K (10 mins)		
OPERATIONAL ITEMS		
15.	HR Report – Q3 2023/2024 - Report No: B-39-2023/24	12:10
STANDING ITEMS		
16.	Strategic Risk Register – Report No: B-40-2023/24	12:20
17.	Board Schedule of Business 2024/25 (paper attached)	
18.	Any Other Competent Business	
19.	Close of Public Meeting and Date of Next Meeting: 28 March 2024 at 10.30 am.	13:00
L U N C H		13:00- 13:30



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

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

Links	Corporate Plan Outcome (Number/s)	All	Risk Register (Yes/No)				
For Noting	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Decision	<input type="checkbox"/>

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> 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: Not applicable

BOARD MEETING 8 FEBRUARY 2024**Agenda item 8
Report No: B-32-2023/24**

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 POLICY AND STRATEGIC DEVELOPMENT

1.1 Children Leaving ELC Settings Unaccompanied by an Adult

I gave an interview to the BBC in December on [the subject](#) of children leaving ELC settings unaccompanied by an adult. This was to reinforce the key messages underpinning the support work to promote our SIMOA (Safety, Inspect, Monitor, Observe, Act) campaign. I highlighted the significant risk to children's safety and reported on the data collated in relation to children leaving ELC settings. In January I also wrote to all ELC settings to reiterate this.

We continue to reinforce the concerns regarding children's safety and well-being and have developed a series of bite-size sessions to support the sector's role in understanding their role and responsibilities to keep children safe.

1.2 Key Policy updates

We continue to analyse and advise on key policy developments, including:

- The National Care Service (Scotland) Bill, with the Stage 1 deadline now extended to 1 March 2024.
- The Children (Care and Justice) (Scotland) Bill consideration and amendments at Stage 2.
- The Independent Review of Inspection, Scrutiny and Regulation (IRISR) – the final report was published in September 2023, making 38 recommendations in total. We await the Scottish Government's formal response to the report and its recommendations, and our developing our own response.
- Proposals for a Human Rights Bill.
- Education reform, including any proposed changes to the early learning and childcare (ELC) scrutiny landscape.
- Key publications and developments relating to other areas of policy, including delivery plans relating to mental health and justice, and parliamentary debate on Keeping the Promise.

We have submitted consultation responses on:

- a proposed Education Bill (Scottish Government)
- post-legislative scrutiny of the Social Care (Self-directed Support) (Scotland) Act 2013 (Scottish Parliament)
- draft Transparency in Health and Social Care guidance (Information Commissioner's Office)
- proposed register changes (Scottish Social Services Council).

1.3 Guidance for Providers of Care Homes for Children and Young People

The Children and Young People regulated inspection teams have updated our Guidance for providers of care homes for children and young people on the emergency relaxation of conditions of numbers, to include other examples of services having more children stay over than they are registered for and make it clearer what the expectations are for these situations. They have also updated our Matching Looked After Children and Young People: Admissions Guidance for Residential Services to provide greater clarity on ensuring the legality of placements, both in relation to children placed on Deprivation of Liberty Orders, and on distance placements more broadly.

1.4 Meaningful connection, visiting and Anne's Law

We have applied to Scottish Government for additional funding for this programme. At present, the programme is set to conclude on 31 March 2024. In our request, costings and achievable outputs have been detailed which would enable the programme to continue until 31 October 2024.

1.5 Shared Quality Framework

The consultation for the draft Shared Quality Framework was launched at the end of November. It was due to close on the 19 December but following requests from the sector, the closing date was extended to the 19 January. At the time of writing there were 595 responses received and over 1000 comments.

1.6 Space to Grow Publication

Scottish Government (SG) has commissioned the Care Inspectorate to work with partners to refresh the Space to Grow publication (Childcare and out of school care services design guidance) considering the SG ELC expansion programme.

2.0 COLLABORATIVE/PARTNERSHIP WORKING

2.1 Scottish Council of Independent Schools/Boarding School's Association Conference

We attended the SCIS/BSA Scottish Boarding Conference in November to deliver input on The Health and Care Staffing Act 2019; our revised methodology; and 'What a good inspection looks like'. Our input was well received, and positive feedback on the collaborative working relationship with the regulator was shared.

2.2 Dementia Strategy Implementation Groups

A Service Manager for Adults, and Senior Improvement Advisors for dementia and pharmacy have attended and contributed to the Scottish Government dementia strategy implementation sub-groups. The focus of the sub-groups are workforce delivery, diagnosis and post-diagnostic support, and brain health.

The involvement of our staff has helped Scottish Government shape the two-year national delivery plans, which will underpin the overall dementia strategy. I attended the Dementia Strategy Delivery Meeting on 12 December 2023.

2.3 Technology Enabled Care

Adult services have completed a review and report for Scottish Government on the future regulation of Technology Enabled Care. This was shared with Scottish Government at the end of January.

2.4 Coalition of Care Providers in Scotland (CCPS) regulatory meetings

During 2023 the Care Inspectorate attend meetings with the CCPS regulatory subgroup to discuss topical issues. The CCPS comprises of larger care providers in Scotland and representatives of providers asked a variety of questions. Participating at a forum like this affords the opportunity to develop relationships with the wider adult care sector and provide timeous updates where appropriate. The Executive Director of Scrutiny and Assurance and I have also met with the CCPS Strategic Team and have agreed to arrange two events in March and September 2024 specifically to engage members in our approaches to scrutiny.

2.5 Operation Koper

To date we have received 524 Operation Koper requests, the majority of those requests contained multiple elements for our staff to respond to. 122 responses have been sent back to the Crown Office. A significant resource across various teams continue to respond to these requests.

2.6 Nursing and Midwifery Council (NMC) consultation on Advanced Nurse Practitioners

A Service Manager, Adults has engaged in the Nursing and Midwifery Council's consultation on the regulation of advanced nurse practitioners. During this, we highlighted the need for enhancing the scope of the role beyond traditional thinking to include the social care nursing workforce, making it a tangible career option across the health and social care landscape. As such, we have encouraged the NMC to consider clearer definitions for the role, and urged that independent prescribing is not a sole component of this definition; as we believe this will create a barrier within the independent and third sector services regulated.

2.7 Collaboration with Ireland

We have been working with Department of Health, Ireland, looking at the learning from the development of the Care Inspectorate's Care Homes for Adults - The Design Guide. The Department of Health, Ireland have shared their first draft of the document for us to comment on. We have continued to liaise with them and share our experiences from the consultation phase of the development of the document. We have continued to meet with representatives from the Department of Health, Ireland, and provide feedback to queries about our experiences. We have been learning from each other about the differences in approach to registering care services.

2.8 Strengthening Support to Childminders

The Registration team has reviewed and updated the booklet for childminders, "Registering and running a childminding service: what you need to know". As part of this review, we consulted with SCMA (Scottish Childminding Association), registered childminders, a member of NDNA (National Day Nurseries Association), Early Years Scotland and the wider sector. The booklet aims to simplify the registration process for prospective childminders and provide a better understanding of expectations when registering, and once they are providing a registered service. This will be published in the coming weeks and will also support the Scottish Government's pledge to recruit 1000 additional childminders.

2.9 Scottish Care Reconnection Event – November 2023

On 9 November 2023 Scottish Care's Independent Sector Leads and members of the Care Inspectorate's Quality Improvement teams attended an all-day event in Perth. The purpose of the event was to reconnect, share and explore how we could support each other in our work. Before the event, 47% of respondents felt somewhat or very connected with the other organisation. After the event, this increased to 100%. 100% of respondents felt that they were likely to connect across organisations in future, 94% of those were very likely.

2.10 Care Home Improvement Programme (CHIP)

The Care Inspectorate, supported by the Scottish Social Services Council (SSSC), will support adult care homes in Scotland by delivering a national quality improvement programme. The programme will include four in-person events, each of which will run for one day. Services with an adequate grade at their last inspection will be selected, then reviewed by their Inspector for suitability to participate in the quality improvement programme. These services will be invited to complete a readiness assessment to participate. If selected, services will be allocated a dedicated Quality Improvement Adviser as their point of contact throughout the programme. They will focus on supporting improvements identified in their most recent inspection reports.

The programme is aimed at staff in services who can affect change and who can make time to plan and test changes, to improve outcomes for people who experience care. Participants are expected to undertake their own improvement project throughout the duration of the programme to consolidate their learning and apply skills from learning workshops into practice.

2.11 Early Learning and Childcare (ELC) Improvement Programme

The Early Learning and Childcare Quality Improvement team published their programme evaluation report in December. The [report](#) looked at the impact of the programme and formed the basis for their funding bid for 2024/2025. The programme has received a funding agreement from Scottish Government for 2024/25. In addition, we are working with colleagues from Education Scotland to consider the recommendations made in the report and develop closer working opportunities.

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

Aligned to the Care Inspectorate's Promise workstream 1, the overall aim of this project is to improve how involved and informed children and young people feel in our inspection feedback process. To achieve this, we tested feedback to children and young people post inspection. This involved both face-to-face and video methods of feedback. The project has entered a new stage and by March 2024, it is planned to have developed and implemented a feedback toolkit and procedures that can be used by all Inspectors in the Children and Young People's team.

2.13 Linking webinars with continuous professional learning

Joint work has been undertaken with the SSSC to develop an easy process to link the quality improvement (particularly Health and Social Care team) with the SSSC's My Learning platform. The aim is to encourage staff who require to register with the SSSC to log their continuous professional learning. A process has been put in place where the SSSC will generate a QR code for relevant webinars and we will highlight the QR code at the end of our webinars, to encourage staff to record their learning and reflect on how our webinars might help going forward in their work.

2.14 Equally Safe and National Advisory Council for Women and Girls (NACWG)

Equally Safe is Scotland's Strategy to prevent and eradicate violence against women and girls. The aim of the strategy is to foster collaborative working between partners across society to achieve a Scotland in which women and girls are safe to thrive, fulfilling their potential free from violence and abuse. In December 2023, there was an agreement, to approach the Equally Safe at Work team to enquire about joining the pilot employer accreditation programme. This will support us, as an employer, to improve employment practices and to advance gender equality at work and prevent violence against women.

In conjunction to this, the organisation has successfully signed up to the National Advisory Council for Women and Girls (NACWG) pledge. This pledge demonstrates our commitment to specific actions around gender equality.

2.15 Scottish Child Abuse Inquiry

The Inquiry has announced Phase 9 of its investigations relating to the provision of residential care in establishments for children and young people with long term healthcare needs, additional support needs and disabilities. It is expected that public hearings will commence in spring 2025. In the meantime, Phase 8 (secure accommodation, etc) hearings remain ongoing.

2.16 Covid-19 Inquiries

The Scottish Covid-19 Inquiry commenced hearing evidence in late 2023. The planned resumption of hearings in 2024 has been delayed by the illness of the Inquiry Chair, but it is now anticipated that hearings will recommence on 12 March.

The UK Covid-19 Inquiry has heard evidence in Scotland in January. It is considering the Scottish Government's response to the Pandemic and in doing so, hearing evidence from the Scottish Ministers, from officials and from others. While there has been some limited reference to the Care Inspectorate, it was not invited to give evidence at this stage.

2.17 Quality Conversation Events

Our Quality Conversation Events took place on 23 November (Adults and Older People) and 6 December (ELC and Children and Young People) in Perth. These events brought representatives from across the social care sector together to hear updates from the Care Inspectorate and discuss a number of areas of work relevant to their sectors. The feedback from the events was positive and there was meaningful discussion amongst participants during the events. We are now looking at the frequency and format of future events based on the feedback received.

2.18 Events

As part of our stakeholder engagement activities, Edith Macintosh, Deputy Chief Executive and Executive Director for Strategy and Improvement, and Craig Morris, Head of Quality Improvement and Participation, spoke at Mackay Hannah's 10th Annual Care of Older People in Scotland' Conference on the topics of regulating for better care and scrutiny driven improvement.

I spoke at a Keeping The Promise: Next Steps Digital Conference in January, which was organised by Holyrood Insight, on keeping The Promise through strong multi-agency working alongside The Promise colleagues and representatives from across the sector. I also attended The Promise's Stories of Change conference where we shared an update on our progress towards keeping The Promise.

3.0 WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM ENGAGEMENT

3.1 Modern Day Slavery

Training and guidance for staff in managing instances of modern-day slavery has been developed. The Service Manager, Complaints held a development session to launch these with the Contact Centre, Complaints team and Complaints Business Support to ensure we address issues at first contact with people. It is planned to roll this out to all staff as new training.

3.2 Enforcement Training

We have delivered enforcement training for all Inspectors and Managers across Scrutiny and Assurance and are now reviewing the enforcement training with a group of Scrutiny and Assurance Managers to develop new learning based on the practical application and learning from a recent Enforcement Audit.

3.3 Pulse Staff Survey

In November 2023, the Strategic Management Group and Partnership Forum approved an updated version of the staff survey action plan. Revisions to the action plan were based on the priority improvement areas identified through the pulse survey conducted in May 2023, as well as feedback from teams across the organisation. The updated action plan was published in November 2023 and is focussed at an organisational level with shared ownership for delivery. The next full staff survey is scheduled for delivery in late 2024.

4.0 RESOURCES

4.1 Pay Award

We submitted a proposal for a pay remit to Finance Pay Policy at the Scottish Government in December. They have confirmed this is in line with pay strategy and have presented it to Sponsor for consideration.

5.0 ORGANISATIONAL TRANSFORMATION

5.1 Stage 2 Digital Transformation

The Stage 2 Digital Project continues to progress through its mobilisation phase. In the latter part of 2023, we on-boarded new project members along with our new delivery partner. The focus over the last period has been ensuring we develop our plan outlining the key deliverables over the four financial years we are delivering the project over. We have also been standing up the project governance structure in parallel. Ensuring this governance structure meets the needs of the project, we have undertaken an internal audit which will report to Audit and Risk Committee in March. The focus in the period ahead is procuring our Service Design / Data and Architecture partner along with our service design work beginning.



Title:	MONITORING OUR PERFORMANCE 2023/24 – QUARTER 3 REPORT		
Authors:	<i>Ingrid Gilray, Intelligence and Analysis Manager Al Scougal, Senior Intelligence Analyst Kaisha Wallace, Intelligence Researcher</i>		
Responsible Officer:	n/a		
Responsible Director:	Gordon Mackie, Executive Director of IT, Transformation and Digital		
Appendices:	1.	Key Outcome Indicators (KOIs) and Scrutiny & Assurance activities	
	2.	Technical notes	
Consultation:	N/A		
Resource Implications:	None		

EXECUTIVE SUMMARY

This report presents the Q3 2023/24 summary report on our performance and focusses on performance against the organisation's KPIs.

Of the 8 Key Performance Indicators (KPIs) detailed in the Corporate Plan 2022-25, at the end of Q3 2023/24:

7 met or exceeded target

1 did not meet the target

This report provides a statistical account of performance against our KPIs and KOIs noting any remedial action where performance is below target. A broader account of our work in support of our strategic objectives is set out in the Chief Executive's report.

The Board is invited to:

1. Discuss and note the report.

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

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> 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:

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 2023/24 - QUARTER 3 REPORT**1.0 INTRODUCTION / BACKGROUND****Structure of this report**

This report sets out our performance against our agreed performance measures, under each of the four strategic outcomes in our Corporate Plan 2022-25.

Further information on the work we have undertaken to deliver our strategic outcomes can be found in the Chief Executive's report to the Board.

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

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

Types of performance measure

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

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

Summary of performance

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

Strategic outcome: High-quality care for all	Strategic outcome: Improving outcomes for all	Strategic outcome: Our people are skilled, confident and well supported to carry out their roles
KPI-1: % of people telling us that our scrutiny will improve care 99.1%	KPI-4: % of people telling us that our quality improvement support will improve care 97.4%	KPI-5: % staff completing core learning 64.2%
KPI-2: % scrutiny hours spent in high and medium risk services 72.6%		KPI-6: % staff absence 4.8%
KPI-3: % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) 87.1%		KPI-7: % staff turnover 9.6%
		KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work 37.1 days
Colour code: Target achieved	Slightly below target	Significantly below target

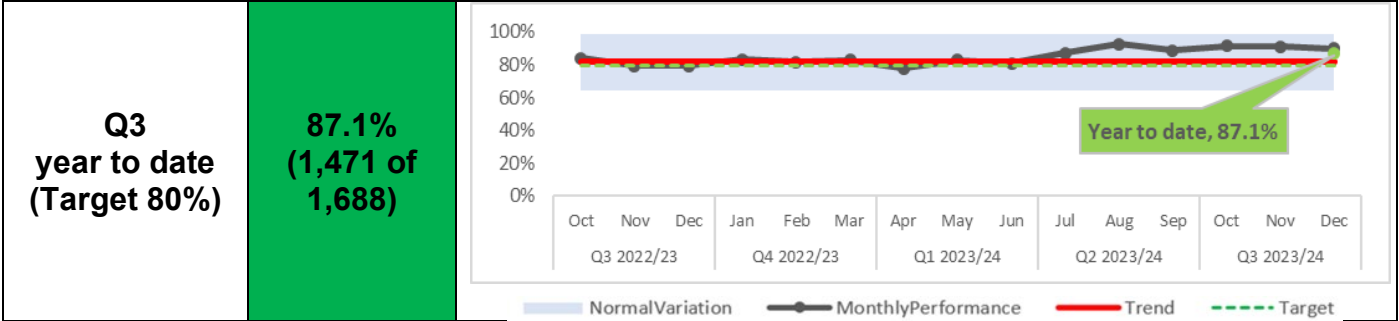
2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 DECEMBER 2023

Strategic outcome: High-quality care for all

KPI-1: % of people telling us that our scrutiny will improve care		Ex Dir. Scrutiny & Assurance
<p>Q3 year to date (Target 90%)</p>	<p>99.1% (111 responses)</p>	
<p><i>KPI/KOI links:</i> KPI-4</p>		
<p>Analysis:</p> <ul style="list-style-type: none"> Target met. 99.1% of respondents agreed our scrutiny will improve care in 2023-24. Responses remain low. For inspection feedback; work to progress an online inspection feedback survey has continued to be impacted by resource constraints. <p>Actions:</p> <ul style="list-style-type: none"> Increase response rates: inspection staff have been reminded to give out surveys to people who use care services, relatives and visitors whilst on the inspection visit. Deliver online inspection feedback surveys. Work to progress an online inspection feedback survey for managers has continued to be impacted by resource constraints. In the interim, we are exploring an alternative online approach. 		

KPI-2: % scrutiny hours spent in high and medium risk services		Ex Dir. Scrutiny & Assurance
<p>Q3 year to date (Target 60-80%)</p>	<p>72.6% (118,924 of 163,711 hours)</p>	
<p><i>KPI/KOI links:</i> KOI-1, KOI-3</p>		
<p>Analysis:</p> <ul style="list-style-type: none"> Performance remains within target range and normal limits. We usually spend a higher proportion of time in high-risk services at the start of the year as these are prioritised for inspection first. <p>Actions:</p> <ul style="list-style-type: none"> We will continue to deliver our scrutiny plan and monitor our performance. 		

KPI-3: % of complaints about care resolved within relevant timescales	Ex Dir. Scrutiny & Assurance
--	---



<i>KPI/KOI links</i>	KPI-2, KPI-6
----------------------	--------------

Analysis:

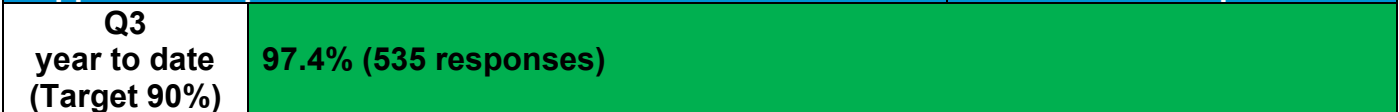
- At the end of Q3, performance was above target and within normal limits, maintaining the improvement observed in Q2 this year.

Actions:

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

Strategic outcome: Improving outcomes for all

KPI-4: % of people telling us that our quality improvement support will improve care	Ex Dir. Strategy & Improvement
---	---



<i>KPI/KOI links:</i>	KPI-1
-----------------------	-------

Analysis:

- Year to date performance is above target of 90%, based on responses from those who have recently undergone some quality improvement support input.

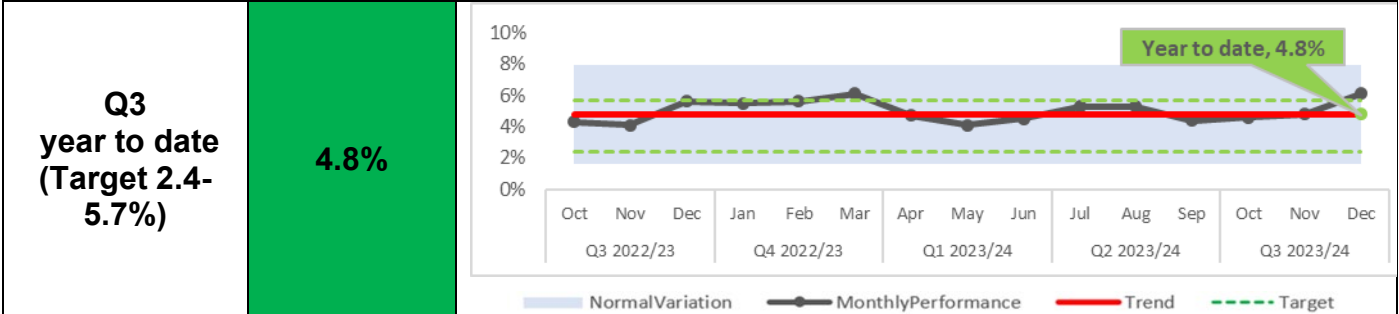
Actions:

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

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

KPI-5: % staff completing core learning		Ex Dir. Strategy & Improvement
Q3 year to date (Target 95%)	64.2%	
<i>KPI/KOI links:</i>	KPI-6	
<p>Analysis:</p> <ul style="list-style-type: none"> • Performance is below target at 64%. • Performance for Q3 is not comparable to performance last year. This is because we now include Health and Safety along with other core training. In addition, we have refocussed core learning on training mandated by legislation or regulation. • Performance dropped from Q2 for most types of core learning: Equalities went down from 99% to 91%, Cyber Security down from 94% to 82%, Data Protection down from 86% to 81%. Health and Safety training increased from 84% in Q2 to 88% in Q3. • High performance against our other KPIs, as well as ongoing high priority work such as Operation Koper and national Covid-19 inquiries, and Christmas leave has impacted capacity to complete all core learning. • Although each type of core learning had a compliance rate of 80% or higher, because our measure only includes staff who have completed all of the core learning, then the lower compliance rate for Cyber Security and Data Protection brings down our overall performance. <p>Actions:</p> <ul style="list-style-type: none"> • Spotlight on core learning topics through the regular OWD update email to all staff • As part of the Q3 stakeholder meetings, OWD provided managers with compliance reports for each business area and requested support from line managers to drive compliance. • Manager dashboards will launch in Q4 to enable managers to monitor compliance across their teams and provide the necessary support required for staff to complete core learning. • Performance dashboard is shared with Heads of Service and Executive Directors to highlight compliance rates and areas of focus to support improved compliance. • Use of targeted emails to staff who are non-compliant. 		

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



KPI/KOI links: KPI-2, KPI-3, KPI-5, KPI-7

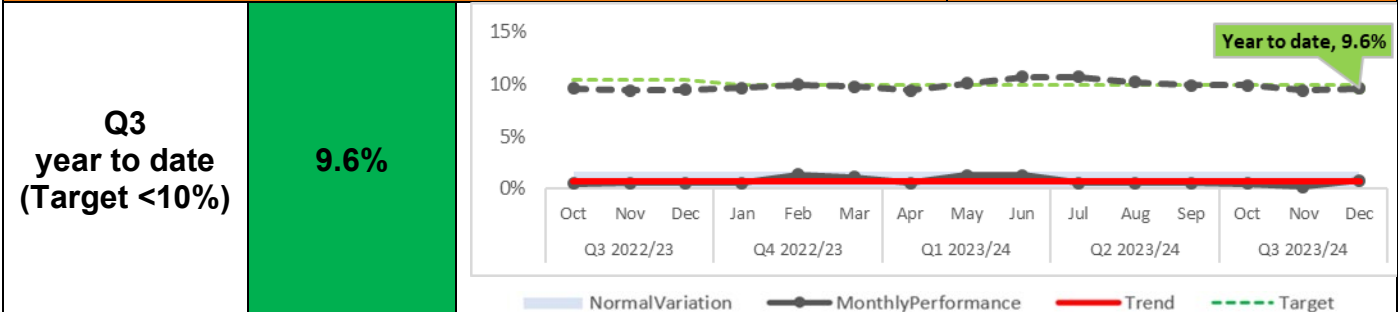
Analysis:

- Performance remained within the target range.
- Compared to Q2 2023-24, overall absence increased from 4.7% with long term absence increasing, and mid-term absence and short term absence decreasing.
- Staff absence increased in December to above the upper limit of the range, and this may increase further as, due to an earlier payroll deadline for Christmas holidays, some December absence will not be finalised until the January payroll is run in February.

Actions:

- We are actively promoting staff health and wellbeing and supporting managers to manage absence effectively.

KPI-7: % staff turnover (monthly and rolling) **Ex Dir. Corporate and Customer Services**



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

Analysis:

- Staff turnover met target and was within normal limits.
- During Q3 23/24 alone, 9 staff left the organisation; one retired and eight left voluntarily.
- Note that because our measure is a 12-month rolling average, the higher numbers of staff leaving in both Q4 22/23 and Q1 23/24 will continue to affect our overall performance for this measure.

Actions:

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

KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work		Ex Dir. Strategy & Improvement
Q3 year to date (Target 30 days per month)	37.1 days	
<i>KPI/KOI links:</i>	N/A	
<p>Analysis:</p> <ul style="list-style-type: none"> • Year to date performance is above target of 30 days per month, although lower than Q3 last year (40.5 days per month). • During Q3 alone, inspection volunteers were involved in inspection activity on 63.5 days and other involvement activities on 38 days. The inspection volunteers continue to be involved in a range of work across the Care Inspectorate. During Q3 this included: <ul style="list-style-type: none"> - Working with two external providers to review the content of the care survey questionnaires. - Three inspection volunteers have been involved in a strategic inspection and received positive feedback from the strategic inspection team. - Trialled use of a remote online call with a young person’s service. - Young inspection volunteers have been involved in strategic inspections and produced a video as part of the feedback process. - Newer young inspection volunteers attended a regulatory inspection, and continued to build up their skills and confidence. <p>Actions:</p> <ul style="list-style-type: none"> • Continue to build our on-site inspection activity for 2023/24. 		

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.

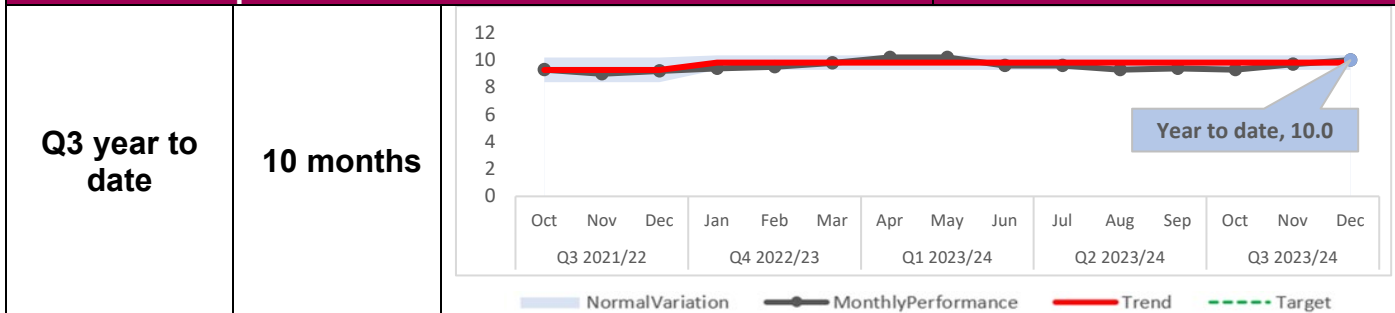
Key Outcome Indicators (KOIs) and Scrutiny and Assurance activities

Strategic outcome: High-quality care for all

KOI-1: % services with good or better grades (across all KQs)		Ex Dir. Scrutiny & Assurance
Q3 year to date	85.3%	
KPI/KOI links:	KPI-2, KOI-3, KOI-4, KOI-5, KOI-6	
Analysis: <ul style="list-style-type: none"> Performance increased to 85.3% of registered services, up slightly from the end of Q2 2023/24. Performance has continued to improve this year after an ongoing gradual drop over recent years. We will continue to monitor this trend closely. There is variation by type of service: adult daycare, childminding and daycare of children are all statistically significantly above the average while care homes for older people, care homes for adults, adoption services, as well as care at home and housing support services are statistically significantly below average. 		
Actions: <ul style="list-style-type: none"> Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches. 		

KOI-2: % of services with good or better grades at first inspection following registration		Ex Dir. Scrutiny & Assurance
Q3 year to date	68.5% (226 of 330)	
KPI/KOI links:	KOI-1	
Analysis: <ul style="list-style-type: none"> Performance remains within the range of expected variation with 68.5% of services having good or better grades at the first inspection following registration. Performance dipped in December 2023, although still within normal variation for this measure. We will continue to monitor this closely. 		
Actions: <ul style="list-style-type: none"> We are continuing a focussed investigation into common themes for newly registered services not graded at least good at first inspection. 		

KOI-3: Average time a service continues to have a grade of less than adequate **Ex Dir. Scrutiny & Assurance**



KPI/KOI links: KPI-2, KOI-1

Analysis:

- Performance has declined from 9.4 months at the end of Q2 to 10 months at the end of Q3, but still remains within range of expected variation. However, this decline is balanced by a drop in the number of services that continued to have a grade of less than adequate; down from 251 services at the end of Q2 to 230 services at the end of Q3. This is 2.3% (previously 2.5%) of all non-cancelled services with grades at the end of Q3.
- Of the 230 services:
 - 32% (74 services) were equal to or above the average of 10 months.
 - 68% (156 services) were below the average of 10 months.
 - 50% were ELC services.
- Inspections continue to be mainly focussed on services where we have concerns, which are likely to have lower grades following inspection. Furthermore, a number of these services have ongoing enforcement action against them. Grades of poorly performing services will not be increased until we are confident there has been an improvement in quality which can be sustained long term – meaning this measure will be slow to improve especially against the backdrop of financial and staffing pressures in the sector.

Actions:

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

KOI-4: % of services with expected grades or better **Ex Dir. Scrutiny & Assurance**

Q3 year to date	96.8% (862 inspections)
KPI/KOI links:	KPI-2, KOI-1, KOI-3

Analysis:

- Performance remained high during Q3 with 96.8% of services getting expected grades or better. The continued high performance in this measure provides assurance that good quality services are not declining while we continue to focus scrutiny on high risk services.

Actions:

- Continue to monitor this measure to ensure performance does not fall.

Scrutiny and assurance activity

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

Registered care services

	Number completed Q3 Year to Date 2022/23	Number completed Q3 Year to Date 2023/24	2023/24 vs 2022/23 year to date % change
Inspections completed	2,909	3,467	19%
Serious concern letters issued	39	39	0%
Improvement notice enforcements	36	27	-25%
Notice to cancel enforcements	4	3	-25%
Total complaints resolved (not inc. concerns logged as intelligence)	1,556	1,688	8%
New registrations completed	314	348	11%
Number of variations completed (not inc. typographical changes)	1,233	1,239	0.5%

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

Strategic Inspections

	Number during Q3 Year to Date 2022/23	Number during Q3 Year to Date 2023/24	2023/24 vs 2022/23 year to date % change
Inspections completed (published)	15	18	20%
Total staff survey responses received	6,954	5,090	-27%
Total people experiencing care engaged with	517	378	-27%
Total number of case files read	1,421	1,004	-29%
Number of serious incident reviews, learning reviews received and learning review notifications received	105	94	N/A*

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

* We have changed our method of calculation this year, therefore the figures are not directly comparable.

Strategic outcome: Improving outcomes for all

KOI-5: % of services with >90% of people telling us they are happy with the quality of care and support they receive		Ex Dir. Scrutiny & Assurance
Q3 year to date	94.1% of services (964 of 1,024 services, based on 12,590 responses in total)	
<i>KPI/KOI links:</i>	KOI-7	
<p>Analysis:</p> <ul style="list-style-type: none"> Up to the end of Q3, 94.1% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive. <p>Actions:</p> <ul style="list-style-type: none"> In Q3 we launched our revised surveys for care homes for adults, and we have received a small number of responses from these which are included in the figures above. These surveys are for people who use services, carers, relatives, staff and other professionals who help to support people in care homes. We expect the number of responses to increase in Q4. 		

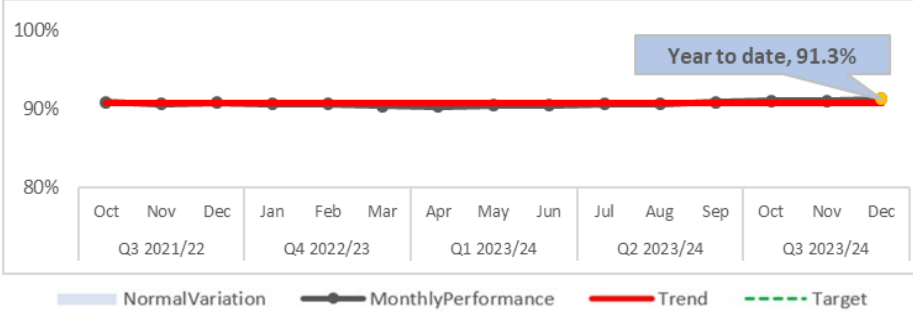
Improvement support and external communications summary year to date

	Number Q3 Year to Date 2022/23	Number Q3 Year to Date 2023/24	2023/24 vs 2022/23 year to date % change
External improvement support events	87	171	97%
Internal improvement support events	6	12	100%
Number of unique services engaged	300	104	-65%
Number of individuals engaged	1,842 (from Q2)	4,859	164%

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

Due to migrating our web analytics reporting to a new provider we do not currently have year to date reporting figures for website and Hub views, and are working with the provider to restore this.

Strategic outcome: Everyone’s rights are respected and realised

KOI-6: % services good or better for ‘How well do we support people’s wellbeing’		Ex Dir. Scrutiny and Assurance
Q3 year to date	91.3%	
KPI/KOI links: KOI-1, KPI-2, KOI-3, KOI-4, KOI-5		
Analysis: <ul style="list-style-type: none"> Performance continued to increase in Q3 after a long period of gradual decline. Similar to KOI-1, we have seen the slight but sustained long term decline in this measure start to reverse so far this year, and we will monitor this closely to establish if this is sustained over time. Actions: <ul style="list-style-type: none"> Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches. 		

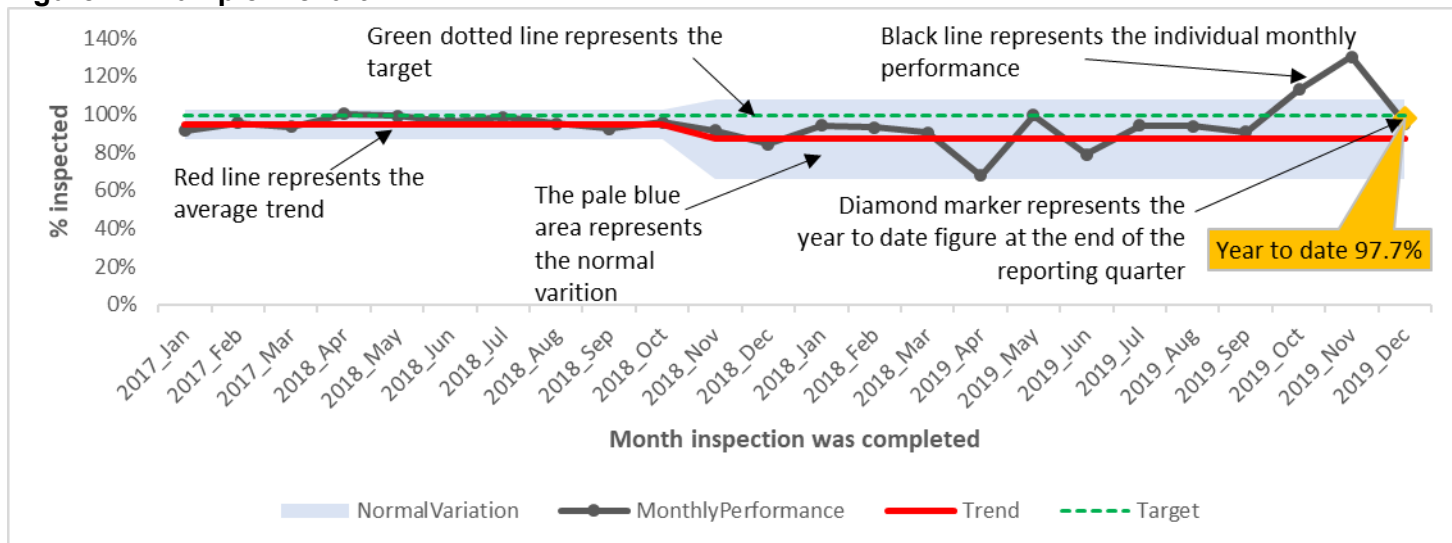
KOI-7: % of services with >90% of people telling us they make decisions about their own care		Ex Dir. Scrutiny and Assurance
Q3 year to date	97.7% (983 of 1,006 services, from 12,269 respondents in total)	
KPI/KOI links:	KOI-5	
Analysis: <ul style="list-style-type: none"> 97.7% of services had 90% or more respondents telling us they make decisions about their own care. Performance remained within normal limits. Actions: <ul style="list-style-type: none"> In Q3 we launched our revised surveys for care homes for adults, and we have received a small number of responses from these which are included in the figures above. These surveys are for people who use services, carers, relatives, staff and other professionals who help to support people in care homes. We expect the number of responses to increase in Q4. 		

Technical Notes

Notes on presentation

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

Figure 1: Example X chart



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

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



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 previously reported to Board in November 2023
	2	Stage 2 Digital Transformation project summary position
Consultation:	N/A	
Resource Implications:	Yes	

EXECUTIVE SUMMARY

This report provides Board with details of the projected 2023/24 financial position and incorporates an update on the staffing position.

The projected financial position on our core budget (excluding Stage 2 Digital Transformation, expenditure funded by specific grant and grant income from the letter of comfort) is a deficit of £1.601m. This is £0.907m lower than the budgeted deficit and a decrease of £1.177m from the position reported in November 2023.

The general reserve balance at 31 March 2023 is £0.846m greater than was anticipated when the 2023/24 budget was set.

The Sponsor has confirmed that the amount we can draw down against the letter of comfort should be matched to our 2023/24 net expenditure requirements. This means we will not be able to carry forward funding from our projected improved financial position to 2024/25 to help with next year's challenging financial position.

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

A summary of the financial position regarding the Stage 2 Digital Transformation project is contained within section 5.0 and Appendix 2 of this report.

The significant risks to the projections in this report are set out in section 6 of this report.

BOARD MEETING 8 FEBRUARY 2024

**Agenda item 10
Report No: B-34-2023/24**

The Board is invited to:	
1.	Consider the projected financial position for 2023/24 and the risks that may affect this position.
2.	Note the movement in projected financial position from that previously reported to the Board (Appendix 1).
3.	Note the financial position on the Stage 2 Digital Transformation project (Section 5 and Appendix 2).

Links:	Corporate Plan Outcome (Number/s)	All	Risk Register (Yes/No)	Yes			
For Noting	<input checked="" type="checkbox"/>	For Discussion	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Decision	<input type="checkbox"/>

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> 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: Not applicable <i>(see Reasons for Exclusion)</i>
Disclosure after: Not applicable

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

FINANCE AND STAFFING UPDATE**1.0 INTRODUCTION**

The Board approved a 2023/24 core revenue budget (excluding the specific grant and Stage 2 Digital Transformation project) with a deficit of £2.508m, to be funded by additional in-year funding of £2.050m identified by the Scottish Government and the balance of £0.458m from the general reserve. The projected financial position as at 31 March 2024 projects a deficit of £0.343m which is £0.115m lower 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**

The core approved budget detailed here excludes the specific grant work streams and Stage 2 Business and Digital Transformation project. Section 2.2 provides a summary of the position on specific grant work streams and section 5.0 provides details of the Stage 2 transformation project budget position.

The Board approved a core 2023/24 budgeted deficit of £2.508m. This deficit is to be funded by additional in-year funding of up to £2.050m identified by the Scottish Government (as confirmed in a Letter of Comfort provided by our Sponsor) and the balance of £0.458m by drawing on our general reserve.

The projected deficit before letter of comfort funding of £1.601m detailed in the table below is an underspend of £0.907m compared to the budgeted deficit of £2.508m.

BOARD MEETING 8 FEBRUARY 2024

Agenda item 10
Report No: B-34-2023/24

Programme Expenditure	Approved Budget	Virements and Adjustments		Revised Budget	Projected Expenditure	Variance
		£m	£m			
Staff costs	36.602	0.000		36.602	35.616	(0.986)
Accommodation costs	1.937	0.350		2.287	2.577	0.290
Administration costs	2.141	(0.011)		2.130	2.047	(0.083)
Travel costs	1.189	0.000		1.189	0.982	(0.207)
Supplies and services	1.921	0.011		1.932	2.287	0.355
Gross Expenditure	43.790	0.350		44.140	43.509	(0.631)
Grant in aid	(28.078)	0.000		(28.078)	(28.078)	0.000
Fee income	(11.900)	0.000		(11.900)	(12.050)	(0.150)
Shared service income	(1.197)	(0.350)		(1.547)	(1.547)	0.000
Other income	(0.107)	0.000		(0.107)	(0.233)	(0.126)
Total Income	(41.282)	(0.350)		(41.632)	(41.908)	(0.276)
Net Expenditure before Letter of Comfort	2.508	0.000		2.508	1.601	(0.907)
Letter of Comfort	(2.050)	0.000		(2.050)	(1.258)	0.792
(Surplus) / Deficit	0.458	0.000		0.458	0.343	(0.115)

We budgeted to end the 2022/23 financial year with a general reserve balance of £0.907m which is £0.482m more than the minimum of our planned range of 1% (£0.425m) to 1.5% (£0.637m) of gross expenditure. The approved Annual Report and Accounts for 2022/23 show an improved general reserve balance compared to the position anticipated when the budget was set. The table below shows the latest projected position:

BOARD MEETING 8 FEBRUARY 2024

Agenda item 10
Report No: B-34-2023/24

	2023/24 Revised Budget £m	Projected Position £m	Variance £m
Opening general reserve balance	3.225	4.071	0.846
2023/24 projected outturns:			
Surplus / (Deficit) - Core	(0.458)	(0.343)	0.115
Surplus / (Deficit) - Stage 2 DT	(1.006)	(0.954)	0.052
Surplus / (Deficit) - Grants	(0.253)	(0.096)	0.157
Projected closing balance		2.678	
Less: prepaid specific grant		(0.265)	
Less: Stage 2 Transformation c/fwd		(1.046)	
Available for general core expenditure		1.367	
Operational reserve target minimum (1.0%)		0.425	
Operational reserve target maximum (1.5%)		0.637	
Variance to target balance minimum (1.0%)		0.942	
Variance to target balance maximum (1.5%)		0.730	

The greater than anticipated general reserve opening balance (per the audited 2022/23 Annual Report and Accounts) is mainly due to additional staff slippage in the last two months of 2022/23, the refit of Compass House, public inquiry legal expenses delayed from 2022/23 to 2023/24 and actual travel costs in the last two months of 2022/23 being lower than projected.

Our Letter of Comfort projected draw down has been set at £1.258m. This provides sufficient funding for our projected financial position and the pay award risk of £0.730m (assessed as very high risk) to leave our projected general reserve balance to be at the maximum of our planned range.

2.2 Specific Grants

A deficit of £0.096m is currently projected on work funded by specific grants. This is an underspend of £0.157m compared to the revised budget deficit (funded by prepaid grant held in the general reserve). Discussions will require to be held with the Scottish Government funding providers regarding the treatment of projected grant underspends in 2023/24 and prepaid grant.

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

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

3.0 STAFFING UPDATE

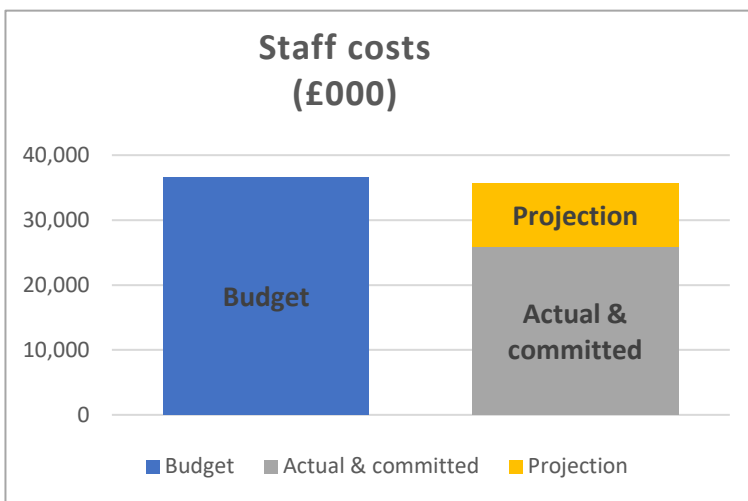
3.1 Establishment Changes

The following additions to the permanent establishment have been approved since the budget was set:

Post	FTE	Annual Cost (£m)
Service Manager (Children & Young People)	0.5	£0.043
Service Manager (Registration)	0.5	£0.043
Solicitor (Legal)	0.2	£0.011
Senior Project Delivery Manager (Digital Transformation)	1.0	£0.075
Senior Developer (Digital Transformation)	1.0	£0.063
Senior Business Analyst (Digital Transformation)	1.0	£0.065
Systems Analyst (Digital Transformation)	1.0	£0.058
UI / UX Analyst (Digital Transformation)	1.0	£0.056
Lead Tester (Digital Transformation)	1.0	£0.064
Tester (Digital Transformation)	1.0	£0.054
Project Manager Officer (Digital Transformation)	1.0	£0.047
IT Security and Compliance Officer (IT)	1.0	£0.047

4.0 BUDGET VARIANCES (CORE PROGRAMME ONLY)

4.1 Staff Costs – projected underspend of £0.986m



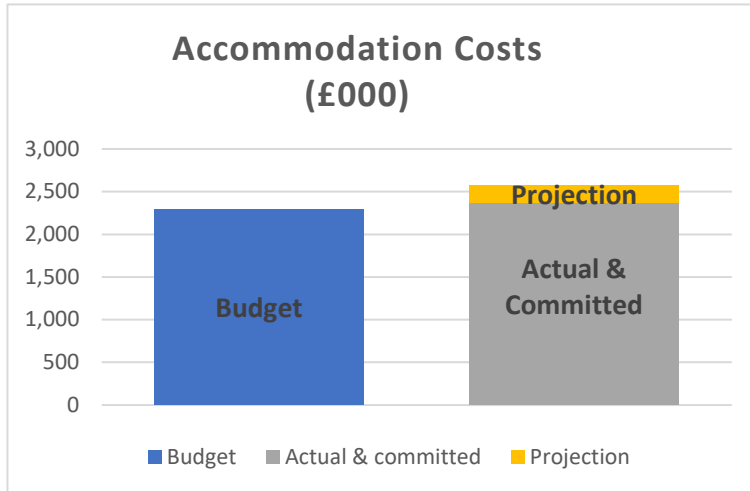
BOARD MEETING 8 FEBRUARY 2024**Agenda item 10
Report No: B-34-2023/24**

The main areas of variance are:

- The securing of additional grant funding for the CAPA programme with effect from 1 July 2023 has led to a £0.056m underspend within core Improvement Support.
- The use of technology to support hybrid meetings has resulted in a decrease in time required to travel for meetings. This has resulted in a projected underspend of £0.020m in Board fees.
- Greater than budgeted slippage of £1.012m, particularly within the Corporate and Customer Services Directorate.
- A reduction of £0.300m for anticipated project work not required this financial year.
- A reduction of £0.069m due to an increase in core staff supporting the Safe Staffing programme, whose costs are funded by the programme.
- Resource shortages and other organisational priorities has meant that some planned training and development activities are unable to be filled this year. An underspend of £0.170m is projected. Where possible these activities will be completed in 2024/25.

These underspends totalling £1.627m are partially offset by the following projected overspends:

- The 2022/23 pay award was greater than budgeted resulting in a projected increase of £0.113m in staff costs. The current pay projection is based on the 2023/24 pay award budget assumptions. The 2023/24 pay remit we have submitted to Scottish Government exceeds the budgeted position. This is reflected in Section 6 Risks to Financial Projections.
- A temporary ELC Service Manager, agreed to 31 March 2024 at a projected cost of £0.089m.
- Additional costs of £0.130m are projected due to the extension of temporary posts within Strategy and Improvement. The additional cost of these is largely offset by other staff cost underspends within the Strategy and Improvement Directorate.
- A projected overspend of £0.099m in IT staff costs, largely associated with difficulty in recruiting to Developer roles where more expensive interim agency staff have had to be used.
- Agency assignment fees of £0.034m for the recruitment of IT posts (Software Developers, Senior Developer and Digital Apps Development Manager).
- The creation of a Security and Compliance Officer post at a projected cost of £0.034m, including the extended temporary position.
- Backfill for staff on secondment of £0.101m which is offset in full by a corresponding increase in income.
- ELC expansion staff costs of £0.041m not supported by grant funding.

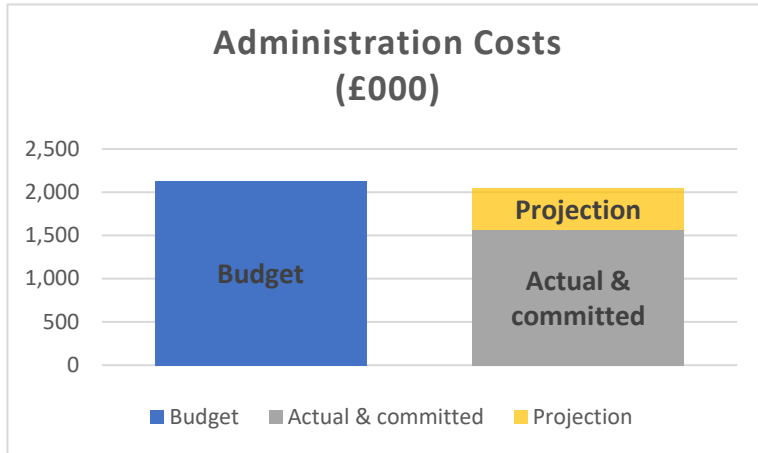
4.2 Accommodation costs – projected overspend of £0.290m

Our plans for the use of Compass House have changed significantly to accommodate additional sharing opportunities with other public sector organisations. At the time the budget was set we planned to occupy significantly more space than we now will occupy, and it was intended the refit work would be largely completed in 2022/23 (the delayed costs for this contribute to the increased opening general reserve balance). The changed plan has delayed the start of the refit work and increased the cost as we will have to make more changes to make the smaller space work for us. We will make additional recurring savings from 2024/25 because of occupying the reduced space.

The main reason for the overspend is the refit of Compass House, projected to cost of £0.450m in total and with some £0.420m of this associated with building related works. The balance of £0.030m relates to furniture and equipment and is accounted for under section 4.5. Other costs may arise through changes to other offices.

This projected overspend is partially offset by reductions in running costs including: a decrease of £0.065m in cleaning costs, largely due to savings from a new contract; a £0.020m decrease in service charges and a £0.045m reduction to the contingency set aside for unexpected costs arising across the estate.

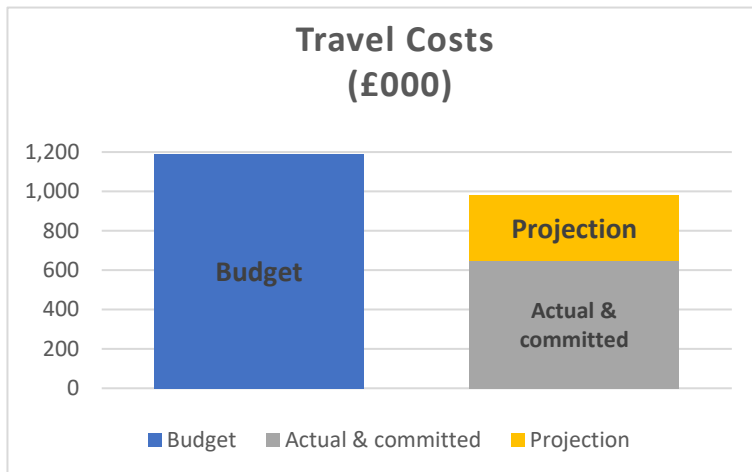
4.3 Administration Costs – projected underspend of £0.083m



An underspend totalling £0.101m is projected across printing, stationery, courier, postages, advertising and other administration costs as spend has not returned to pre-pandemic levels.

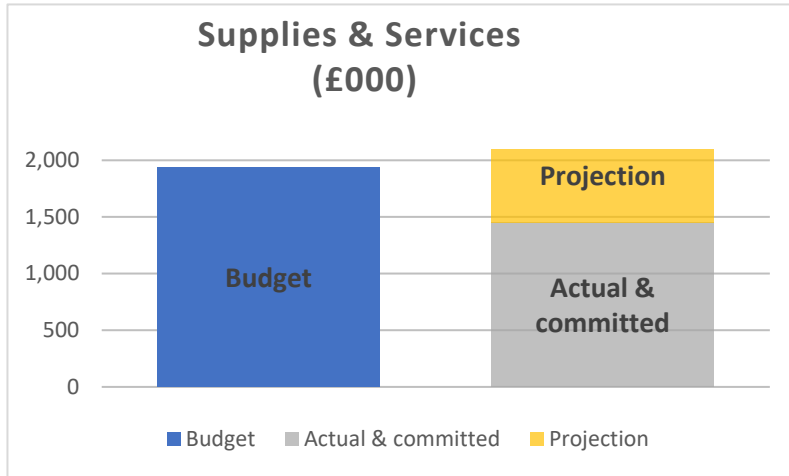
This underspend is partially offset by minor overspends totalling £0.018m in telephone costs, professional fees and subscription costs.

4.4 Travel Costs – projected underspend of £0.207m



The identified risk that travel and subsistence would not return to pre-pandemic levels has been realised and an underspend of £0.207m is projected. It is possible that further savings will be identified during the latter part of the financial year.

4.5 Supplies and Services – projected overspend of £0.355m



An overspend of £0.343m is projected within IT costs. The planned roll-out of replacement IT kit to support delivery of our inspection plan has been accelerated with additional spend of £0.400m projected. This is partly offset by £0.057m savings from other projects not required this financial year.

Additional expenditure of £0.031m is being incurred on furniture as part of the wider Compass House reconfiguration works (as noted in section 4.2).

These overspends are partially offset by a projected underspend of £0.019m within venue hire and hospitality.

4.6 Funding and Income – projected income increased by £0.276m

Core grant in aid is currently projected to be as budgeted. We are projecting the additional funding required through the Scottish Government’s letter of comfort (authority for up to £2.050m) to be £1.258m.

A review of the continuation and registration fee income has been undertaken with the results projecting additional income of £0.150m.

Other income is projected to be £0.126m more than budgeted, due to income from staff on secondment to other organisations and joint inspection travel recharges.

5.0 STAGE 2 DIGITAL TRANSFORMATION

The Stage 2 Digital Transformation budget has been reprofiled to reflect delays in receiving formal approval of the £8.6m funding and key recruitments taking longer than expected. As reflected in our formal letter, the project will now be delivered over four financial years rather than the three financial years as stated within the original business case.

BOARD MEETING 8 FEBRUARY 2024

Agenda item 10
Report No: B-34-2023/24

The impact of the delays on project expenditure for the full period of the project is shown in the table below. Appendix 2 provides detail of the revised profiled budget to 31 December 2023 and the revised annual budget for 2023/24.

Stage 2 Project Expenditure	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m	TOTAL £m
As per business case	2.746	4.287	1.593	0	8.626
Revised profile	1.006	3.530	3.395	0.695	8.626
Variance	(1.740)	(0.757)	1.802	0.695	0

Stage 2 project expenditure is monitored over the three areas shown below:

1. Support costs (recurring) – costs associated with supporting existing applications and new applications as these come on stream as part of the transformation work.
2. Licensing costs (recurring) – cost of software and service licenses procured to support new digital applications.
3. Transformation costs (non-recurring) – costs of work to analyse and develop new business processes and to develop and implement the new digital platform and applications to support these processes.

1 and 2 above are recurring costs that will require a funding commitment beyond the life of stage 2 of the transformation project and were outlined as recurring costs beyond the lifetime of the business case agreed with the Scottish Government. We have submitted revised project grant and recurring grant in aid cash flow profiles to the Sponsor.

Transformation costs will not continue beyond the end of the project period and are not affected by the revised project timeframe. The monitoring position is summarised below:

	2023/24 Projected Expenditure £m	Stage 2 Project Funding £m	%age Funding Utilised
Support Costs	0.513	1.429	35.9%
Licensing Costs	0.000	0.740	0.0%
Transformation Costs	0.441	6.457	6.8%
Project Total	0.954	8.626	11.1%

The Executive Director of IT and Digital Transformation has confirmed that expenditure is in line with expectations at this stage of project delivery.

There has been a net increase in projected support cost expenditure of £0.029m compared to the position previously reported to Board. This is due to additional projected costs for training and professional fees, offset by staff cost slippage.

Projected transformation expenditure has increased by £0.005m compared to the position previously reported to Board, largely due to movements in expected start dates of both directly employed staff and external contractors.

Appendix 2 also provides detail of Stage 2 Project actual and forecast expenditure against budget for 2023/24 and a summary of the financial position for the whole project period.

6.0 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. It is likely further slippage will materialise as the year progresses and we curtail filling vacant posts as we move towards the challenging 2024/25 budget position.	Not quantified	High
	The ongoing cost of living crisis continues to put pressure on pay award settlements across the public sector. As with 2022/23, challenging pay negotiations for 2023/24 are anticipated. We are considering the two year pay offer accepted by SG staff and how this could be applied to the Care Inspectorate.	Current projections could be understated by £0.730m.	Very High

BOARD MEETING 8 FEBRUARY 2024

Agenda item 10
Report No: B-34-2023/24

Accommodation Costs	<p>As we implement our Estates Strategy that incorporates the impact of hybrid working, we are changing the number, size and configuration of our offices. Projections are based on likely scenarios and cost estimates based on these scenarios. Staff consultation and the development of firm plans and costs is continuing.</p> <p>We received a cash incentive as part of our lease agreement for Compass House. It's highly likely the rent payable will be less than the depreciation and interest charge we have to account for under IFRS 16. This is purely due to timing differences in cash payments and accounting for depreciation and interest charges, which even out over the term of the leases.</p>	<p>Current projection may be up to £0.100m understated.</p> <p>Current estimates indicate a credit to the expenditure account of approximately £0.180m</p>	<p>Low</p> <p>High</p>
Administration costs – legal fees	<p>The approved budget provides an allowance for costs associated with the Scottish Covid-19 Inquiry and Historical Child Abuse Inquiry. Our role in these inquiries and the UK Covid-19 Inquiry and Operation Koper will involve additional legal fees for instructing Counsel. The costs of these are uncertain but it is possible they will exceed the £0.200m available.</p>	<p>Projected costs could be understated by up to £0.030m.</p>	<p>Low</p>

BOARD MEETING 8 FEBRUARY 2024

Agenda item 10
Report No: B-34-2023/24

Travel costs	We previously projected that costs would return to pre-pandemic levels for the remainder of the financial year which we are not experiencing. Projected spend has decreased, however, it's possible further savings will be identified.	Projection could be overstated by up to £0.050m.	Medium
Supplies and services – ICT costs	Plans to accelerate IT kit replacement are projected to be £0.400m. This is based on the supplier being able to deliver the goods by 31 March 2024. It's possible we may not be able to secure part or all of the anticipated requirement.	Projections could be overstated by as much as £0.400m	Medium
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 £0.100m understated to £0.050m overstated.	Medium

7.0 IMPLICATIONS AND / OR DIRECT BENEFITS**7.1 Resources**

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

7.2 Sustainability

There are no direct sustainability implications arising from this report.

7.3 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

BOARD MEETING 8 FEBRUARY 2024**Agenda item 10****Report No: B-34-2023/24**

resources available are directed in accordance with corporate plans and objectives, with the ultimate aim of bringing benefits to people who experience care.

7.4 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.

8.0 CONCLUSION

An underspend of £0.907m against the 2023/24 budget is currently projected. This underspend is largely due to vacancy slippage, savings in training and development, travel and subsistence not returning to pre pandemic levels and an increase in fee income due to changes in the profile of registered care services.

The Stage 2 Digital Transformation budget has been reprofiled to reflect delays in receiving formal funding approval and key recruitments taking longer than expected. The work will now be phased over four financial years. Total cost of Stage 2 is expected to remain within the £8.6m put forward in the business case.

The risks to this projected position are set out in section 6.0 of this report. Taking a balanced view of these risks at this stage in the financial year it is more probable the projected underspend will decrease between now and the end of the financial year mainly due to the pay award risk.

We will continue to work with our Sponsor department on monitoring and optimising our financial position.

Movement in Projected Net Expenditure from the Position Reported to the Board in November 2023 (based on ledger to 30 September 2023)

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	(1.055)	<ul style="list-style-type: none"> • Projected staff cost slippage has been £0.541m greater than previously projected, particularly within Corporate and Customer and Scrutiny and Assurance Directorates. • A reduction of £0.300m for anticipated project work not required this financial year. • A decrease of £0.069m due to an increase in staff supporting the Safe Staffing programme whose costs are funded by the programme. • Resource shortages and other organisational priorities has meant that some planned training and development activities are unable to be filled this year, resulting in a decrease of £0.170m in projected spend. Where possible these activities will be completed in 2024/25. • A projected decrease of £0.016m in other staff costs. • These underspends are partially offset by a projected increase of £0.041m due to a shortfall in funding for the ELC expansion programme.
Accommodation costs	(0.030)	<ul style="list-style-type: none"> • A reduction of £0.030m within accommodation to offset the cost of furniture and equipment required for the Compass House reconfiguration works (see supplies and services costs below).
Administration costs	(0.092)	<ul style="list-style-type: none"> • Decreases in printing, stationery, postages, advertising and telephone costs totalling £0.062m. • Professional fees have decreased by £0.027m from previous projections. • A small decrease in other administration costs totalling £0.003m.
Travel and subsistence	(0.207)	<ul style="list-style-type: none"> • The identified risk that travel and subsistence would not return to pre-pandemic levels has been realised and an underspend of £0.207m is projected. It is possible that further savings will be identified during the latter part of the financial year.

Budget Area	Increase/ (Decrease) £m	Main Reasons
Supplies and services costs	0.362	<ul style="list-style-type: none"> The planned roll-out of replacement IT kit to support delivery of our inspection plan has been brought forward. Additional spend is projected to be £0.400m. A projected increase of £0.030m in furniture and equipment required for the Compass House building works as noted in Accommodation Costs. <p>These decreases are partially offset by:</p> <ul style="list-style-type: none"> Anticipated expenditure to support development required for the proposed new finance system Scottish Government is intruding is not required this financial year, with a decrease in projected spend of £0.046m. Savings of £0.022m in hospitality, venue hire and storage are expected this financial year.
Fee income	(0.150)	<ul style="list-style-type: none"> A review of the continuation and registration fee income has been undertaken with the results projecting additional income of £0.150m.
Other income	(0.005)	<ul style="list-style-type: none"> Additional income from VAT recovery of £0.005m is projected.
Grant income	0.792	<ul style="list-style-type: none"> Our Letter of Comfort projected draw down has been set at £1.258m which is £0.792m less than the budgeted position. This provides sufficient funding for our projected financial position and the pay award risk of £0.730m (assessed as very high risk) to leave our projected general reserve balance to be at the maximum of our planned range.
Total	(0.385)	(Increase) / Decrease in general reserve position

BUSINESS AND DIGITAL TRANSFORMATION

BUDGETED ADJUSTMENTS TO SUBMITTED BUSINESS CASE

	23/24 Budgeted spend per Submitted Business Case £000	Revisions £000	23/24 Revised Annual Budget £000	Profiled Budget to 31 Dec 2023 per submitted business case £000	Revisions £000	Revised Budget Profile to 31 Dec 2023 £000
Pre Mobilisation:						
Professional Services	139.7	(139.7)	0.0	139.8	(139.8)	0.0
Development:						
Staff costs	0.0	0.0	0.0	0.0	0.0	0.0
Agency & Contractors	336.4	(336.4)	0.0	168.2	(168.2)	0.0
Professional Services	326.3	(326.1)	0.2	126.8	(126.8)	0.0
Business Transformation:						
Staff costs	491.7	(352.2)	139.5	320.1	(293.1)	27.0
Agency & Contractors	423.5	(241.8)	181.7	311.5	(299.1)	12.4
Professional Services	128.0	(74.0)	54.0	93.1	(58.4)	34.7
Licences	115.8	(115.8)	0.0	53.6	(53.6)	0.0
Stage 1 Support Staff	559.5	0.0	559.5	419.6	0.0	419.6
TOTAL	2,520.9	(1,586.0)	934.9	1,632.7	(1,139.0)	493.7
Contingency	225.1	(153.6)	71.5	41.1	(32.3)	8.8
TOTAL POTENTIAL EXPENDITURE	2,746.0	(1,739.6)	1,006.4	1,673.8	(1,171.3)	502.5

2023/24 BUDGET AND PROJECTIONS

	BUDGET PROFILE			2023/24 ANNUAL PROJECTION		
	Revised Budget Profile to 31 Dec 2023 £000	Actual & Committed Expenditure to 31 Dec 23 £000	Variance to Profiled Budget £000	23/24 Revised Annual Budget £000	Projected Expenditure as at 31 March 2024 £000	Projected Annual Variance £000
Transformation Costs:						
Staff costs	27.0	30.7	3.7	139.5	107.9	(31.6)
Agency & Contractors	12.4	0.0	(12.4)	181.7	123.1	(58.6)
Professional Services	34.7	203.3	168.6	54.2	208.4	154.2
Licences	0.0	0.0	0.0	0.0	0.0	0.0
Other costs	0.0	0.6	0.6	0.0	1.5	1.5
Total Transformation Costs	74.1	234.6	160.5	375.4	440.9	65.5
Stage 1 Support Costs:						
Support Staff costs	419.6	296.0	(123.6)	559.5	433.2	(126.3)
Professional Services	0.0	24.9	24.9	0.0	53.7	53.7
Other costs	0.0	14.1	14.1	0.0	26.0	26.0
Total Support Costs	419.6	335.0	(84.6)	559.5	512.9	(46.6)
TOTAL EXPENDITURE	493.7	569.6	75.9	934.9	953.8	18.9
FUNDING AVAILABLE:						
General Reserve	(493.7)	(569.6)	(75.9)	(934.9)	(953.8)	(18.9)
SG in-year additional grant	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL FUNDING	(493.7)	(569.6)	(75.9)	(934.9)	(953.8)	(18.9)
NET EXPENDITURE	0.0	0.0	0.0	0.0	0.0	(0.0)

PROJECT SUMMARY 2023/24 TO 2026/27

	PROJECT POSITION				
	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000	Total £000
Original Funding Profile					
General reserve	(2,000.0)	0.0	0.0	0.0	(2,000.0)
SG Grant	(746.0)	(4,287.0)	(1,593.0)	0.0	(6,626.0)
Total Original Funding profile	(2,746.0)	(4,287.0)	(1,593.0)	0.0	(8,626.0)
Revised Funding Profile					
General reserve	(953.8)	(1,046.2)	0.0	0.0	(2,000.0)
SG Grant	0.0	(2,536.0)	(3,395.0)	(695.0)	(6,626.0)
Total Revised Funding profile	(953.8)	(3,582.2)	(3,395.0)	(695.0)	(8,626.0)
Projected Expenditure	953.8	3,582.2	3,395.0	695.0	8,626.0
FUNDING REMAINING	0.0	0.0	0.0	0.0	0.0



Title:	AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD		
Author:	Bill Maxwell, Committee Convener		
Responsible Director:	Not Applicable		
Appendices:	1.	Audit and Risk Committee quarterly report	
	2.	Draft Minutes of Audit and Risk Committee of 14 December 2023	
Consultation:	Not Applicable		
Resource Implications:	No		

EXECUTIVE SUMMARY

This report is the Convener’s quarterly update to the Board, following the meeting of the Audit and Risk Committee of 14 December 2023, summarising the business undertaken by the Committee at that meeting and any matters being referred to the Board for consideration and decision. A copy of the full draft minutes of that meeting is also provided for reference.

The Board is invited to:

- Note the contents of the Audit and Risk Committee Convener’s quarterly report to the Board and the draft minutes.

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

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Reason: Not Applicable.

BOARD MEETING 8 FEBRUARY 2024

Agenda item 11
Report No: B-35-2023/24

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: <i>(see Reasons for Exclusion)</i> Not applicable – this is a public Board report.
Disclosure after: Not applicable

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

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

A meeting of the Audit and Risk Committee was held on 14 December 2023.

Key issues discussed at the meeting included:

- | |
|--|
| <ul style="list-style-type: none"> • The Committee received and discussed three very positive internal audit reports, which covered Financial Sustainability, Debtors/Income and Enforcement Action. • With regard to the audit of Financial Sustainability, the Committee was pleased to note that all five of the internal audit objectives had provided an overall assurance of “good”, with no weaknesses identified from the fieldwork undertaken and no recommendations arising from the review. • In respect of the Debtors/Income audit, only one recommendation was made and this has a planned completion date of the end of February 2024. • During the discussions on the internal audit report of Enforcement Action, the Committee agreed to the provision of an annual report on Enforcement Activity, and the first of which will be submitted to the meeting on 30 May 2024. • As part of the quarterly monitoring of progress of the outstanding internal audit recommendations, the Committee agreed to revise two of the implementation dates in respect of actions arising from the review of Scrutiny and Assurance and Business Continuity. • The Committee received and discussed a draft terms of reference for a new Digital Assurance and Advisory Group for Stage 2 of the digital project, to be established for a period of 36 months. Subject to some minor modifications, the Committee agreed to the timespan of the group and that the terms of reference be submitted to the Board Chair for approval. • The Committee receives regular update reports on the digital project and these now take the form of two separate reports for each of the stages, with the first one for Stage 2 having been submitted and discussed at the December meeting. • Proposals to add two new risks to the Strategic Risk Register were approved by the Committee. These relate to Capacity Diverted to Inquiries and Operation Koper and also Modern Day Slavery. |
|--|

Issues referred for discussion/decision by the Board
--

The Board is invited to:

- | |
|--|
| <ul style="list-style-type: none"> • Note that the Committee will receive an annual report on Enforcement Activity at the first meeting of each new committee cycle. • Note that the Strategic Risk Register will be updated to include two new risks and that there will be further discussion as part of the Board’s annual review of the Strategic Risk Register, the date for which will be advised in due course. |
|--|

Bill Maxwell, Convener – 14 December 2023



Title:	EQUALITY DUTY REPORTING: ANNUAL EQUALITIES REPORT
Author:	Jacqui Duncan, Equalities Professional Adviser
Responsible Director:	Edith Macintosh, Executive Director, Strategy and Improvement
Appendices:	<ol style="list-style-type: none"> 1. Equality, Diversity and Inclusion Action Plan 2023/2024 2. Key Messages for Equality Duty Reporting: Annual Progress Report 2024
Consultation:	<p>This progress report was written following discussion with:</p> <ul style="list-style-type: none"> • Colleagues within HR, OWD and Communications Teams • Head of Quality Improvement and Participation • Involvement and Equalities Team Manager • The Strategic Management Group
Resource Implications:	There are no resource implications.

EXECUTIVE SUMMARY

This annual report (2023) provides an update on the progress we have made to deliver our three equality outcomes actions. These were first published in our [Equality Outcomes, Mainstreaming Report in April 2021](#).

At the same time, we launched our [Equality, Diversity, and Inclusion Strategy 2021-2025](#). The strategy helps us to meet our three equality outcomes and to further embed equality, diversity, and inclusion into all that we do.

In line with our legal duties, we reported publicly on our progress in our [Equalities Mainstreaming Progress Report April 2021- March 2023](#).

This reports summaries our progress since March 2023.

This work is also integral to delivering the:

- Corporate Plan 2022-2025
- Strategic Workforce Plan 2023-2026
- Equality, Diversity, and Inclusion Strategy 2021-2025
- Quality Improvement and Involvement Strategy 2022-2025

Corporate Parenting, Keeping The Promise to Scotland's children and full implementation of UNCRC.

The Board is invited to:

1. Note the progress made since 2023.

BOARD MEETING 8 FEBRUARY 2024

**Agenda item 12
Report No: B-36-2023/24**

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

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	One is planned or is already in progress	Reason: The purpose of this work is showcasing progress on how equality is mainstreamed into our day-to-day work. No decisions are 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: <i>(see Reasons for Exclusion)</i>
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.

EQUALITY DUTY REPORTING: ANNUAL EQUALITIES REPORT

1.0 INTRODUCTION / BACKGROUND

In April 2021, the Care Inspectorate's first Equality, Diversity and Inclusion Strategy 2021-2025 was published. It clearly sets out the culture we are working towards and states that "we will do much more than meet our statutory obligations – we will create an environment where we embrace difference so individuals can flourish. We want everyone to understand the importance of sharing a common purpose when building equality, diversity, and inclusion." Since then, work has progressed against the 36 actions included in the strategy.

In addition, to these actions, highlights for 2023 include:

- Embedding participation further into our internal structures. Participation is now part of the Professional Development Award and is integral to our project work, this is evident in the review of our Care Survey Questionnaires and the Care Home Improvement Programme. We are also engaging with a range of different external stakeholders.
- Recruiting more volunteers from diverse backgrounds and supporting them with different opportunities. We also held a specific event to inform volunteers of proposed changes under the proposed Scottish Government's Human Rights Bill.
- Working with an external organisation to review our race equality in employment plan and have developed a scope for anti-racist training.
- Continuing to share blogs from employees with lived experience of disability, long term illness and neurodivergence, designed and shared a staff survey to ask for feedback on experiences related to disability inclusion which has identified priorities for us to focus our efforts.
- Supporting a family firm approach, part of this was introducing the care experience guaranteed interview and the development of a care experienced staff network using a trauma informed approach.
- Recognising and supporting our workforce who are carers, our carers have been meeting regularly since May 2023. This approach is supportive to carers and also helps us to make necessary improvements as an employer, which will help us to progress with the Carer Positive level 3 award.
- Continuing to support and invest in our LGBT Charter Champion Group. We have also renewed our Stonewall Diversity Champion membership and LGBT Youth Scotland accreditation.
- Reviewing a range of Human Resource policies. The policies have been strengthened in terms of equalities and shared with the relevant employee networks as part of the consultation process. This ensures lived experience is reflected in the policies.
- Approving our National Advisory Council for Women and Girls (NACWG) pledge to commit to actions around gender equality.
- Agreeing to approach the [Equally Safe at Work](#) team to ask if we can join their pilot employer accreditation programme to help us improve our employment

BOARD MEETING 8 FEBRUARY 2024**Agenda item 12
Report No: B-36-2023/24**

practice to advance gender equality at work and prevent violence against women.

- Updating our equal opportunities monitoring in line with new guidance from the Scottish Government to improve our data gathering and ability to benchmark with comparator organisations.
- Embedding equalities learning through the three level Protection framework learning which will launch in 2024
- Strengthening our Procurement Strategy 2023-2026 to ensure equality, diversity and inclusion is considered throughout tender process to comply fully with legislation.

1.1 Our responsibilities as a public body

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
- 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.

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.

There is currently a review of the operation of the Public Sector Equality Duty in Scotland which, if passed, will change the future legal landscape.

The Care Inspectorate also has legal responsibilities outlined in the Children and Young People (Scotland) Act, 2014 to embed and promote childrens rights into our work and report on our progress. This relates to Corporate Parenting and the incorporation of the United Nation Convention of the Rights of the Child (UNCRC) which became an Act on 16 January 2024. Although we have separate reporting mechanisms in place we integrate childrens rights into our equalities work as appropriate.

1.2 Equality outcomes 2021-2025

In April 2021, we published our Equalities Mainstreaming Report, which included our new equality outcomes for 2021-2025. When developing our outcomes, we decided

Agenda item 12
Report No: B-36-2023/24

to use the positive action provisions in the Equality Act (2010) to try and help us increase the number of applicants from the minority ethnic community and disabled people. In the spirit of openness and transparency we voluntarily published our disability and ethnicity pay gaps for our workforce.

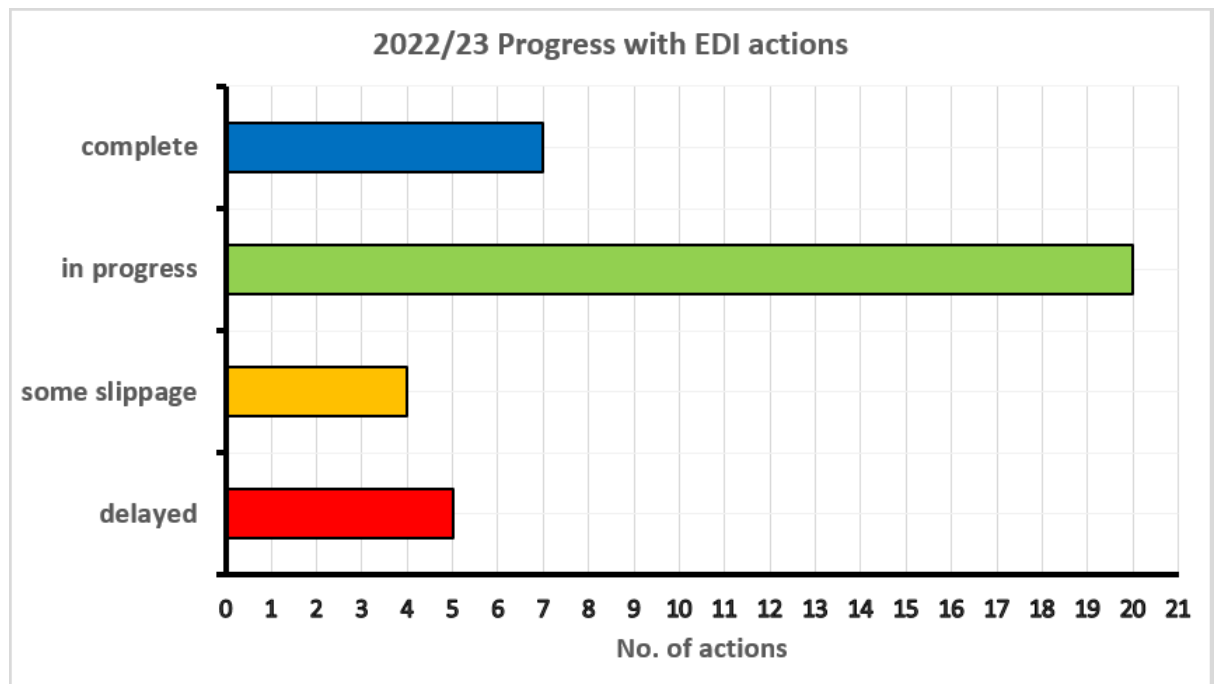
1.3 Our responsibilities as an inclusive employer of choice

Our Strategic Workforce Plan published in 2023 sets out our clear ambition for the Care Inspectorate to be an inclusive employer of choice. Our Equality, Diversity and Inclusion Strategy 2021-2025 reinforces this commitment.

1.4 Progress achieved since April 2023

Since presenting the Equalities Mainstreaming Report and Equality, Diversity, and Inclusion (EDI) Strategy to the Board in March 2021, we have focused on building strong foundations for our four-year plan of work. The plan supports positive culture change around equality, diversity, and inclusion.

The strategy’s supporting action plan (appendix 1) covers the period 2021-2025, there are **36** actions in the plan spanning the four-year period. The graph below shows our progress.



- **5** actions are behind original timescale. There are plans in place for this work to be completed before April 2025.
- **4** actions are delayed and are now either in progress or an alternative solution has been identified. The delays are due to challenges around capacity and balancing other priority work. Our human resource colleagues are also working to a new policy review programme and priorities have shifted to prioritise hybrid working and a range of other family friendly policies.

BOARD MEETING 8 FEBRUARY 2024**Agenda item 12
Report No: B-36-2023/24**

- **20** actions are progressing to plan.
- **7** actions are complete.

Appendix 2 shares the additional activity that has taken place to embed equality, diversity and inclusion across the organisation and covers our specific next steps.

2.0 IMPLICATIONS AND/OR DIRECT BENEFITS**2.1 Resources**

No additional resources are required.

2.2 Sustainability

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

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

By investing in our workforce and organisation, 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.

2.4 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. The main routes for staff involvement are highlighted in Appendix 2.

3.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note the positive actions and achievements outlined in this report and the plans to progress this work further before the report is shared with the workforce.

Appendix 1: Equality, Diversity & Inclusion Action Plan 2023/2024

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline		RAG state
				Start	End	
1.	Identify individuals to develop quality illustrations	Equality Outcome 1	Working group	2021	2021	Complete
2.	Promote quality illustrations			2022/ 2023	2022/ 2023	Red
3.	Train staff to use quality illustrations			2022/ 2023	2022/ 2023	Red
4.	Review impact of quality illustrations			2023	2025	Red
5.	Run events, focus groups and surveys with adults and older people, The Working Together Group, and our volunteers	Equality Outcome 2	Participation and Equalities Team	2021	2025	Green
6.	Work with four new organisations and groups of people each year			2021	2025	Green
7.	Develop different methods of volunteer recruitment and retention specifically aimed at these communities			2021	2025	Green

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline		RAG state
				Start	End	
8.	Work with Council of Ethnic Minority Voluntary Sector Organisations (CEMVO) and BEMIS (a national ethnic and cultural minorities-led umbrella body supporting the development of the ethnic minorities voluntary sector) Disability Confident, Inclusion Scotland, Glasgow Disability Alliance and use the Scottish Government toolkit to develop more inclusive recruitment practices Report on progress to the Board regarding changes to the recruitment and selection process (to identify/ remove any potential barriers for applicants from the minority ethnic community).	Equality Outcome 3	HR & Equalities Professional Adviser	2021	2025	Green
9.	Sign up to the Business in the Community Race Charter to show our commitment to supporting this protected characteristic		Equalities Professional Adviser	2021	2021	Complete
10.	Add equality and diversity question to exit questionnaire		HR	2021	2021	Amber

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline		RAG state
				Start	End	
11.	Set up a disability employee network (and possibly more e.g. carers, sex/ gender issues, race) so they have a voice and can make an impact. There will be a mechanism to provide feedback to the corporate equality group and the Board		Equalities Professional Adviser	2021	2025	Green
12.	Introduce reverse mentoring schemes for employees/ volunteers in under-represented groups to share their lived experience with our Board and leaders		Equalities Professional Adviser	2021	2025	Green
13.	Build equality, diversity and inclusion into recovery planning	Corporate Plan/ recovery plans	Senior Management Team	2021	2022	Green
14.	Undertake equality impact assessments & island community impact assessments	Specific Duties	Senior Management Team the Board to ensure compliance	2021	2025	Green
15.	Consider award criteria and conditions in relation to public procurement	Specific Duties	Senior Accountant	2021	2025	Green
16.	Publish in a manner that is accessible	Specific Duties	Communications Lead	2021	2025	Green
17.	Ensure there is a question on equality and diversity, inclusion (linking it to trust and engagement) in the next staff survey and improve on previous rating	EDI key performance indicator	Equalities Professional Adviser & OWD	2021	2021	Green
18.	Make links to ensure progress/ connections made on strategic workforce plan around recruitment (using Scottish Government toolkit), development, progression & retention	Strategic Workforce Plan	HR, OWD & Equalities Professional Adviser	2021	2025	Green

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline		RAG state
				Start	End	
	in relation to equality, diversity & inclusion					
19.	Expand the ways we celebrate equality, diversity, and inclusion internally & externally	-	Comms & Equalities Professional Adviser	2021	2025	Green
20.	Understand the training needs of our staff in terms of equalities, diversity and inclusion and deliver further training (particularly around inclusive behaviours and practice and importance of allies and champions)	-	OLT, Equalities Professional Adviser & OWD	2021	2023	Green
21.	Add equality, diversity & inclusion as organisational values	Organisational Values/ Corporate Plan	SLT	2021	2025	Complete
22.	Enter our first Stonewall Workplace Employer Index Submission	Stonewall Diversity Champion	Equalities Professional Adviser , LGBT group & leads from respective work areas	2021	2022	Complete
23.	Develop a Trans Inclusion Policy and Transitioning at Work Guidance	Stonewall Diversity Champion	Equalities Professional Adviser , LGBT Group, OWD & HR	2021	2021	Red
24.	Run the test of change for rainbow lanyards	-	LGBT group & S&A teams	2021	2022	Amber
25.	Apply for LGBT Youth Scotland Gold Award	LGBT Youth Award	LGBT group	2022	2022	Amber
26.	Agree new terms of reference of the Age Scotland project/ new group membership	Age Scotland	Working Group/ OLT	2021	2021	Complete

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline		RAG state
				Start	End	
27.	Continue to run the First Minister's National Advisory Council on Women and Girls (NACWG) "wee circles"	NACWG	Equalities Professional Adviser	2021	2025	Green
28.	Involve Close the Gap in the equality impact assessment for the Flexible Working policy	-	OWD	2021	2021	Red
29.	Add equality and diversity as a standard goal in LEAD/ add to 121 template	EDI key performance indicator	OWD & Equalities Professional Adviser	2021	2021	Amber
30.	Report on mainstreaming the equality duty, report progress and publish employee information	Specific Duties	Equalities Professional Adviser	2023	2023	Green
31.	Publish pay gap information (gender, disability and ethnicity) and associated plans	Specific Duties	Equalities Professional Adviser & HR	2023	2023	Green
32.	Review Equal Pay Statement	Specific Duties	HR	2024	2024	Green
33.	Introduce an Inclusion Charter	-	Equalities Professional Adviser	2022	2022	Complete
34.	Gather complaints information against race, sexual orientation, gender reassignment, sex and disability	-	Complaints Team	2023	2024	Green
35.	Design and deliver webinars on equality, diversity and inclusion with the care sector	-	Equalities Professional Adviser	2021	2025	Green
36.	Introduce Carer Ambassadors and carers group agree Senior Sponsor, achieve Level 2 Carer Established Award	Carer Positive	Equalities Professional Adviser	2022	2025	Complete

RAG status definition

Please note that for the purposes of this exercise, the following definitions should be applied:



means that the action has been fully completed



means that it is not considered feasible to meet the completion date



means there is a possibility of some slippage, but the issues are being dealt with



means that the action is on track and should be completed by the target date

Key messages for Equality Duty Reporting

Annual Progress Report 2024

Introduction

This report updates on the progress made to deliver our three equality outcomes actions. These were first published in our [Equality Outcomes, Mainstreaming Report in April 2021](#).

Our equality outcomes were published at the same time as we launched our [Equality, Diversity, and Inclusion Strategy 2021 – 2025](#).

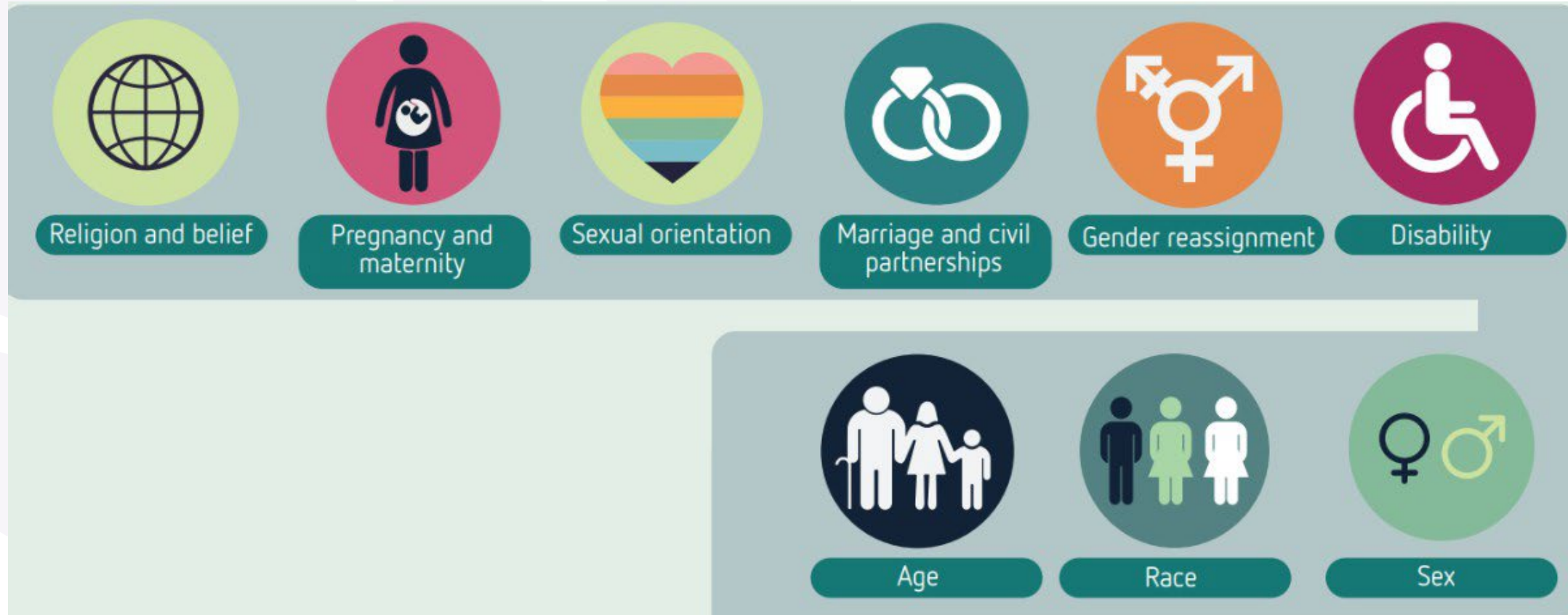
The strategy helps us to meet our three equality outcomes and to further embed equality, diversity, and inclusion into all that we do.

Promoting a culture of equality, diversity and inclusion is at the core of what we believe. We have summarised our beliefs into these seven commitments.



Protected characteristics

In our dual role as a scrutiny and quality improvement body, and an employer, we are committed to meet our legal obligations and promote equality and diversity in all aspects of our work. The Equality Act 2010 covers nine equality strands which are called protected characteristics.



Equality Act (2010)

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.

These duties are currently being reviewed by the Scottish Government.



The specific duties requires us to:



- publish equality outcomes and report progress
- equality impact assess all new and existing policies
- gather and use employee information
- 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.

In line with our legal duties, we have reported publicly on our progress in our [Equalities Mainstreaming Progress Report April 2021- March 2023](#).

Equality, diversity and inclusion strategy progress

Actions are already in progress

20

Actions complete

7

There are specific plans in place for this work to be prioritised and completed before April 2025

5

Actions have been delayed and are now either in progress or an alternative solution has been identified

4

Since March 2023 Equality outcome 1

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 continuous improvement
- ensure people experience high-quality care and support that is compassionate and tailored to their rights, needs, and wishes.

Equality outcome 1 helps us to further embed equality into our scrutiny and assurance and quality improvement support work.

We have met with internal stakeholders and shared our plan to:

- Improve and increase our communications on equalities to share with the sector (via the newsletters, website, the Hub, provider updates etc).
- Continue to embed the health and social care standards and equalities legislation across all areas of our scrutiny and assurance and quality improvement work.
- 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.

Since March 2023 Equality outcome 2

We will increase opportunities for people who are care experienced and:

- younger
- older
- disabled
- minority ethnic
- 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.

Equality outcome 2 is about increasing opportunities for participation, engagement, and the sharing of lived experience.

Since March 2023 Equality outcome 2

There is a specific focus on reaching out to people with protected characteristics. There is a deliberate focus on participation in this report. This is because of:

- equality outcome 2
- our commitment to taking a rights- based approach (using the PANEL principles)
- the introduction of our Participation Delivery Plan 2023-2025.



Our volunteers



We have tried different ways to attract volunteers to help us increase the diversity of our volunteer workforce. We have:

- worked with Volunteer Scotland to advertise our volunteering opportunities
- included the following statement, in our social media adverts and recruitment packs for young inspection volunteers

"We would especially welcome applications from those who are care experienced, disabled, from the lesbian, gay, bisexual, non-binary, trans, and questioning (LGBTQ+) community, from a minority ethnic background, males, and young carers."

Our volunteers

During 2023, we had one recruitment campaign, we reached out to external partners and shared [voice recordings](#) of experienced volunteers to promote opportunities to volunteer with us. As a result, we successfully enlisted three males, and two females. Within this new cohort we now have lived experience in:

- kinship care
- young carers
- unaccompanied asylum seekers and,
- greater diversity across several protected characteristics.

We are proud to have retained all **seven** original young inspection volunteers during this time.

Our volunteers

Young inspection volunteers have been involved in co-designing the following two surveys for upcoming thematic reviews being carried out by strategic inspection:

- cross border placements
- disability services for children and young people.

Two of our new young inspection volunteers attended external training in October 2023 with Each and Every Child.

The training enabled them to meet with other young people with care experience who were leading conversations on the importance of language and how this links to improving changes in culture by:

- challenging assumptions and stereotypes
- discussing the stigma that can sometimes be associated with care experience.

We alerted our volunteers to the proposed changes to human rights legislation and held a specific event with them so that they were:

- informed about this development and why it was important
- learned more about the proposals and how it will affect people in Scotland
- understand how to respond to the consultation
- able to help shape our response to the Scottish Government's human rights consultation.



Family firm approach

We have worked with:



Who Cares?
Scotland

Police
Scotland

Skills
Development
Scotland

Barnardo's

to review our recruitment policies and supporting guidance in relation to attracting and recruiting care experienced people.

Family firm approach

We continue to work towards the [family firm approach](#) which involves providing enhanced support to care experienced young people and care leavers. As part of commitment five of the corporate parenting plan a working group was established to consider how we strengthen the development opportunities for care experienced young people aged 18-29.

As highlighted in the Scottish Care Leavers Covenant, we took the approach to support the implementation of Part 10 of the Children and Young People (Scotland) Act 2014. This means supporting the 'aftercare' (advice, guidance, and assistance) of care leavers transitioning into adulthood.

“The Covenant supports corporate parents to deliver changes in action and practice to bring improvement and consistency to the care of these young people. It offers clear guidance on how to meet the needs of young people who are often disadvantaged as a result of their care experiences. Care leavers often struggle on the journey out of care and into independence. For many, there is no support or guidance. As a result, the challenges are too great and they continue to experience problems that lead to far poorer outcomes than their peers.”

(STAF, Scottish Care Leavers Covenant)

Family firm approach

We have also:

- produced management guidance and training to support them to recognise the individual needs of care experienced people
- considered how we support inspection volunteers, including the development opportunities we can offer as corporate parents
This work is ongoing into 2024-2025 and will involve working with Barnardo's
- created the foundations for supporting care experienced modern apprentices into our organisation
- developed adverts highlighting the care experience guaranteed interview.

Strengthening the links between participation and equalities

The Participation Delivery Plan 2023 – 2025 has been developed to support our ambition to:

“... further grow the development of our participation work to enable us to achieve our vision of care experienced children and young people, people experiencing care and unpaid carers being equal partners in their care and support. By supporting people experiencing care, children and young people and unpaid carers to share their lived experience to influence the strategic direction of the organisation, we will be working towards a culture within which participation becomes second nature.”

We will continue to work with the whole organisation whilst recognising the benefits of participation and work towards the outcomes identified in our:

- Corporate Plan 2022-2025
- Quality Improvement and Involvement Strategy 2022-2025
- Equality, Diversity, and Inclusion Strategy 2021-2025
- The Promise
- The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act, see our [Children's rights report April 2020- March 2023](#) for more information

We also consider equalities issues in our corporate parenting report and supporting plan.

Strengthening the links between participation and equalities

Meaningful participation can challenge discrimination, particularly for:

- people experiencing care
- care experienced individuals
- unpaid carers and families.

For participation to be meaningful, it is dependent on people being willing and able to take part and express their voice. We are:

- using various good practice participation models such as the Lundy model and the care experience improvement model to make sure our work is inclusive and accessible for people to contribute
- going out to spaces to encourage participation and to inform people of their rights.

The use of language is particularly important as it reinforces our ongoing commitment to grow wider participation across the whole organisation. These commitments were developed through our Corporate Plan 2022-2025, which highlighted the value of the inspection volunteers, and the need to develop the scheme and wider participation activities.

For us to affirm this, we have:

- changed the title of the Involvement and Equalities team to the Participation and Equalities Team and some team members job titles
- realigned roles and responsibilities, so team members can strengthen their focus on the commitments that we have made in relation to widening participation
- embedded this at a leadership level. The Head of Service will now be known as Head of Quality Improvement, Participation and Equalities.

Development of our internal participation community

The participation community was established in 2022 following the internal participation review completed for Promise workstream 2.

The purpose of the group was to develop a shared whole organisational approach to participation development across our children's inspection teams. Membership of the group includes colleagues from:

- methodology
- quality improvement
- early learning and childcare
- children and young people registered care services
- children and young people's strategic teams
- participation and equalities team.

Together we are contributing to the implementation of our internal organisational participation delivery plan for children and young people.

Following on from the work on:

- Anne's law
- care survey questionnaires (CSQs)
- regulatory and strategic work with adult inspection volunteers.

it was identified that there is a need to further develop participation across all areas of our work.

The participation community has been extended to include representation from colleagues in adults' scrutiny and assurance. This will offer a forum to:

- share learning
- further connect
- nurture emerging common themes and collaborations across the organisation's participation development.

Care survey questionnaires (CSQs)

As part of our ongoing commitment to hear the voices of people experiencing care, we have been working on updating our CSQs. We want people to be able to meaningfully engage with our inspections in care homes for adults and older people, in the way that suits them best. We have developed:

- a care survey for people who use care homes for adults and older people
- surveys for relatives, carers and staff and other professionals who help to support people in your service.

We are currently working on a new set of questionnaires for care at home/housing support services.



The Participation and Equalities team have been working with [Highland Senior Citizen's Network](#) a Highland-wide network of local voices representing the interests of the more than **92,000 people** in Highland aged 55 and over, and [TAG](#) (The Advisory Group), an organisation run by people with learning disabilities, who work in partnership with Key Housing, an organisation who provide personalised support and housing solutions for people living with disabilities and long term conditions across Scotland.

Both organisations have supported us to:

- review the layout of the questionnaires
- consider our use of language
- improve the accessibility of the form.

Their input has been invaluable. We have learned a great deal from them about what matters most to people and the importance of using easy and accessible questions. [Find out more about our surveys and the process for receiving them on our website.](#)

Working with LUNA (learning to understand needs and abilities)

We have continued to work with LUNA, a charity run by young people living with disability, lifelong illness and neurodivergence. During 2023, LUNA have provided webinars to some of our staff (including those involved in the disability thematic review) around:

- the importance of language
- how to work with children and young people like them.

Participation and the Professional Development Award (PDA)

The Care Inspectorate's PDA in Scrutiny and Improvement Practice offers our inspectors an opportunity to reflect on their regulatory role, exploring new ways of thinking and applying a range of perspectives/models in the implementation of their scrutiny and improvement practice.

In August 2023 we brought together a group of **40** inspectors with:

- Participation and Equalities Team
- Anne's law team
- The Promise team Two inspection volunteers who represented services for adults and young people.

The purpose of the session was to develop circles of knowledge exploring participation and equalities from different perspectives.

Care home improvement programme

In 2023, work began on the above national quality improvement programme. It will run over the course of 2024 and will cover how we will support adult care homes in Scotland.

- The programme will include four in-person events, each of which will run for one day.
- Day 1 is covering self-evaluation and the importance of inclusive participation.

Carers rights and support strategy group (CRSSG)

The Participation and Equalities Team Manager attends quarterly meetings with the Scottish Government Carers Rights and Support Steering Group (previously Carers Act Implementation Steering Group) which is supporting the ongoing implementation of the Carer's Act and wider policy for unpaid carers.

Membership of the CRSSG includes:

- local authorities
- health boards
- Convention of Scottish Local Authorities (COSLA)
- third sector
- carer representatives.

Throughout this year, as a group we have contributed and given feedback on the implementation plan for the National Carers Strategy.

In August 2023, the Participation and Equalities Team Manager attended a facilitated roundtable event hosted by Shared Care Scotland. The purpose of it was to engage stakeholders in the policy development process to help shape the legal right for carers to have a break. The intention was to support Shared Care Scotland's contributions to the development of the legislation including the contribution to the Scottish Government's Regulation and Guidance working group.

The proposed 'Right to a Break' forms part of the National Care Service (NCS) Bill, and at the event we worked together to make recommendations regarding how we would like to see the right developed and implemented effectively. The insights and discussions from the roundtable helped to produce a valuable resource for identifying areas that required further investigation and development. The [report](#) has now been published.

Since March 2023

Equality outcome 3

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%.

The aim of equality outcome 3 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.

Action- Increasing the number of Care Inspectorate employees from the minority ethnic community to improve the diversity of our workforce

To support us with this:

- The race equality in employment plan has been updated to reflect progress and our meetings with Council for Ethnic Minority Voluntary Organisations (CEMVO) which identified further priorities to work on.
- Meetings now take place once a quarter to discuss the plan and share learning.
- A scope has been developed for anti-racist training. A paper will be submitted to SMG to discuss rolling this out to our workforce.
- We continue to participate in NHS Education for Scotland's Leading to Change programme. This supports compassionate and collaborative diverse leaders at all levels across health, social work, and social care in Scotland. It has a focus on equalities interventions (the current priority is race).

Since March 2023

Equality outcome 3

Action- Increasing the number of Care Inspectorate disabled employees to improve the diversity of our workforce

We have:

- Continued to share blogs from employees about living with a disability.
- Met with trade union representatives to share progress and discuss how we can improve our approach.
- Designed and shared a staff survey to ask for feedback on experiences related to disability inclusion. The following priorities were identified by our workforce:
 1. supporting colleagues with invisible disabilities,
 2. testing a reasonable adjustment passport,
 3. providing specific support for manager and sharing employees lived experiences,

4. improving accessibility and recruiting more people with disabilities,
5. reviewing Human Resource policies.

We have also:

- Established a disability joint working group which has met twice since August 2023.
- Continued to review our progress against Disability Confident Employer Level 2 plan.
- Strengthened links with Health, Safety and Wellbeing Committee.

We are in the process of developing an all-staff communication and poll around creating an employee network for disability, long term health conditions and neurodivergence.

Since March 2023

Equality outcome 3

Action- Creating new employee networks and strengthening existing employee networks, to influence and further embed equality, diversity, and inclusion

Corporate Equality Group

The group has continued to meet over 2023 and has provided feedback on the Equality and Diversity policy.

LGBT Charter Group

- Continues to work with LGBT Youth Scotland to agree our new action plan as part of our renewed accreditation and connect this to our work as a Stonewall Diversity champion
- Presented content at the registration team day on the importance of lesbian, gay, bisexual, and transgender (LGBT+) inclusive language and practice

- Shared feedback to ensure our family friendly policies were more inclusive of LGBT+ identities
- Appointed a new interim chair of the group and recruited four new members
- We continue to work with non-departmental public bodies' equality forums to:
 - strengthen links between the individual organisational employee network groups.
 - create opportunities for shared learning and collaboration.

Stonewall **DIVERSITY**
CHAMPION
SCOTLAND

Since March 2023 Equality outcome 3

Action- Creating new employee networks and strengthening existing employee networks, to influence and further embed equality, diversity, and inclusion

Care experienced staff group

- We have developed a care experienced staff network using a trauma informed approach. This group has met once in 2023. We will revisit in May 2024, acknowledging care experience as a protected characteristic.

Carers group

- A group meets regularly and met weekly over the spring of 2023, initially with the support of Dundee Carers Centre.
- Has an Executive Director sponsor.
- Will apply for Carer Positive Award level 3 in 2024.
- Will share feedback on the Carers Policy in 2024.



Learning from workforce equality data (changes from December 2023)

We collate data on our workforce by protected characteristic groups. This provides an overview of workforce diversity and helps to inform how we support colleagues across the organisation. The information provided is based on a headcount of **650** employees.

82% are female (1.27% increase)	69.08% are between 45 and 64 (decrease 1.18%)	12.92% report to be living with a disability (1.24% increase)	27.54% are married/in a civil partnership (2.05% increase)	1.38% are of black or minority ethnic ethnicity (0.01% increase)
35.08% have no religion (0.05% increase)	4.00% are gay, lesbian or bisexual (1.00% increase)	14.46% are carers (did not report in December as it is not a legal requirement)	0.62% pregnant/ maternity leave (did not report in December due to small numbers)	0.00% reporting to be transgender / have a trans history (no change)

Equality learning courses

The following protection modules are being piloted:

- Human rights
- Gender based violence
- Equalities learning is being embedded through the three level Protection framework learning which will launch in 2024



Courses (self-directed)

- **25** e-learning modules which are considered non-essential learning are available to all colleagues with access to the learning management system (LMS) and more are added annually.
- Equality impact assessment training is planned for February 2024 and is available for colleagues to book via the LMS.
- Staff are also reminded to complete their mandatory equality e-learning.

Embedding equality, diversity and inclusion

Modern day slavery training

We are considering our organisational response to modern day slavery including our priorities, and how we address these. Training was identified as an early priority.

The following groups of staff have completed modern day slavery training:

- All adult registered services inspectors
- Complaints inspectors
- Contact centre staff

The next phase will include all adult inspectors, and we are exploring training options for all staff.

There is work to ensure our protection procedures and training are cognisant of modern day slavery and that these matters are interlinked.

Embedding equality, diversity and inclusion

Policies

In addition to the actions in our strategy; equality, diversity and inclusion have been embedded in the following ways:

- The following policies will launch early in 2024, Maximising Attendance, Workforce Change, Recruitment and Selection and the Family Friendly.
- We are currently consulting on the following policies: Equality and Diversity, Dignity at Work, Grievance and Capability. The aim is to have the policies ready for the Strategic Management Group in January 2024.
- A booklet covering entitlements around special leave and carers leave will be shared with the Policy Review Group in January 2024.
- The Equal Pay and Trans Inclusion Policy/ Transitioning at Work Guidance is now planned for 2024/2025 review.

- Updated our equal opportunities monitoring in line with new guidance from the Scottish Government to improve our data gathering and ability to benchmark with comparator organisations.

Pledges

- Agreed our National Advisory Council for Women and Girls (NACWG) pledge. We will approach the [Equally Safe at Work](#) team to ask if we can join their pilot on employer accreditation programme which was developed by Close the Gap (and to help us improve our employment practice to advance gender equality at work and prevent violence against women.)
- Made the [Social Impact Pledge](#) made specific public commitments and will follow this up.

Embedding equality, diversity and inclusion

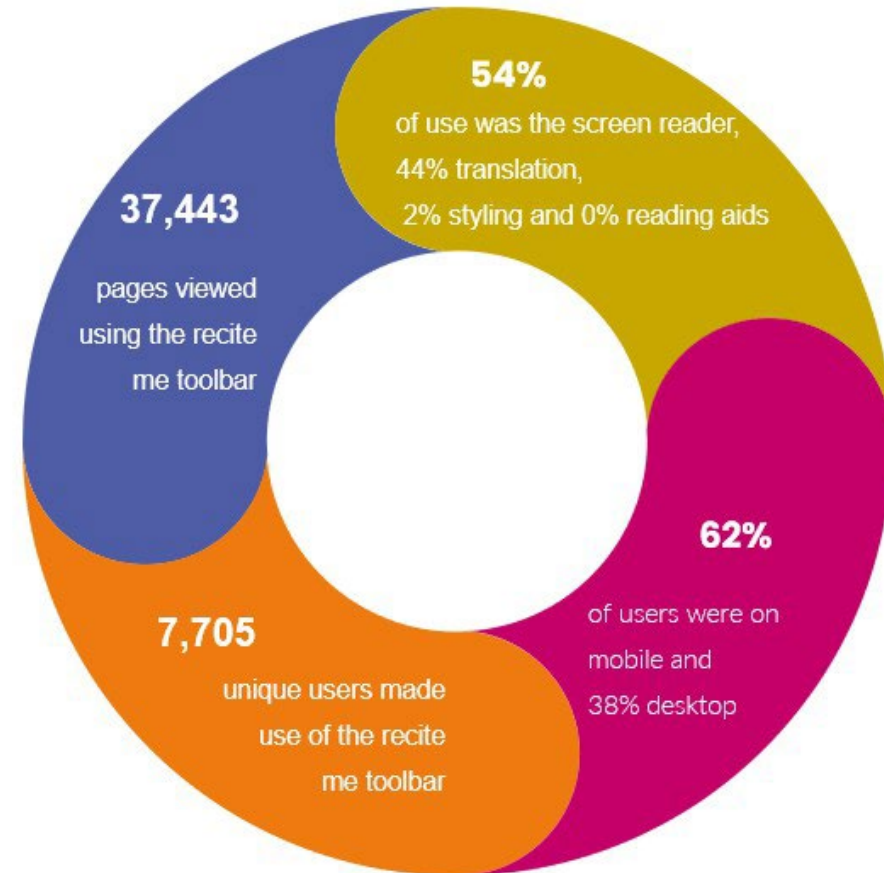
Accessible communication

Continued to provide accessible communications through the Recite Me tool and providing alternative formats.

The Recite Me tool button aids access to our website. See diagram for engagement with this tool.

We also:

- Promoted awareness about commemorative dates that are important to different minority groups through our social media channels
- Used Citizen Lab as an online tool for consultation - we have four consultations are currently ongoing.



Embedding equality, diversity and inclusion

Strategic workforce plan

Our plan published in 2023 sets out our clear ambition for the Care Inspectorate to be an inclusive employer of choice. We plan to:

- Include our organisational values (including equality) into individual performance discussion through LEAD, is planned for 2024/25.
- Address Inclusive Leadership as part of the leadership and management development programme.
- Introduce mentoring schemes for colleagues within minority groups to share their lived experience with our leaders, is planned for 2025/26.

Inclusive procurement

Our Procurement Strategy 2023-2026 has been strengthened to ensure equality, diversity and inclusion is considered throughout tender process to comply fully with legislation. We also updated our:

- Invitation to Quote
- Invitation to Tender.

Improving our equality data

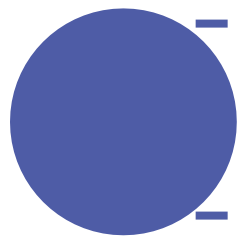
- The annual return for childminders equalities questions for sex and disability was changed to reflect current best practice.
- Move to asking equality questions as part of our Inspection Satisfaction Questionnaire.

Our staff involvement



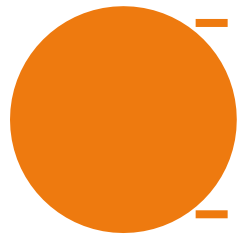
Next steps

February 2024 – March 2025



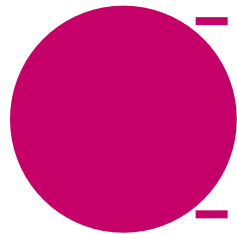
CONSULT

Consult on new equality outcomes for 2025-2029.



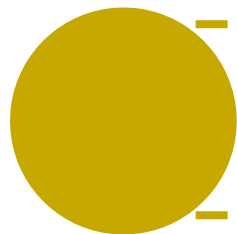
IMPROVE

Improve our diversity and inclusion data and metrics by introducing changes to our self-service payroll and HR system during 2024.



FOCUS

Focus on the five actions that have encountered some slippage and the four actions that are delayed in our strategy.



SHARE

Share our race equality in employment plan and progress with anti-racist training.

Reporting, monitoring and review (April 2025)

- a full review of the progress we have made in meeting our current equality outcomes

- new equality outcomes for 2025-2029

- a summary of our progress towards further mainstreaming equality



Title:	CORPORATE PARENTING TRIENNIAL REPORT 2021–2023 (INCLUSIVE)
Author:	Craig Morris, Head of Quality Improvement and Participation
Responsible Director:	Edith Macintosh – Executive Director Strategy and Improvement, Deputy Chief Executive
Appendices:	1. Corporate Parenting Triennial Report 2021-2023 (inclusive)
Consultation:	The Children’s Rights and Corporate Parenting group have been extensively consulted and supported the development of this report.
Resource Implications:	No

EXECUTIVE SUMMARY

[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, and as officers of the Care Inspectorate, we are all corporate parents. The [corporate parenting plan 2021-2023](#) was signed off by the Board in March 2021.

The three-year high level triennial report gives an update on the progress, main achievements, and areas for development in respect of the organisational 2021-2023 (inclusive) Corporate Parenting Plan.

This report demonstrates our firm commitment to the Care Inspectorate’s Corporate Parenting responsibilities, and the synergies achieved in our commitment to

- Protecting and upholding children’s rights (UNCRC)
- Keeping the Promise
- Embedding the Family Firm approach
- Getting it right for every child (GIRFEC)
- Embedding Corporate Parenting responsibilities (as everyday business) across the organisation

In Spring 2024, the new Corporate Parenting plan will be presented to the Board for approval. A two-month process of consultation will take place between January and March 2024 to shape the new plan.

The Board is invited to:

- | | |
|----|---|
| 1. | Note the progress and approve the Corporate Parenting Triennial report 2021–2023 (inclusive) for publication. |
|----|---|

BOARD MEETING 8 FEBRUARY 2024

**Agenda item 13
Report No: B-37-2023/24**

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

For Noting	<input checked="" type="checkbox"/>	For Discussion	<input checked="" type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Decision	<input checked="" type="checkbox"/>
-------------------	-------------------------------------	-----------------------	-------------------------------------	----------------------	--------------------------	---------------------	-------------------------------------

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress)	No <input checked="" type="checkbox"/> Reason: Not required at this time.

Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input checked="" type="checkbox"/> Reason below: <i>Not required at this time.</i>

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

CORPORATE PLAN TRIENNIAL REPORT 2021–2023 (INCLUSIVE)**1.0 CORPORATE PARENTING**

- 1.1** The Care Inspectorate (Social Care and Social Work Improvement Scotland) is named as a corporate parent in part 9 of the Children and Young People (Scotland) Act, 2014. Corporate parenting responsibilities do not sit with one group or individual within our organisation. Each employee of the Care Inspectorate is a corporate parent. As such, we must all understand our statutory duties and be supported and enabled to fulfil them.

The children's rights and corporate parenting group, receive progress updates on the corporate parenting plan on a scheduled basis. Updates are provided from those with lead responsibility for actions. The Strategic Management Group (SMG) has strategic oversight of the Care Inspectorate's response to corporate parenting, United Nations Convention for the Rights of the Child (UNCRC) and The Promise.

An annual update report on the progress of the Corporate Parenting Plan is presented to both SMG and the Board. This high-level report provides the Board with the progress, some of the highlights and areas for further development.

1.2 Corporate Parenting Plan 2021 – 2023 (inclusive)

We have continued to ensure our Corporate Parenting responsibilities connect across the organisation. The [Corporate Plan 2022 – 2025](#) noted how the organisation takes its role seriously in working with care experienced individuals and creating opportunities that can lead to further study, training and paid employment. The [corporate parenting plan 2021-2023](#) was signed off by the Board in March 2021.

Our corporate parenting report was published in April 2021, along with our corporate parenting plan 2021-23. This provides assurance to the Scottish Government and the public; we are meeting our responsibilities as corporate parents. We set six commitments in the plan.

Commitment 1: We will strive to meet the needs of our children and young people and promote their rights.

Commitment 2: We will listen to our care experienced young people and we will learn how their experiences of the “care system” can best shape our approach to scrutiny, engagement and improvement to help improve the lives of others.

Commitment 3: We will continue to inspect different services and partnerships and report on how well they work together. We will help services share what works well and learn from what needs to improve, to help make sure that our young people get the right support at the right time.

Agenda item 13
Report No: B-37-2023/24

Commitment 4: When care experience young people make a complaint about the care they receive, we will take that complaint seriously and we will respond in a timely, thorough and proportionate way. We will always provide feedback to the person who made the complaint in a way that they will understand.

Commitment 5: We will improve opportunities for care experience young people to develop skills, experience, and confidence to achieve their employment and career ambitions.

Commitment 6: We will work with other corporate parents to make sure that together we can do our best for our young people.

In December 2021, the Scottish Government published [Caring for our children and young people: corporate parenting update 2018 to 2021](#) and [Review of Corporate Parenting Plans 2018-2021](#). Key messages from the review reflects ongoing priorities within our corporate parenting plan. This includes further and better collaboration with other corporate parents, keeping corporate parenting plans as live documents, which are codesigned with care experienced children and young people.

We also continue to ensure the alignment of The Promise, United Nations Convention on the Rights of the Child (UNCRC) incorporation and Getting it right for every child (GIRFEC), as well as our role as a regulator in holding other corporate parents to account.

The Care Inspectorate is spotlighted as making a clear commitment to care experienced young people through our set of commitments in our Corporate Parenting Plan.

We are specifically referenced as a corporate parent providing a comprehensive, detailed and considered survey return, with strong evidence of activity across all corporate parenting duties.

Our corporate parenting plan 2021–2023 (inclusive), aspirational, yet achievable, demonstrated our whole-organisation commitment to children and young people, taking our statutory duties and responsibilities as corporate parents seriously.

2.0 LANGUAGE OF THE REPORT

- 2.1** The care system uses the term '*corporate parent*'. The Independent Care Review reported that this term feels demeaning to young people and is an example of cold, process driven relationships and avoided using this term. In this report we have made every attempt not to use the term 'Corporate Parenting' and instead, use where possible, trauma informed and compassionate language throughout.

The Care Inspectorate is working with Each and Every Child, to reflect on the language used to support care experienced individuals across all our work. When referring to '*our children and young people*' throughout this report, this means all children and young people across Scotland who experience care.

3.0 KEY NOTABLE AREAS OF PROGRESS

- 3.1 In April 2023, the organisational structures for UNCRC and corporate parenting were combined to form one overarching Children's Rights and Corporate Parenting group. This was in recognition that it would be helpful to further strengthen the connections between UNCRC, Corporate Parenting and Keeping the Promise. This reflected similar moves by other national partners.

Through our 2021–2023 Corporate Parenting plan, our staff are continuing to keep the Promise by building Promise thinking and practical approaches into everyday work. Helping to embed children's rights and Corporate Parenting further into everyday business. The Promise understands the importance of early and sustained support for families to keep children living with their families, where this is possible.

During the term of this plan, the young inspection volunteers (YIVs) have participated in strategic inspections and regulated care inspections. They have informed improvements in our methodology related to scrutiny interventions and complaints. Young inspection volunteers have co-designed several resources and films including 'Welcome to your vote', 'Text to Complain' and 'Young Inspectors'. During 2022, we developed a Promise learning and development framework to further strengthen our children's workforce to feel Promise skilled and confident in their practice. This framework was launched to our workforce in June 2023 working with external organisations to ensure the design included children's rights-based approaches.

Working alongside the Electoral Commission, Aberlour and the Children's and Young People's Commissioner for Scotland, we held a webinar for providers on understanding the challenges around voting faced by care experienced young people. During the process of preparing the content for the webinar we highlighted to the Electoral Commission the importance of providing specific support and guidance to care experienced young people.

Who Cares? Scotland, delivered a programme of corporate parenting training, attended by 142 attendees at four separate sessions for our staff. This forms an integrated part of our Promise learning and development framework. In March 2023, young people from the Learning to Understand Needs and Abilities (LUNA) project, led webinars for our staff on the needs and experiences of children with disabilities.

If children and young people feel they are not experiencing good care, it is important we provide easy ways for them to tell us. The 'Text to Complain' service was launched in early 2021. This resulted in a service where children and young people can now text if they are not happy about their care. The young inspection volunteers co-produced a short [video](#) about the text-to-complain service and designed a [poster](#) that is available to print. This is not the only way children and young people can raise a complaint. There is also an online form, email address and telephone number.

In December 2022, the process to develop the '[family firm](#)' concept began. This supports children and young people up to age 18, and can extend to age 26, and beyond, for individuals who are care experienced to have more and better access to employment, education, experiences, and volunteering opportunities across the organisation. In Autumn 2023, we put in place a guaranteed interview for care experienced individuals, trauma informed interview processes and started an organisational staff group for employees who are care experienced.

3.2 Areas identified for development

- 3.2.1** Within the corporate parenting triennial report, teams from across the organisation have detailed development priorities which will further strengthen work around our corporate parenting commitments aligned to the next plan 2024–2026 (inclusive).

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

4.1 Resources

The achievements, progress and areas identified from the plan have been achieved within existing resources and the commitments of colleagues across the organisation.

4.2 Sustainability

Embedding Corporate Parenting responsibilities as everyday business at all levels and in all areas across the organisation, has been a key responsibility for those leading the 2021-2023 plan, to ensure long term sustainability of support for our statutory responsibilities.

4.3 Policy

This report should be considered within the context of a range of policy developments and their possible implications for the Care Inspectorate over the period covered and planned for the future. Major drivers will include ongoing development of the National Care Service, human and specifically children's rights promotion, early learning and childcare expansion, education inspection and improvement reform, as well as wider drivers such as budget pressures and impact of the Covid-19 pandemic.

Of note:

- Ongoing work of The Promise, including a potential Promise Bill in the Scottish Parliament, dedicated Cabinet sub-committee, and future consultation on legislating for a "universal and inclusive" definition of 'care experienced'.
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill, has now gained Royal Assent and became an Act on Tuesday 16 January 2024.

BOARD MEETING 8 FEBRUARY 2024**Agenda item 13****Report No: B-37-2023/24**

- Children (Care and Justice) (Scotland) Bill progressing through the Scottish Parliament.

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

The progress, achievements, and areas for further development in this triennial corporate parenting report, demonstrates our commitment, to support the aim of high-quality care for all and improving outcomes for people. Significant progress has been made over the last three years to strengthen the participation of care experience individuals in all aspects of our work with positive outcomes.

4.5 Customers (Internal and/or External)

The triennial report demonstrates a whole systems approach to our corporate parenting responsibilities. Commitment 6 of the plan outlines the work that has been achieved collaboratively, with national stakeholders. This includes regular contact and collaboration with organisations such as the Scottish Social Services Council, to share learning and reflections related to the respective Corporate Parenting plans.

5.0 CONCLUSIONS/NEXT STEPS

- 5.1** Significant progress and achievements were recorded between 2021–2023 (inclusive) fulfilling our responsibilities as a corporate parent, as demonstrated within the attached triennial report. The Board are asked to note the progress outlined and approve the Corporate Parenting triennial report 2021–2023 (inclusive) for publication.



Corporate Parenting Report (2021 – 2023 inclusive)

Publish date – February 2024

DRAFT

Foreword

I am delighted to share the Care Inspectorate's triennial Corporate Parenting report. We are proud to be a corporate parent and recognise the importance of the role and the responsibilities we hold in that regard. We regulate and report on the quality of care and support experienced by children and young people. In the work that we do, through our scrutiny and quality improvement activities, we contribute to our vision for world class social care and social work in Scotland.

Our [Corporate Parenting Plan 2021 - 2023](#), details our progress and will provide a level of assurance to the Scottish Government, the wider public but most importantly, our care experienced community, that we are meeting our responsibilities as a corporate parent.

This report is aligned with our three-year 'United Nations Convention on the Rights of the Child [report](#)', our commitment to 'Keeping the Promise' for Scotland's children and young people and 'Getting It Right for Every Child'. We have worked collaboratively as an organisation with local and national stakeholders to learn, reflect and improve in our role as a corporate parent.

Jackie Irvine, Chief Executive

Thanks to my experiences as a Young Inspection Volunteer, my confidence has grown a lot. I feel that most of my leadership skills have come from working with the Care Inspectorate and being part of inspections.

I have participated in a wide range of training and developed many new skills. These skills have helped me with college and more recently work, as I feel much more confident when presenting my ideas, working in a group and talking to different people. I have found my voice.

Shannon, Young Inspection Volunteer

Acknowledgements –

Care Inspectorate

- Young inspection volunteers
- Scrutiny and assurance colleagues:
 - Children and young people’s teams, complaints teams, Regulatory care early learning and childcare services teams, Registration and Promise Lead
- Quality Improvement and Participation colleagues
 - Involvement and Equalities Team, Quality Improvement Support Team, and Development Worker - Keeping the Promise Workstream 2 (to July 2023)
- Organisational workforce development colleagues
 - Organisational Workforce Development team and Professional Standards and Practice team

External partners and stakeholders

- Each and Every Children Initiative
- Our Hearings Our Voice collaborative
- The Promise Scotland team
- Learning to Understand Needs and Abilities (LUNA) group
- Who Cares? Scotland
- Centre for Excellence for Looked after Children (CELCIS)
- Improvement Service
- National trauma development colleagues including the National Resilience Partnership
- Scottish Social Services Council (SSSC)
- Disclosure Scotland
- Healthcare Improvement Scotland
- Aberlour
- Electoral Commission
- Police Scotland
- Healthcare Improvement Scotland
- Scottish Qualifications Authority

Using the terms ‘Corporate Parenting’ and ‘our children and young people’.

The care system uses the term ‘corporate parent’. The Independent Care Review heard that this term feels demeaning and is an example of cold, process-driven relationships **and** avoided using this term. This report has made every attempt not to use the term ‘Corporate Parenting’. Instead, use where possible, trauma-informed, and compassionate language throughout this report. The Care Inspectorate is working with Each and Every Child, to reflect on the language used to support care

experienced individuals across all our work. When referring to *'our children and young people'* throughout this report, this means all children and young people across Scotland who experience care.

DRAFT

Introduction

We want the best outcomes for all children and young people who experience care and accept responsibility to make their needs a priority. This high-level report reflects how, over the last three years (2021 – 2023), we have fulfilled our duties to complement and support the actions of parents, families, and carers to deliver positive change for 'our' children and young people.

The [Children and Young People \(Scotland\) Act 2014](#) requires a Corporate Parent to publish a report every three years. This report covers our progress during the period January 2021 to December 2023, highlighting a range of activities in relation to our corporate parenting responsibilities.

It is our job to help try and improve outcomes for children and young people who are care experienced. [Part 9 of the Children and Young People \(Scotland\) Act, 2014](#) relates to corporate parenting. This applies to every child who is looked after by a local authority, and every young person under the age of 26, who was looked after on their 16th birthday.

We are expected to carry out many of the roles a parent would. Section 60 of the [Children and Young People \(Scotland\) Act, 2014](#) sets out our duty to collaborate with other corporate parents to best meet our collective responsibilities to promote the wellbeing of our young people and to help keep them safe from harm. It is important that in fulfilling our role as a good corporate parent, we enable our young people to have as much of a say and control in their lives as possible.

This report will outline the progress under each of the six commitments, which were set in the [Corporate Parenting Plan \(2021 – 2023\)](#) stating what was done and how it was delivered. Where there is still improvements or further work required, this will be recognised and where appropriate, taken forward in the the next plan (2024 – 2026).

National data.

The Scottish Government [Children's Social Work Statistics 2021-2022](#) provide the most recent data on the number of young people who are looked after. On 31 July 2022, **12,596** children were looked after. This represents a **5%** decrease from 2021 and the lowest this figure has been since 2005. The majority of looked after children (**90%**) were placed in community settings. The most common community placements for looked after children were kinship care (**34%**), foster care (**33%**), and at home with parents (**21%**). A smaller proportion of children (**10%**) were looked after in residential settings.

Keeping everything connected.

We have continued to ensure our Corporate Parenting responsibilities connect across the organisation. Our [Corporate Plan 2022 – 2025](#), demonstrates how the organisation takes its role seriously in working with care experienced young inspection volunteers and creating opportunities that can lead to further study, training and paid employment.

In April 2023, the organisational structures for our UNCRC group and corporate parenting were combined to form one overarching group. This was in recognition that it would be helpful to further strengthen the connections between UNCRC, corporate parenting and Keeping the Promise. This reflected similar moves by other national partners. As part of commitment **five** of our 2021 – 2023 Corporate Parenting Plan, the process to embedding the [Family Firm](#) approach in December 2022 was started.

All this work is informed by the [Health and Social Care Standards: My Support, My Life](#). These are applied in every element of our work and are the standards of care any person can expect, based around five main outcomes:

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high-quality environment if the organisation provides the premises.

We want 'our' children and young people to feel **loved and secure** to have meaningful connections.

We carry out joint inspections with other scrutiny bodies to examine how well different organisations in local areas are working to support children and young people, improve their wellbeing and keep them safe from harm.

We developed and launched a corporate parenting area on our internal news site. This helps our workforce to keep up to date with children's rights and corporate parenting work.

Our strategic inspection teams support local authority areas' children's service partnerships and child protection committees learning and improvement through our quality assurance work.

Our commitment to The Promise

The [Independent Care Review](#) helped Scotland make a promise. The Promise call to action, is a national strategy and action plan, which contributes to the implementation of the UNCRC and our responsibilities as a corporate parent. Delivering on [The Promise](#) by 2030 is an important part of everything we do, and we refer to it throughout this report, including our next steps.

The Promise intends to make Scotland's care system one that is more caring and united. To achieve this, it needs children's services across Scotland to be flexible and able to adapt, to better suit the needs of everyone in and around them. to change. The views and voice of children and young people must influence the change. We are proud of the progress we are making. Highlights of our Promise work so far include:

- implementing an internal participation review, recommendations and action plan
- committing to the national leadership pledge to work towards becoming a fully trauma-informed and responsive organisation
- launching our Promise learning and development framework
- contributing to the development and delivery of our Professional Development Award for regulated inspectors
- cross-directorate collaboration to nurture and enable a workforce community of passionate and determined Promise Keepers



Our staff are Keeping the Promise by building Promise thinking and practical approaches into everyday work, which is helping to embed children's rights further into everyday business. The Promise understands the importance of early and sustained support for families to keep children living with their families, where this is possible.

As expressed in our Corporate Plan ([2022 – 2025](#)), our vision is that babies, children and young people, and their families, with experience of care will:

- experience high quality compassionate care and support
- have improved outcomes (enabled by the services which support them)
- feel that their rights have been protected, respected and realised.

Bairns' Hoose – The work to produce national standards.

The [Barnahus or 'Children's House'](#) originated in Scandinavia and is commonplace across Europe and North America. It is a radically different way of supporting children who have experienced or witnessed abuse from what we currently do in Scotland. In the Barnahus, all professionals supporting children work together 'under one roof', with its 'four rooms' of protection, health, recovery, and justice. This means that children can tell the public authorities what happened to them in a child-friendly and supportive place, with consistent therapeutic support available throughout to them and their family members including siblings.

The Care Inspectorate and Healthcare Improvement Scotland were commissioned by Scottish Government to develop Bairns' Hoose Standards for Scotland. We were pleased these were published in May 2023. The Bairns' Hoose will be the key vehicle for upholding the rights of children and families to compassionate and effective intervention and support in line with the UNCRC and Promise principles.

Case study: Stand Up for Siblings

We are a proud member of the Stand Up for Siblings partnership, a Scotland-wide initiative to improve and change legislation, policy, and practice. It is about making sure children and young people live with their siblings, where it is appropriate to do so, and sustain strong and positive lifelong relationships with them. We were involved in the development of [Staying together and connected: getting it right for sisters and brothers: national practice guidance \(2021\)](#). Our young inspection volunteers made a big contribution to this award-winning work and in 2020 made a film about promoting and supporting sibling relationships for children and young people who experience care.

Young inspection volunteers - We cannot do what we do, without them!

There are currently work with **13** young inspection volunteers, who are aged between 18-28 years and are all care experienced. We aim to involve more of our young people in a range of work. This was a key feature of the [Corporate Parenting Plan \(2021 – 2023\)](#).

The young inspection volunteers visit children and young people's services when we inspect and they support a range of our strategic scrutiny activities, including speaking with senior managers in partnerships. They support many other areas in the everyday work of the organisation. This includes staff recruitment, resource and policy development, national consultations, organisational workforce development and facilitation of development workshops.

Young inspection volunteers are highly valued by the Care Inspectorate and are recognised by other scrutiny bodies across the United Kingdom. They consistently receive excellent feedback from services, third sector organisations and our staff.

On joining the Care Inspectorate, the young inspection volunteers spend five days together learning what happens during an inspection and take part in training before going out to a service. Four times a year, they come back together to share their learning and develop their skills further, such as preparing for inspection, communication, and interviewing. This has helped to build the confidence of the Young Inspection Volunteers to listen effectively to children and young people, helping to improve the services that support them.

During the last three years the young inspection volunteers have participated in a total of eight strategic inspections and 17 regulatory inspections. They have informed improvements in the methodology of many areas including scrutiny and regulation, complaints and communications.

Young inspection volunteers with care experience, have co-designed multiple resources and films including 'Welcome to your vote', 'Text to Complain' and 'Young Inspectors' (link to resources). They have fully participated in staff recruitment at all levels and co-designed and facilitated training for peers, sharing their knowledge and experiences whilst building their skills in presenting to others.

They also participate in staff provider development days and webinars such as Welcome to your vote (Electoral Commission and Aberlour), Professional Development Award event with Inspectors on the Promise and Participation, Children and Young People AGM, and the webinar for CYP care providers. Throughout 2022

and 2023, they participated in the organisational review of its participation practice, providing clear recommendations. In the last 12 months, the young inspection volunteers have been part of outreach to other young people, co-facilitating a presentation to the Guardianships Service's Young People's Voices group.

The young inspection volunteers are involved in many different development opportunities including.

- participating in the STAF Summit, LGBTQi Training, Wellbeing Awareness, disability information session with LUNA, the Community Achievement Award, and the Promise Development Day.
- one of our most experienced volunteers attending the Kings Garden party at Holyrood Palace in 2023, recognising her outstanding commitment to our work.

The young inspection volunteers regularly speak about their experiences of volunteering with us:

"It's so important to ensure care experienced young people know their rights and get the support they need to use their voice" Raysa

"I am glad that we went to meet them, they were so welcoming...they are such wonderful advocates for unaccompanied young people" Shannon

"I really enjoyed being part of the animation group and voiceover work especially as this is the first time my son has been involved in a piece of work I have done" Toni

Case study: Professional Development Award: Young inspection volunteers supporting the learning and development of Care Inspectorate staff

In December 2022, three of our young inspection volunteers attended the in-person Professional Development Accreditation (PDA) event which focused on the importance of applying the Lundy model framework to ensure good participation practice. They presented their knowledge from the perspective of inspection work to a range of professionals working on their PDA from early learning and childcare, adults, children and young people and justice.

This event provided the opportunity for our young people to share their experiences, build confidence and to learn about various challenges and opportunities to good participation in many different settings further developing their knowledge and expertise.

"I felt proud to share our work and skills with inspectors, and I feel I learned lots too. It was a great event" Bronny. Young Inspection Volunteer

"Although I was nervous with so many inspectors in one room, I am glad I took part, not all professionals know how to help young people to open up" Rosa, Young Inspection Volunteer.

The Corporate Parenting Plan (2021 – 2023) set six commitments:

Commitment 1: We will strive to meet the needs of our children and young people and promote their rights.

Commitment 2: We will listen to our care experienced young people and we will learn how their experiences of the “care system” can best shape our approach to scrutiny, engagement and improvement to help improve the lives of others.

Commitment 3: We will continue to inspect different services and partnerships and report on how well they work together. We will help services share what works well and learn from what needs to improve, to help make sure that our young people get the right support at the right time.

Commitment 4: When care experience young people make a complaint about the care they receive, we will take that complaint seriously and we will respond in a timely, thorough and proportionate way. We will always provide feedback to the person who made the complaint in a way that they will understand.

Commitment 5: We will improve opportunities for care experience young people to develop skills, experience, and confidence to achieve their employment and career ambitions.

Commitment 6: We will work with other corporate parents to make sure that together we can do our best for our young people.

Commitment 1: We will strive to meet the needs of our children and young people and promote their rights.

As a scrutiny and improvement organisation, we have supported care services across Scotland to embed a rights-based approach which reflects the Health and Social Care Standards. We have worked with colleagues in our involvement, registration, methodology teams and those working on our and corporate parenting activities to make sure that children's rights and participation are included in current and new practices.

In May 2023, the organisation created one overarching group for children's rights and corporate parenting. This was done to ensure all work is closely aligned and protecting and upholding children's rights.

New inspection frameworks that are based on the experiences of our children and young people have been produced. These frameworks help care services to identify good practice and areas for improvement. Our [Children's Rights report 2020-2023](#) showcases the progress to respecting, protecting and upholding children's rights as a scrutiny and quality improvement organisation.

As we express in [our corporate plan](#), we want children and young people, and their families, with experience of care to:

- experience high quality compassionate care and support
- have improved outcomes (from the services which support them)
- feel that their rights have been respected and realised.

During 2022, we developed a Promise learning and development framework to further strengthen our children's workforce to feel Promise skilled and confident in their practice. The framework includes contemporary learning on topics such as:

- child development
- participation and engagement
- [trauma informed and responsive practice](#)
- children's rights
- the language of care
- permanence (providing stability, including secure and nurturing relationships)
- equalities
- corporate parenting.

This framework was launched to our workforce in June 2023 working with external organisations to ensure the design included children's rights-based approaches. This includes working with groups such as:

- Promise Scotland team
- Scottish Social Services Council (SSSC)
- National corporate parenting network led by Who Cares? Scotland
- UNCRC Implementation Board.

As part of our Promise contribution we worked with the SSSC to review our joint [Safer Recruitment](#) guidance to:

- better reflect young people's rights
- reduce discrimination towards people with care experience and people with convictions
- increase the take up of positive action to recruit more young people.

As part of Promise Change Programme One we are also contributing to the SSSC's review of the Codes of Practice and the Scottish Government's Common Core principles so that they align with the:

- UNCRC
- Health and Social Care Standards
- The Promise.

We worked with Scottish Government and the Scottish Human Rights Commission to ensure that the rights of children and young people with care experience are reflected across the [Scottish National Action Plan](#) (SNAP). This is reflected in specific actions for duty bearers. In August 2023, an involvement coordinator ran a development session for the young inspection volunteers to inform them of the Scottish Government's consultation on the new Human Rights bill, supporting them as rights holder to participate in society and shape decision making.

The principle of SNAP is reflected through our work in the follow ways:

- reduce the levels of restraint experienced by children and young people
- enhance support for young carers
- improve children and young people's experience of the justice system.

Case study: Welcome to your vote webinar and social media

Working alongside the Electoral Commission, Aberlour and the Children's and Young People's Commissioner for Scotland, we held a webinar for providers on understanding the challenges around voting faced by care experienced young people. During the process of preparing the content for the webinar we highlighted to the Electoral Commission the importance of providing specific support and guidance to care experienced young people. Working with Aberlour and the Children's Commissioner we identified the main ways in which providers could bridge the gaps in support that might prevent some care experienced young people from voting. The webinar was attended by many care service providers, Care Inspectorate inspectors, and partner organisations.

Following the webinar, we worked with Aberlour's care experienced participation workers and our young inspection volunteers over three online meetings to identify some of the myths around the upcoming local council elections.

The young people then co-produced a [short animation](#) which provided key messages to the care community about their right to vote and how to connect to support through the electoral commission's online guide to voting. We were able to involve all the young people who identified the key messages in the voice work this helped to keep the messages authentic and engaging. The animation was shared widely over social media channels.

"it's so important to ensure care experienced young people know their rights and get the support they need to use their voice."

Raysa, young inspection volunteer

Commitment 2 - We will listen to our care experienced young people and we will learn how their experiences of the “care system” can best shape our approach to scrutiny, engagement and improvement to help improve the lives of others.

During 2022 and 2023, Who Cares? Scotland, delivered a programme of corporate parenting training, attended by **142** attendees at **four** separate sessions for our staff. This forms an integrated part of our Promise learning and development framework. In March 2023, young people from the Learning to Understand Needs and Abilities (LUNA) project, led webinars for our staff on the needs and experiences of children with disabilities.

We continue to revise our methodology for both our strategic and regulated inspections of services for children and young people, to increase the focus on their experiences and outcomes, with new quality frameworks published for:

- [Care homes for children and young people and school care accommodation \(special residential schools\)](#)
- [Fostering, adoption and adult placement services](#)
- [Mainstream boarding school and school hostels](#)
- [Secure accommodation services](#)
- [A Quality Framework for day care of children, childminding and school-aged childcare](#)
- [Quality Framework for Children in need of Care and Protection](#)

All the Care Inspectorate’s quality frameworks are built around key questions. Key Question 7: How well do we support children’s wellbeing, was developed for some services to put more focus and emphasis on the quality of relationships experienced by children, not the processes surrounding their care, making it Promise focussed. Since April 2022 we have only been inspecting using Key Question 7 for these services:

- care homes for children and young people and school care accommodation (special residential schools)
- mainstream boarding schools and school hostels
- secure accommodation services.

These key questions help to:

- produce a more proportionate regulatory footprint, allowing services space to focus on recovery and development as we transition out of the pandemic.
- prioritise the quality of relationships experienced by children, not the “process surrounding their care” as advised by The Promise

- support engagement with more children and young people, through visiting more services.

"We really valued the inspection team's focus on safety and the relationships we have with young people. Creating safety and building trusting relationships are defining principles of therapeutic trauma-informed practice. The use of Key Question 7 meant that these were thoroughly explored, and both our staff and young people welcomed this. The inspection managed to balance scrutiny with an acknowledgement of the real-life challenges faced when creating safety, relationships, and upholding children's rights".

Kibble, specialist centre, that provides a range of integrated services to support children and young people.

DRAFT

Commitment 3 - We will continue to inspect different services and partnerships and report on how well they work together. We will help services share what works well and learn from what needs to improve, to help make sure that our young people get the right support at the right time.

The Promise

The Promise messages highlight attention to children living in poverty, those with protected characteristics listed under the Equality Act (2010) and marginalised communities who are often not heard. In our Promise development work, we promote this aspect.

The Promise work weaves across the work of several Care Inspectorate directorates, teams and groups, promoting the rights and enabling practice development in our work. Examples include children's inspection teams in early years and childcare, children's regulated care settings and strategic inspections of local authority children's services, our children's rights and corporate parenting group and subgroups and our policy review group.

The young inspection volunteers have been supported by our communications team to record videos of key findings from strategic inspections, which are shared on our [You Tube channel](#) with children, young people and their families. This makes it easier for children, young people, and their families to learn about and understand the findings from joint strategic inspections.

In 2022, young inspection volunteers met over **several** online meetings and worked together to write a script for the Key Question 7 animation. By using their own voices, young inspection volunteers ensured the messages were warm and relatable, encouraging those who were unhappy about the quality of care they received to get in touch by sending a text message. The [animation](#) was shared throughout our providers and social media networks. This video demonstrates The Promise in action – by making sure that our young people's voices authentically influence our work. [Posters](#) are also displayed in services.

Case study:**Social workers feedback during inspections**

In 2020, the children and young people's inspection team undertook research on the response rates from social workers during inspections of care homes. We currently send out questionnaires to social workers prior to an inspection taking place and found that the level of response was very poor. Over the last three years we have spent time talking to social workers and their managers about their role with us. As corporate parents, inspectors and social workers have a common aim and focus. This common aim has not always been understood and what we have learned is that we need to do more to tell social workers about our role and how we can jointly contribute to improving outcomes for their young people.

As well as improving our links with social workers, we also want them to have a clear understanding of how to communicate with us. By telling them more about what we do, and what is helpful for us, we aim to bring in more information out with inspections about the outcomes for young people and the performance of services. This intelligence will be critical to us being more targeted in the way we work. Overall, there is a commitment to better joined up working and better alliances being built with our corporate parent partners. Those that work with us don't always have a good understanding of our critical role, but it is imperative that they understand this as a corporate parent.

Commitment 4 - When one of our young people makes a complaint about the care they receive, we will take that complaint seriously and we will respond in a timely, thorough and proportionate way. We will always provide feedback to the person who made the complaint in a way that they will understand.

A more accessible complaints process

If children and young people feel they are not receiving good care, it is important we provide easy ways for them to tell us. The 'Text to Complain' service was launched in early 2021. This resulted in a service where children and young people can now text if they are not happy about their care. The young inspection volunteers co-produced a short [video](#) about the text-to-complain service and designed a [poster](#) that is available to print. For the whole of 2022 there were **10** text complaints logged and passed to triage team. Since January 2023 there have been **six** text complaints logged and passed to triage. This is not the only way children and young people can raise a complaint. There is also an online form, email address and telephone number.

Ensuring inspection reports are more accessible.

During the last three years, young inspection volunteers have worked with strategic inspectors to produce questions and activities to involve children and young people in our inspection work.

Pre-pandemic our young inspection volunteers were central to the review of the existing complaints system and the subsequent identification of a text to complain service for children and young people. They worked alongside staff within the complaints team to consider what was not working well for children and young people. The young inspection volunteers considered the following three areas as important to children and young people:

- accessibility
- confidentiality
- rapid response.

Commitment 5 - We will improve opportunities for our young people to develop skills, experience, and confidence to achieve their employment and career ambitions.

We have made significant progress to enhance the opportunities for care experienced individuals (including the young inspection volunteers, current Care Inspectorate staff who are Care Experienced and those seeking employment with the organisation) to develop skills, experience, and confidence to achieve their employment and career ambitions.

Family firm

In December 2022, the process to develop a 'family firm' concept was started. This is supporting children and young people up to age 18 and can extend to age 26 and beyond for individuals who are care experienced. This will enable more access to employment, education, experiences, and volunteering opportunities across the organisation.

Recruitment and retention

The young inspection volunteers have continued to take an active part in interview panels for senior roles. They support our staff induction and ensures that the voices of our people are heard from the very start of everyone's career with the Care Inspectorate.

- In 2022, two new board members were recruited; both individuals are care experienced and respectively have extensive professional experience of local/national practice and policy delivery in this area.
- In Autumn 2023, we put in place a guaranteed interview for care experienced individuals and trauma informed interview processes.
- In Autumn 2023, we started an organisational staff group for employees who are care experienced.

Age

The young inspection volunteers stated that they do not wish to relinquish their roles at the age of 26 as that they still have a lot to give to the Care Inspectorate.

- In June 2021, we took action to support our young inspection volunteers who transition from their current roles to access other opportunities and make use of services and supports by removing the 26-age barrier for them to volunteer with the Care Inspectorate.

Commitment 6 - We will work with other corporate parents to make sure that together we can do our best for our young people.

Case study: Young People's Voices Group: The Scottish Guardianship Service (2022)

We visited the Young People's Voice's Group to talk about what we do and shared the opportunity for their members to apply to volunteer with us.

Our involvement advisor and Shannon, a young inspection volunteer co-presented to the group and they learned about how they, as a collective, are working to have their voices heard about the care unaccompanied children receive.

"I am glad that we went to meet them, they were so welcoming...they are such wonderful advocates for unaccompanied young people."

Shannon, young inspection volunteer

The group shared their recent report on their own experiences of care and individually talked about the support they had received from the guardianship, social workers, and key workers.

Shannon was able to talk about her experiences of care and her passion for working to ensure children's and young people's voices are heard on inspection. Shannon also explained the role of young inspection volunteers and described some of the practicalities and training involved. This meeting was an important first step in involving unaccompanied young people in our work.

We are an active member key of:

- Scotland's Collaborative Corporate Parenting network, led by Who Cares? Scotland
- the Continuing Care Implementation collaborative, led by the Centre for Excellence for Looked After Children in Scotland (CELCIS).
- National Implementation Group for (Brothers and Sisters) Staying Together and Connected.
- the [Scottish Care Leavers Covenant](#). The Covenant supports corporate parents to bridge the gap between policy and practice, create consistency across Scotland and to help deliver the changes to address the disadvantages that often results from our young people's care experiences.

The Care Inspectorate also signed the pledge to become a [Friend of Who Cares? Scotland](#). This means that we have made a commitment to work with others to raise awareness and to be involved in ending discrimination that our young people face.

Over the last three years we have:

- continued to undertake our joint strategic inspections of services for children in need of care and protection, along with scrutiny partners, who are also corporate parents.
- continued to meet with other corporate parent lead officers, such as the Scottish Social Services Council and Disclosure Scotland to learn, reflect and share good practice.

Through our involvement in these forums and memberships, we can share learning and opportunities for our young people; include the young inspection volunteers in delivering presentations and workshop sessions; and support the planning, content, and delivery of events.

DRAFT

Next steps 2024 – 2026

We are proud of what has been achieved over the last three years and will never be complacent to support 'our' children and young people. These next steps are informing the consultation process and development of the 2024 – 2026 Corporate Parenting Plan.

The Promise

Continue:

- to prioritise and resource the implementation of the recommendations from an internal participation review
- working with the National Trauma Training Programme
- to enhance our staff Promise learning and development framework
- to learn from our scrutiny and regulation work about risks for children in relation to discrimination, survival, and development. We will achieve this by listening carefully to the views of children, their families, and carers
- to increase our collaboration with partners and with other corporate parents,

Early learning and childcare

Continue:

- to prioritise protection and trauma responsive practice

Children and young people (regulated services)

- review our joint guidance for inspectors on the use of restraint with Education Scotland
- launch a revised version of the restrictive practices' notification
- develop reporting from the restrictive practices' notification, to offer improved comparative data, which will be carried out with support from our intelligence team
- continue to engage with the 'reimagining secure care' work being undertaken by Children and Young People's Centre for Justice (CYCJ), around the development of the Children (Care and Justice) Bill
- develop more visual and accessible ways of both giving and seeking young people's feedback
- plan to use inspection reports to demonstrate strong areas of Promise practice in services
- increase (gradually) the involvement of young inspection volunteers across our inspections in 2024 onwards
- improving children and young people's involvement in inspection feedback" and incorporate that into inspection methodology.

Childrens services (strategic)

- to develop methods to engage with children and young people through the use of direct engagement, surveys, and the inclusion of young inspection volunteers
- to ensure we are doing all that we can to hear the voices of children and young people including 'seldom heard voices'
- to publish the report of our review in relation to the Secure Care Pathways and Standards (2020).

Quality Improvement, Participation and Equalities

- to ensure the participation of children and young people is meaningful and purposeful
- to deliver the organisational Equalities, Diversity and Inclusion strategy (2022 – 2025)

Want to know more?

We hope you have found this report about our corporate parenting progress useful. If you would like to find out more about what the group does, or about our young inspection volunteers, please email us at getinvolved@careinspectorate.com or visit our [website](#).



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 2.0 clean) 1b Draft Financial Regulations (version 2.0 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	<input checked="" type="checkbox"/>

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Reason: This report is for information and there is no direct impact on people with protected characteristics.

BOARD MEETING 8 FEBRUARY 2024

Agenda item 14
Report No: B-38-2023/24

Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input checked="" type="checkbox"/> Reason below: There are no data considerations in this report

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 2023. 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 from the approved regulations in March 2023 is set out in paragraph 1.0, page 3, of the Version Control section of the Regulations. These changes comprise:

1. changes to the senior leadership structure
2. Para 6.4 amended to note that Executive Directors are responsible for consideration and agreement of management responses to internal audit findings.
3. an amendment to the delegated authority to approve special payments in para 11.7
4. an amendment to para 19.2 where the approval of gifts has now been delegated to the Executive Director of Corporate and Customer Services
5. an amendment to para 23.3 to provide clarity of the delegated authority to write off losses and debt deemed to be irrecoverable
6. minor grammatical changes.

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 – 08 February 2024

Approved by the Board –

VERSION CONTROL

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
1.0	Board	First Issued Version	30/03/23
2.0	Head of Finance and Corporate Governance	<ul style="list-style-type: none"> • Amendments to reflect structural changes. • Para 6.4 amended to note that Executive Directors are responsible for consideration and agreement of management responses to internal audit findings. • Para 11.7 updated to clarify the delegated authority to approve special payments. • Para 19.2 amended to reflect the change in delegated authority to approve gifts up the value of £200. • Para 23.3 amended to provide clarity of the delegated authority to write off losses and debt deemed to be irrecoverable. • Minor grammatical errors. 	30/01/24

Financial Regulations**INDEX**

Item	Description	Pages
1	Introduction	8
1.1	Chief Executive as Accountable Officer	8
1.2	Executive Director of Corporate and Customer Services as Adviser	8
1.3	Obligation to observe Financial Regulations	8
1.4	Financial reporting	8
1.5	Financial matters	8
1.6	Reports with financial implications	8
1.7	Value for money	9
1.8	Reports on spending	9
1.9	Financial systems	9
2.	Revenue & Capital Budgets	9
2.1	Form of Revenue and Capital Budgets	9
2.2	Preparation of Revenue Budget	9
2.3	Consideration of Revenue Budget and Capital Plan by Board	9
2.4	Definition of capital expenditure	9
3.	Budget monitoring	9
3.1	Budget responsibility	9
3.2	Additional expenditure	10
3.3	Emergency expenditure	10
3.4	Financial information	10
3.5	Executive Directors responsibility	10
3.6	Budget reports	10
4.	Budget Flexibility	10
4.1	Controlled budget flexibility	10
4.2	Virement	10
4.3	Alternative Expenditure Proposals	10
4.4	Fee Income	11
4.5	Flexibility requiring Board approval	11
5.	Accounting	11
5.1	Accounting procedures and records	11
5.2	Annual Report & Accounts	11
6.	Internal audit	11
6.1	Audit and Risk Committee	11
6.2	Authority of Executive Director of Corporate and Customer Services	11
6.3	Procedures in respect of irregularities	12
6.4	Reports to Senior Leadership Team (SLT)	12
6.5	Reports to Audit and Risk Committee	12

Agenda item 14
Appendix 1a

7.	Banking arrangements and control of cheques	12
7.1	Banking arrangements	12
7.2	Control of cash and cheques	12
7.3	Authorised signatories	12
7.4	Bankers Automated Clearing Systems (BACS)	12
7.5	Bank Reconciliation	12
8.	Procurement	12
8.1	Procurement Strategy and Policy	12
8.2	Procurement thresholds	13
8.3	Exceeding original estimate	13
8.4	Training requirements for standard process	13
8.5	Delegated authority	13
8.6	Non-competitive action	14
8.7	Consultancy	14
9.	Orders for works, goods and services	14
9.1	Purchase order requirements	14
9.2	Purchase order exceptions	14
9.3	Emergency procedures	14
9.4	Delegation requirement	14
9.5	Responsibility for orders	14
9.6	Expenditure approver delegation	14
9.7	Authorised signatories	15
10.	Electronic Purchasing Cards (GPC)	15
10.1	Designated officers	15
10.2	GPC purchase restrictions	15
10.3	Cardholder responsibility	15
10.4	Budget Manager responsibility	15
11.	Payment of accounts	15
11.1	Payment performance target	15
11.2	Invoice address	15
11.3	Goods received notes	15
11.4	Manual invoice approval	15
11.5	Payments	16
11.6	Duplicate invoices	16
11.7	Compensation payments	16
11.8	Ex gratia payments	16
12.	Payroll administration	16
12.1	Payment of salaries and wages	16
12.2	Certification procedures	16
12.3	Form of pay documents	16
12.4	Value for money and compliance	17
13.	Income	17
13.1	Statutory fee rates	17
13.2	Charges for goods or services	17

Agenda item 14
Appendix 1a

13.3	Monies due to the Care Inspectorate	17
13.4	Arrangements for rendering accounts	17
13.5	Receipt forms, books, tickets etc.	17
13.6	Arrangements for depositing monies	17
13.7	Personal cheques	17
13.8	Evidence of transfers of monies	17
13.9	Departmental income	18
13.10	Fee Waivers	18
14.	Insurance	18
14.1	Executive Director of Corporate and Customer Services responsible for insurances	18
14.2	Notification to Executive Director of Corporate and Customer Services of any loss	18
15.	Inventories	18
15.1	Care and custody of stores and equipment	18
15.2	Surpluses or deficiencies on stocks and stores	18
15.3	Property not to be used other than for Care Inspectorate purposes	19
16.	Security	19
16.1	Responsibility of maintaining proper security	19
16.2	Limits on cash holdings	19
16.3	Responsibilities for keys to safes etc.	19
17.	Petty Cash Imprest accounts	19
17.1	Imprest system for advances	19
17.2	Guidance on security and limits as to use of imprest	19
17.3	Accounting for advances	19
18.	Travelling, subsistence and financial loss allowances	19
18.1	Procedures for claims for payment	20
18.2	Certification of claims	20
18.3	Business expenses	20
18.4	Travel and accommodation arrangements	20
19.	Expenditure on gifts, hospitality and sponsorship	20
19.1	Provision of hospitality or entertainment of persons	20
19.2	Gifts	20
19.3	Sponsorship	20
20.	Registering and Declaring Interests	20
20.1	Duty to register and/or declare interests	20
20.2	Codes of Conduct	20
20.3	Register of Board Members' Interests	21
20.4	Seeking advice	21
21.	Acceptance of Gifts, Hospitality and Services	21
21.1	Acceptance of gifts, hospitality and services	21
21.2	Duty to register	21

Agenda item 14
Appendix 1a

21.3	Form and guidance	21
22.	Grants Awarded to the Care Inspectorate	21
22.1	Approval of bid by SLT	21
22.2	Referrals to the Sponsor Department	21
23.	Write off of Bad Debts and/or Losses	21
23.1	Write off of losses	21
23.2	Losses exceeding £3,000	21
23.3	Write off of irrecoverable debt	21
24.	Approval and Revision of Financial Regulations by the Care Inspectorate	22
24.1	Frequency and approval of review	22

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, legal, health and safety 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.

Agenda item 14
Appendix 1a

- 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 Management Group (SMG), 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 SMG 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 SMG 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

Agenda item 14
Appendix 1a

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. The Board must approve changes of this nature.

Agenda item 14 Appendix 1a

- 4.3 **Alternative Expenditure Proposals (AEP):** The AEP process (available on the intranet) is used for SMG 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 SMG. It should be noted that no AEP proposal should be used to finance a new service or change an existing Care Inspectorate policy decision. The Board must approve changes of this nature.
- 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.

**Agenda item 14
Appendix 1a**

- (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 Suspected Fraud, Theft or Other Financial Irregularity 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 the relevant Director MG for consideration and agreement of a management response where required. These reports are subsequently considered by SMG.
- 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 effective 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

Agenda item 14
Appendix 1a

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		Procurement strategy business case required (Template 30)	Engage Procurement Team
		Suitable framework available?			
		Yes	No		
Low Value	<£5,000	n/a	Min 1 quote	No	No
Basic Value	£5,000- £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 Process¹	>£179,087	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 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.

¹ The GPA threshold is a VAT inclusive threshold of £214,904. This is reviewed every two years.

**Agenda item 14
Appendix 1a**

- 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 heading and is covered within the approved budgeted expenditure.
- 9.6 Budget managers may delegate financial responsibility to an expenditure

Agenda item 14
Appendix 1a

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

Agenda item 14
Appendix 1a

- (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 special payments in accordance with the Scottish Public Finance Manual up to the value of up to £10,000 (subject to any specific limits set out in the Care Inspectorate Executive Framework). Any special 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.

**Agenda item 14
Appendix 1a**

- (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 SMG 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 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

**Agenda item 14
Appendix 1a**

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

**Agenda item 14
Appendix 1a**

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

**Agenda item 14
Appendix 1a**

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 Executive Director of Corporate and Customer Services 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.

**Agenda item 14
Appendix 1a****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 Management Group before being submitted to the grant provider. SMG 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:

Agenda item 14
Appendix 1a

- 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 related to statutory fees charged to care service providers 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:	HR REPORT – Q3 2023/24
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	
<p>HR metrics for the Board covering Quarter Three – October 2023 to December 2023.</p> <p>Includes data on staff absence and turnover as well as an overview of recruitment during the period and other relevant HR updates.</p> <p>Appendix 1 outlines additional workforce data.</p>	
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		For Discussion	For Assurance	For Decision

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> One is planned or is already in progress	No <input checked="" type="checkbox"/> Reason: Not required as presentation of information only

BOARD MEETING 8 FEBRUARY 2024

Agenda item 15
Report No: B-39-2023/24

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

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

Not applicable – this is a public Board report.

Disclosure after: 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.

HR REPORT – Q3 2023/24**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 2023.

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.

2.0 PROGRESS MADE OCTOBER TO DECEMBER 2023

During this period we started to plan for the upcoming change to shared services and the HR structure and are considering how best we can manage the transition to ensure there is no impact on service delivery.

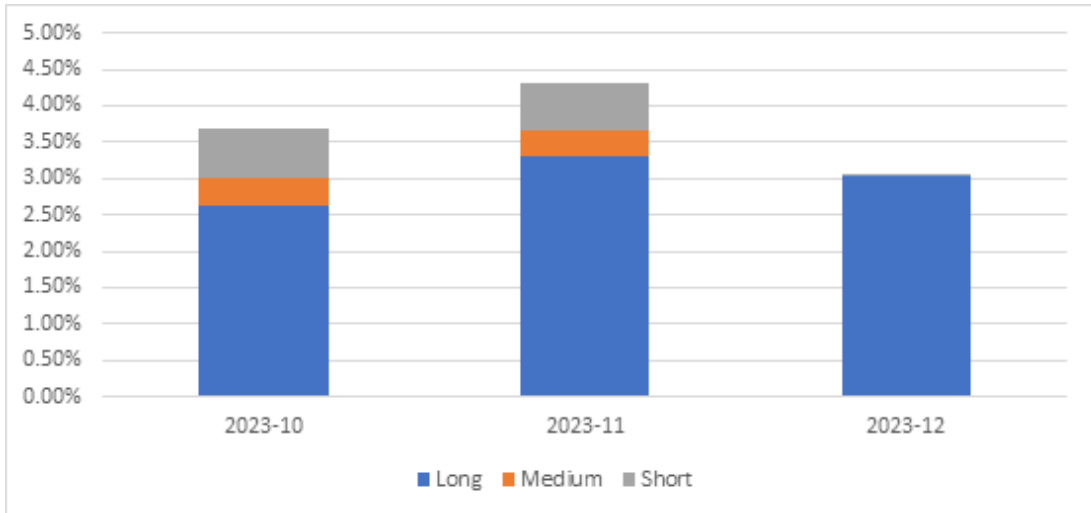
3.0 WORKFORCE DATA**3.1 Sickness Absence**

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 in 2022 (as reported in March 2023) was 3.8% (from a range of 2.6% to 5.2%), compared to 2.2% in private sector organisations.

Month	Long	Medium	Short	Total
Oct 23	2.62%	0.38%	0.69%	3.69%
Nov 23	3.29%	0.36%	0.65%	4.30%
Dec 23	3.04%	0.00%	0.02%	3.07%

BOARD MEETING 8 FEBRUARY 2024

Agenda item 15
Report No: B-39-2023/24

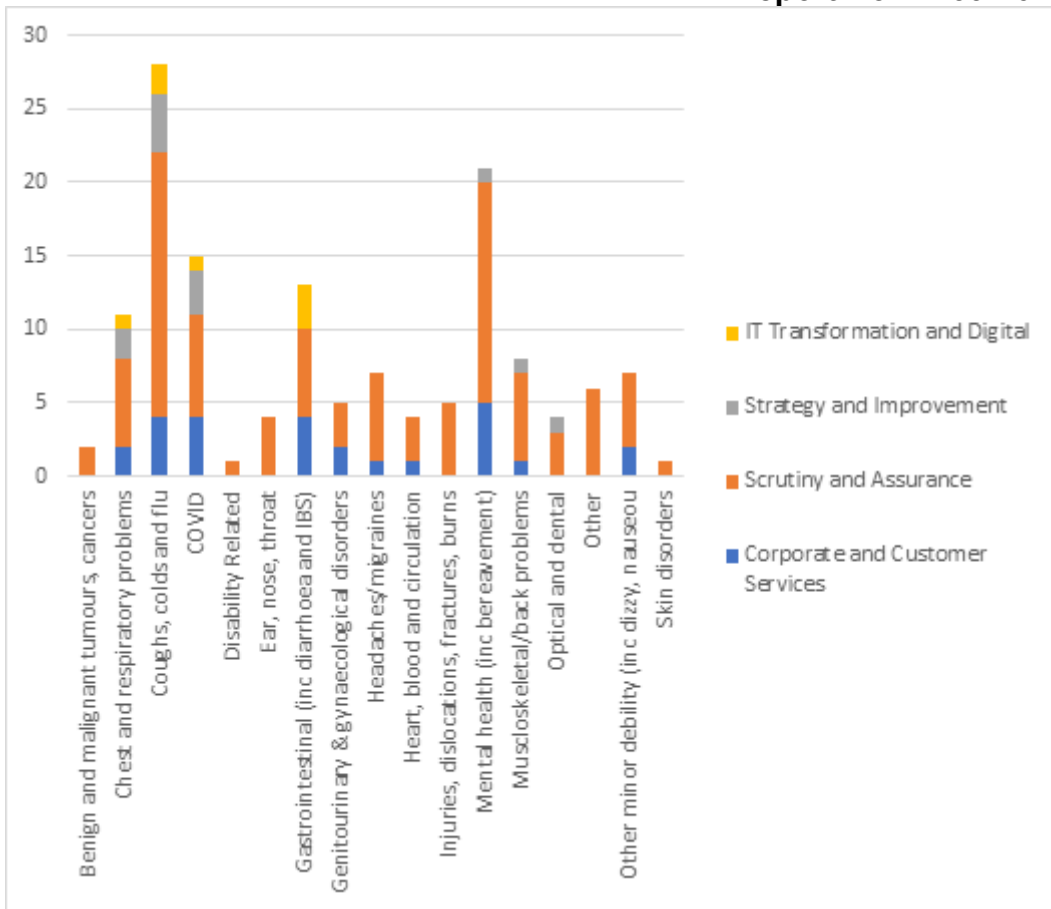


Our absence rate is slightly under the median figure for public bodies for this quarter at an average of 3.7%. The rates for Quarter 3 averaged 3.69%, with a peak of 4.30% in November.

The following chart outlines the reasons given for absence. The largest is the 'Coughs, colds and flu' category with 28 employees.

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.

NB – the early pay date and therefore early payroll cut off in December 2023 means that the figures for December may change when re-run at the end of January 2024 and these will be adjusted in the next report.



3.2. Staff Turnover

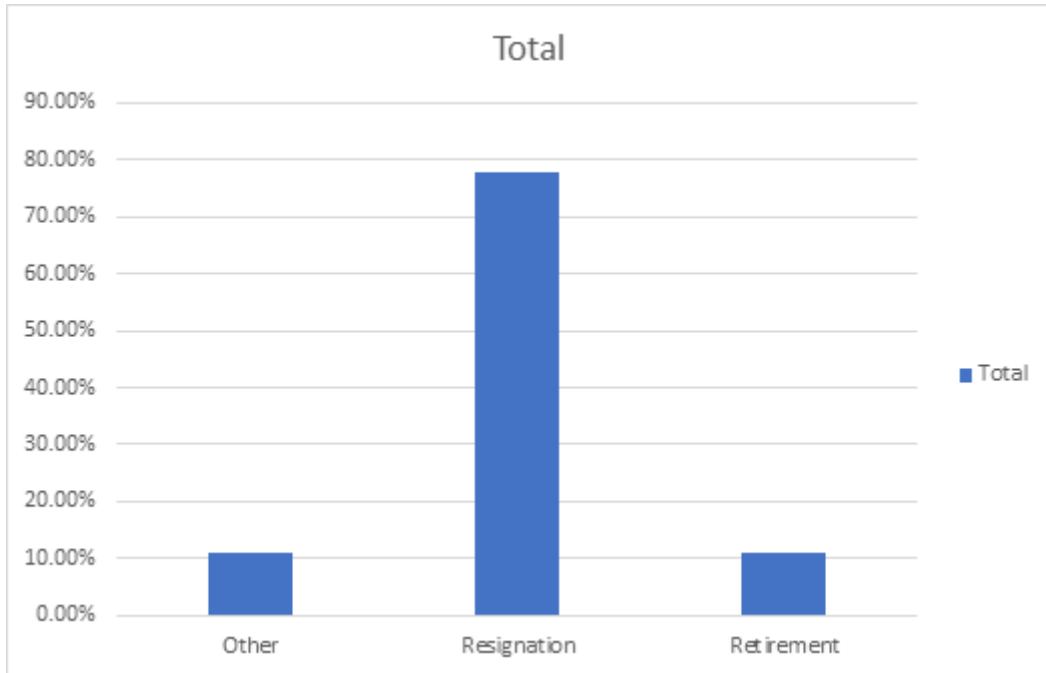
The overall turnover rate for October to December 2023 is 9.65% which is comfortably below the public sector figure in 2022 of 16.2% (voluntary resignations 12.7%). The following table shows turnover over the last 12 month period – the highest month was June 2023 and the lowest November 2023:

Jan 2023	9.86%
Feb 2023	10.14%
Mar 2023	9.95%
Apr 2023	9.62%
May 2023	10.22%
Jun 2023	10.68%
Jul 2023	10.67%
Aug 2023	10.22%
Sep 2023	9.92%
Oct 2023	9.92%
Nov 2023	9.44%
Dec 2023	9.59%

BOARD MEETING 8 FEBRUARY 2024

**Agenda item 15
Report No: B-39-2023/24**

A breakdown of turnover by directorate and by reason for leaving are shown in the following chart and table. 78% of staff leavers were due to voluntary resignations and 11% due to retirement, with the remaining 11% being for other reasons.



Directorate	Other	Resignation	Retirement	Total
Corporate & Customer Services	1			1
IT, Transformation and Digital		3		3
Scrutiny and Assurance		2	1	3
Strategy and Improvement		2		2
Total	1	7	1	9

We completed exit interviews for 4 leavers during this period. These are voluntary but we are looking to increase the take up over the coming months and will continue to report on this.

4.0 RECRUITMENT ACTIVITY

- Between 1 October 2023 and 31 December 2023, we worked with all directorates on 15 recruitment campaigns (there were 7 campaigns which did not close until January or the candidate did not start until the New Year and so only 8 are considered 'complete' for this period).
- Over this quarter we filled 16 vacancies in total. 6 vacancies were filled by new employees and 10 were internal appointments.
- The vacancy fill rate during this period was 88%.
- In this period, 1 agency worker was recruited.

By Directorate

From October 2023 through December 2023 the following recruitment activity has taken place across the Care Inspectorate:

We ran 15 recruitment campaigns of which 4 were internal only. There were 10 campaigns for temporary posts and 5 campaigns for permanent posts.

- Scrutiny and Assurance – 3 in total
- Corporate and Customer Services – 5 in total
- Strategy and Improvement – 2 in total
- ICT and Digital Transformation – 5 in total
- Executive – 0

The number of vacancies filled by directorate was:

- Scrutiny and Assurance – 1 externally / 7 internally = 8 in total
- Corporate and Customer Services – 2 externally / 1 internally = 3 in total
- Strategy and Improvement – 2 externally / 0 internally = 2 in total
- ICT and Digital Transformation – 1 externally / 2 internally = 3 in total
- Executive – 0 externally / 0 internally = 0 in total

We were not successful in recruiting to Customer Support Adviser and PA to Executive Director of IT, Transformation and Digital. However, the vacancy fill rate was 88% which is a 33.5% increase from the last quarter.

The re-run of the Senior HR Adviser (Payroll/Transactional) post took place in Q3 with the candidate taking up post in January 2024.

We processed 149 applications in total this quarter. The average number of applications received per campaign is 10. Applications received increased due to the cautious stance UK employers took to hiring amid the weaker economic climate in Q3. At the same time, UK labour market vacancies fell slightly. The supply of candidates meanwhile continued to rise sharply due to lower levels of hiring activity and this increased the pool of available candidates for both permanent and temporary roles.

4.1 Scrutiny and Assurance Recruitment

Following our last inspector campaign, 21 inspectors have joined the organisation from 25 September through 13 November 2023.

We also have a sizeable inspector talent pool of 10 successful candidates – of which 7 are for ELC, 2 are for Adults and 1 CYP that are ready to backfill any vacancies going forward.

4.2 Value Added Recruitment

We made a commitment to the Young Person's Guarantee [Young Persons guarantee](#) and in alignment with the organisations' Corporate Parenting objectives. The care experienced guaranteed interview scheme was launched in Care Experienced week 21 – 31 October 2023. The scheme will run as our disability guaranteed interview scheme currently operates and where consent is given, we will tailor support to meet the requirements of the individual candidate.

5.0 POLICY REVIEW

As previously noted, many of our People Management Policies have not been updated in line with review dates due to Covid and then resourcing challenges. The CI Business Partnering team have been working extremely hard this year on this, establishing the Policy Review Working Group and engaging with other stakeholders such as Equality leads. Due to this effort we have progressed our policies as outlined:

The following policies were approved by the Strategic Management Group this quarter and are with Partnership Forum for final ratification:

- Recruitment and Selection
- Workforce Change
- Maximising Attendance
- Family Friendly Policy (incorporates maternity, paternity, adoption leave)

The following policies will be presented to the SMG in February:

- Capability
- Grievance
- Dignity at Work

The Equality and Diversity policy will progress to the SMG in March 2024.

The following policies will be progressed in Quarter 4 and Quarter 1:

- Discipline
- Code of Conduct (now includes Dress Code Guidance following feedback from the Policy Review Group)

Agenda item 15
Report No: B-39-2023/24

- Flexible Working and Flexi Time Guidance and Leave (this includes Carers Leave, Special Leave, Annual Leave and Bereavement Guidance)

6.0 EMPLOYEE RELATIONS APPEALS

We have had no appeals against grievance or disciplinary outcomes in this quarter.

7.0 IMPLICATIONS AND/OR DIRECT BENEFITS

7.1 Resources

There are no additional resource implications because of this report.

7.2 Sustainability

This report is for information only and there are no sustainability issues or benefits because of it.

7.3 Policy

There are no direct policy implications in relation to this report but the budget pressures for the CI will have an impact on the HR team in terms of a recruitment freeze and workforce planning support.

7.4 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.

7.5 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.

8.0 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	131	110.50
Executive Team	5	4.75
IT Transformation and Digital	28	25
Scrutiny and Assurance	414	382.46
Strategy and Improvement	72	65.18
Grand Total	650	587.89

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).

At the time of this report there were 2 agency workers.

Breakdown by sex

Directorate	Female	Male
Corporate and Customer Services	119	12
Executive Team	3	2
IT Transformation and Digital	12	16
Scrutiny and Assurance	345	69
Strategy and Improvement	54	18
Total	533	117
% of workforce	82	18

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.

NB – the Dunfermline office closed during this quarter and the next report will show which office staff have relocated to.

We have been able to attract employees who live further away from one of our offices due to hybrid working arrangements.

Office Location	Headcount	%
Aberdeen	47	7.23
Dumfries	10	1.54
Dundee	157	24.15
Dunfermline	45	6.92
Edinburgh	77	12.22
Elgin	7	1.11
Hamilton	63	10.00
Inverness	24	3.81
Oban	5	0.79
Paisley	145	23.02
Selkirk	14	2.22
Shetland	1	0.16
Stirling	42	6.67
Stornoway	2	0.32

Age profile

More than 70% of our current workforce are over 45, with 41% over 55.

Directorate/Age	Under 25	25-34	35-44	45-54	55-64	65+
Corporate and Customer Services	3	19	21	31	51	6
Exec Team	Fewer than 5 in each category so not listed for data protection					
IT Transformation and Digital		2	7	10	9	
Scrutiny and Assurance		14	83	140	157	20
Strategy and Improvement		7	18	28	18	1
Total	3	42	129	210	239	27
% of workforce	0.46	6.46	19.85	32.31	36.77	4.15

The following table shows the age profile of the organisation on 31 December each year.

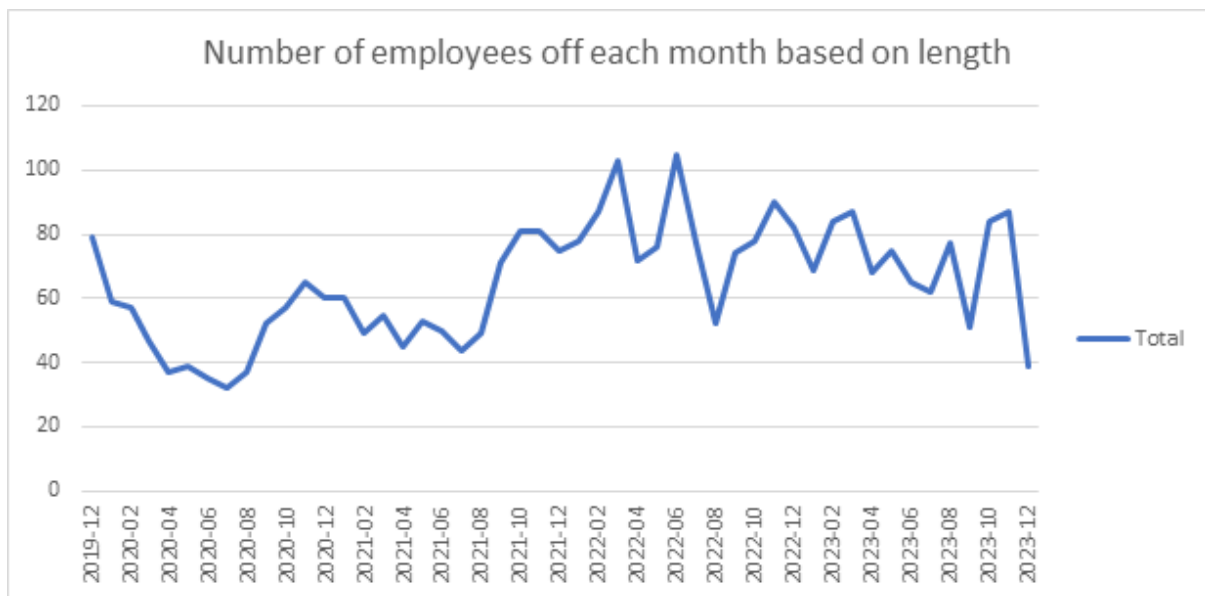
There has been a gradual increase of staff aged 55 to 64 but the most significant increase is in the 35 to 44 age range.

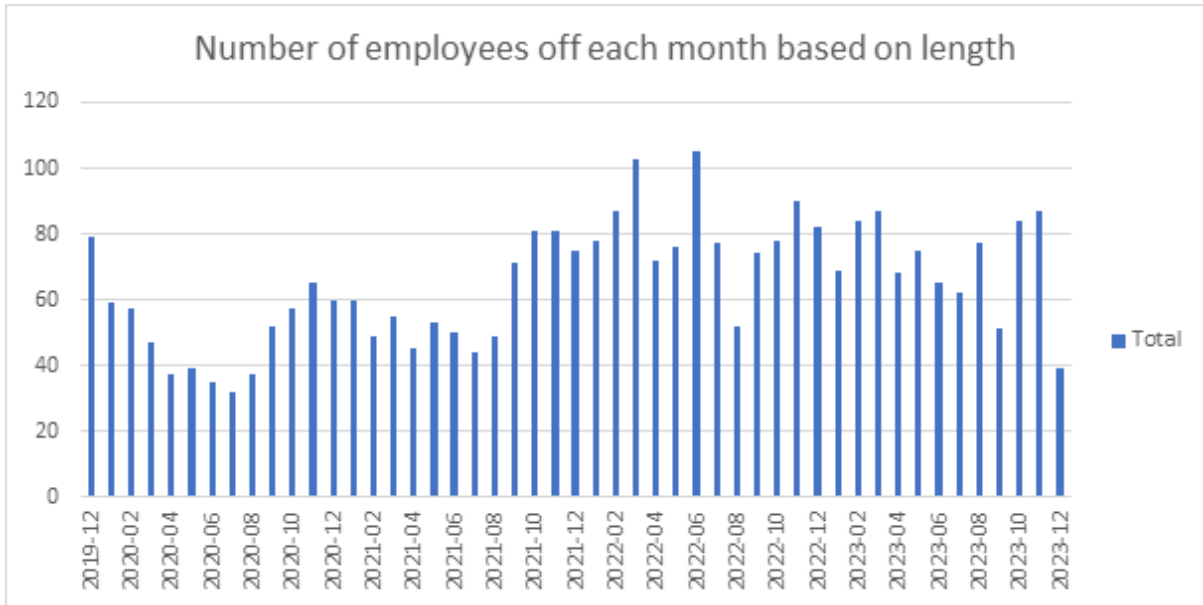
Age Range	2018	2019	2020	2021	2022	2023
Under 25	8	8	6	5	6	3
25 to 34	42	41	38	44	40	42
35 to 44	93	92	96	113	127	129
45 to 54	239	227	202	206	209	210
55 to 64	221	222	228	230	244	239
65+	22	30	33	29	26	27

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 have also established a 'talent pool' for inspectors so we can over recruit to vacancies and have a constant pool of resource to draw from – this will be helpful while we undertake a recruitment freeze.

Sickness Trends

The following charts show sickness and trends from December 2019 to December 2023.





As shown, there are fluctuations in employees absent due to sickness with a high of over 100 in March and June 2022 and a low of about 30 in July 2020.



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

EXECUTIVE SUMMARY

The Strategic Risk Register monitoring position is presented for the Board's consideration. The Audit and Risk Committee reviewed the position at its meeting of 14 December 2023.

The Board is invited to:

1. Consider the current risk monitoring position.
2. Agree the proposed addition to "consequences" for strategic risk 3 (2.3)
3. Agree the addition of 2 new strategic risks Capacity Diverted to Inquiries and Operation Koper (2.7) and Modern Day Slavery (2.8)

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

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	One is planned or is already in progress	Reason: Monitoring report.

BOARD MEETING 8 FEBRUARY 2024

Agenda item 16
Report No: B-40-2023/24

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: <i>(see Reasons for Exclusion)</i> Not applicable – this is a public Board report.
Disclosure after: Not applicable

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

STRATEGIC RISK REGISTER MONITORING REPORT**1.0 INTRODUCTION / BACKGROUND**

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

2.0 STRATEGIC RISK REVIEW**2.1 Strategic Risk 1 – Delivery of Strategy
Risk Owner – Chief Executive**

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 8 (medium).

This risk is at its target level.

**2.2 Strategic Risk 2 - Financial Sustainability
Risk Owner – Executive Director Corporate and Customer Services (CCS)**

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 16 (high).

It is likely this risk will remain high until we have concluded 2024/25 funding discussions with the Scottish Government, there is more known about National Care Service implications and we have more detail on how the budget deficits set out in our financial strategy are to be addressed.

This risk exceeds its target level and has now done so for 24 months. We are working with the Sponsor Department and Health Finance to reduce the risk level.

**2.3 Strategic Risk 3 - Workforce Capacity
Risk Owner – Executive Director CCS/Exec Director Strategy and Improvement (S&I)**

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 12 (high).

This risk has been above its target level for 2 months.

ARC also decided to recommend to the Board an additional strategic risk to recognise the specific workforce capacity issues created by the ongoing public inquiries and operation Koper (see 2.7 below).

The risk position has been further considered by both the Strategic Management Group and the Executive Team in the light of the proposed 2024/25 funding position and the likely staff reductions required to reduce our budgeted net

expenditure. The Board is asked to consider adding the following points to the “**What would the consequences be?**” section of the risk:

1. Significant delays for new services applying to register becoming operational (may become a barrier to registering new services)
2. Extended periods of time between planned inspections reducing scrutiny and assurance effectiveness and reducing the credibility and reliability of our grading system
3. Inability to investigate and deal with complaints within a reasonable timescale placing people who use care services at greater risk.

2.4 Strategic Risk 4 - Partnership Working
Risk Owner – Executive Director Scrutiny and Assurance (S&A)

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 8 (medium).

This risk is at its target level.

2.5 Strategic Risk 5 – IT Data Access & Cyber Security
Risk Owner – Executive Director IT and Digital Transformation (IT&DT)

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 12 (high).

The target level for this risk is low and our tolerance has been set at medium. This risk therefore exceeds target and tolerance levels. This risk has been above target and tolerance levels for 29 months and therefore the tolerance rating is Red.

We are managing risk with respect to legacy infrastructure and lack of historical investment. It is this that keeps the risk scoring at High. This should stay at this level until we have addressed the legacy infrastructure risk and brought all systems into a “managed state” where our software and hardware components are in a supportable state. A “supportable state” means that we are able to proactively patch (maintain) our systems to reduce risk, or react quickly with an emergency patch, if/when an exploit is discovered. It would be misleading to reduce our risk score to anything lower than High until these risks are addressed. It is expected that these risks will be addressed during 2023/24, however this is subject to our capacity and not having to redirect resource to other unplanned projects.

2.6 Strategic Risk 6 – Legacy Business Applications
Risk Owner – Executive Director IT&DT

ARC concluded there was no need to change the current risk position with the residual risk score remaining at 15 (high).

The residual risk score is 15 (high) which is above the target and tolerance levels which are both low. The further actions to mitigate this risk require investment but with our core budget already showing a significant funding gap there is no funding currently identified to support the required investment.

2.7 Proposed New Strategic Risk 7 – Capacity Diverted to Inquiries and Operation Koper
Risk Owner – Exec Director S&A

ARC is recommending the inclusion of a new strategic risk on the increasing need to divert capacity towards effectively responding to the ongoing Historical Abuse Inquiry, the Scottish Covid Inquiry, the UK Covid inquiry and Operation Koper.

The draft risk is shown as risk 7 on the Strategic Risk Monitoring Statement (Appendix 2). The Board is requested to agree the inclusion of this risk on the strategic risk register subject to any amendments the Board may suggest.

This new risk has been assessed as high and is above target level.

2.8 Proposed New Strategic Risk 8 – Modern Day Slavery
Risk Owner – Exec Director S&A & Exec Director S&I

The financial and staffing pressure in the care sector make care services an attractive target for modern day slavery. There is a risk to the quality of care as modern slavery will entail high turnover of unqualified staff engaged for short periods of time (to avoid SSSC registration). There are also potential reputational consequences for the Care Inspectorate if we do not identify the existence of modern day slavery within services we have inspected.

ARC considered this and recommended the addition of a new Modern Day Slavery risk to the strategic risk register.

We are working on amending our scrutiny methodology, training our staff and working with several partners to determine roles, responsibilities and expectations with regard to Modern Day Slavery.

The draft risk is shown as risk 8 on the Strategic Risk Monitoring Statement (Appendix 2). This new risk has been assessed as medium and is at target level.

The Board is requested to agree the inclusion of this risk on the strategic risk register subject to any amendments the Board may suggest.

3.0 RESIDUAL RISK TOLERANCE RATING

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

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

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

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

There are no resource implications associated with this report.

4.2 Sustainability

There are no sustainability implications associated with this report.

4.3 Policy

There are no policy implications associated with this report.

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

The management of risk is essential to the successful delivery of our strategic outcomes (as set out in our [Corporate Plan](#)) all of which are intended to improve the provision of care.

4.5 Customers (Internal and/or External)

There are no direct customer implications or benefits.

5.0 CONCLUSIONS/NEXT STEPS

The Board is requested to review the Strategic Risk Register.

SUMMARY STRATEGIC RISK REGISTER: 2023/24 (as at 8 February 2024)

No.	Risk Area	Corporate Plan	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Initial Residual Grade	Current Residual Grade
1	Delivery of Strategy	SO 1,2,3,4	CE	16	High	8	Medium	Medium
2	Financial Sustainability	SO 1,2,3,4	EDCCS	16	High	16	Medium	High
3	Workforce Capacity	SO 4	EDSI & EDCCS	16	High	12	Medium	High
4	Partnership Working	SO 1,2,3	EDSA	16	High	8	Medium	Medium
5	ICT Data Access & Cyber Security	Digital Trans	EDIDT	20	Very High	12	High	High
6	Legacy Business Applications	Digital Trans	EDIDT	25	Very High	15	High	High
Proposed new strategic risks:								
7	Capacity Diverted to Inquiries / Operation Koper	SO 4	EDSA	20	Very High	15	High	High
8	Modern Day Slavery	SO 1,2,3	EDSA & EDSI	12	High	9	Medium	Medium

SCORING GRID

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

IMPACT

Black = Very High

Red = High

Amber = Medium

Green = Low

White = Very Low

Lead Officers

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

Strategic Risk Register Monitoring

Date	For Board review 8 February 2024																	
Risk		Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Movement	Key Controls	Further Actions	Risk Appetite / Target / Tolerance	Risk Owner			
1	<p>Delivery of Strategy</p> <p>What is the Potential Situation? We are unable to fulfil our core purpose due to our inability to adapt and manage change necessitated by the impact of external factors</p> <p>What could cause this to arise? Change to macro environment adversely impacts together with an inability to influence or react / adapt appropriately; ineffective leadership and/or decision making in adapting to the change; insufficient capability or capacity to manage the changes required. The set-up of the National Care Service, the Independent Review of Inspection, Scrutiny and Regulation (IRISR) and the availability of public sector funding are the currently identified external factors that could have a significant impact on the Care Inspectorate</p> <p>What would the consequences be? Inability to provide the desired level of scrutiny, assurance and improvement support. Reduction in the quality of care and protection for vulnerable people across Scotland. Reputational damage with reduced public and political confidence. Possible reduced SG funding. Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation.</p>	4	4	16	H	2	4	8	M	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Corporate Plan 2022 – 25 in place with supporting operational plans and performance measures and under continuous review ii. Regular Sponsor liaison meetings iii. Regular meetings with the Minister for mental health and wellbeing and other Ministers iv. Attendance at Strategic Scrutiny Group v. Horizon scanning through our policy team vi. Scrutiny and Assurance Plan agreed by Minister vii. Attendance at key national forums viii. Attendance at meetings related to the NCS ix. Improvement and involvement support strategy Action Plan 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Strengthening use of risk and intelligence to inform our work. ii. Further promotion of the ‘improvement offer’ of the organisation to be undertaken alongside reporting on improvement work plan to date iii. Implementation of Stage 2 Transformation 	<p>Appetite: cautious Target: medium Tolerance: high</p> <p>At target level</p> <p>Rating: Green</p> <p>Response: Accept</p>	CE			
2	<p>Financial Sustainability</p> <p>What is the Potential Situation? Funding level fails to increase in line with inflation, external cost pressures and additional demands</p> <p>What could cause this to arise? Inability to influence and agree sufficient funding with the Scottish Government; financial planning not aligned to corporate, operational & workforce plans, unexpected additional or changes to demands; insufficient data or information to accurately cost activities; potential costs arising from Covid 19 public inquiry; current “cost of living crisis”.</p> <p>What would the consequences be? Resulting in adverse impact on our ability to deliver the scrutiny and improvement plan, reputational damage, reduced confidence in care and protection arrangements, reduced future funding, reduced ability to influence change and policy development.</p>	4	4	16	H	4	4	16	H	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Medium term budget and financial strategy are regularly reviewed ii. Monthly budget monitoring. This includes specific monitoring of the Stage 2 Transformation project budget. iii. Positive working relationships maintained with SG 	<p>Further Actions</p> <ul style="list-style-type: none"> i. Agree financial monitoring process for Stage 2 of Business and Digital Transformation ii. Early consideration of National Care Service financial implications following any announcement by SG 	<p>Appetite: cautious Target: medium Tolerance: high</p> <p>Above target for 24 months and at high end of tolerance level</p> <p>Rating: Red</p> <p>Response: Treat</p>	EDCCS			

												<ul style="list-style-type: none"> iv. Regular liaison meetings with SG Health Finance v. Ongoing review and development of savings and income generation options vi. Digital Transformation Stage 2 budget monitoring reported to Board 			
3	<p>Workforce Capacity</p> <p>What is the Potential Situation? We are required to curtail our activities to prioritise areas we identify as highest risk due to a lack of workforce capacity.</p> <p>What could cause this to arise? We do not have an effective strategic workforce plan to support the delivery of our corporate plan objectives; we do not have effective workforce planning at directorate and team level; there is ineffective monitoring of workload and capacity; we fail to recruit and retain staff in sufficient numbers and with the required skillset, we have an inefficient organisation structure and/or job design; there are ineffective staff learning and development plans; our reward offer is uncompetitive; we do not adequately address the aging demographic of a significant element of our workforce; the public enquiry process diverts resources from our intended activities. Our funding is insufficient to deliver the workforce capacity we need.</p> <p>What would the consequences be? Inability to provide the desired level of scrutiny, assurance and improvement support Reduction in the quality of care and protection for vulnerable people across Scotland Reputational damage with reduced public and political confidence Possible reduced SG funding Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation Significant delays for new services applying to register becoming operational (may become a barrier to registering new services) Extended periods of time between planned inspections reducing scrutiny and assurance effectiveness and reducing the credibility and reliability of our grading system Inability to investigate and deal with complaints within a reasonable timescale placing people who use care services at greater risk.</p>	4	4	16	H	4	3	12	H	High	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Strategic workforce plan ii. Workload and capacity monitoring iii. Staff learning and development plan iv. LEAD process v. Recognised job evaluation system vi. Regular salary benchmarking vii. Partnership working agreement viii. Strategic Workforce Plan 2023 -26 and associated action plan agreed by Board ix. Biennial staff survey with PULSE surveys in between x. Dedicated recruitment team 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Develop succession planning ii. Strengthen use of risk and intelligence iii. Pay and grading review iv. Inspector Resources thematic review v. Increase Sponsor awareness of impact of inquiry workload demands 	<p>Appetite: cautious Target: medium Tolerance: medium</p> <p>Above target level for 2 months</p> <p>Rating: Amber</p> <p>Response: <input type="text" value="Treat"/></p>	EDS&I & EDCCS
4	<p>Partnership Working</p> <p>What is the Potential Situation? The Care Inspectorate collaborative working with our key scrutiny and delivery partners is compromised and we are not able to:</p> <ul style="list-style-type: none"> • participate in, or progress, work which would help deliver our strategic objectives • deliver public service scrutiny in a joined up and collaborative way • deliver our agreed scrutiny and improvement plan <p>What could cause this to arise? Scrutiny and delivery partner strategies are not aligned well enough to our own; our ability to fully resource our own or our partners' strategic priorities; unexpected changes in environment (PESTEL); unclear, misaligned or incomplete individual and joint plans; collaborative work does not have or adhere to legal underpinning; inadequate or deficient Information Technology; inaccurate or inappropriate information sharing.</p> <p>What would the consequences be?</p>	4	4	16	H	2	4	8	M	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Wide consultation and regular meetings at Senior level inter-organisation meetings ii. Effective external comms strategy in place iii. Membership of National Strategic Scrutiny Group iv. MoUs or agreed protocols in place with all relevant partners v. Chief Executive and Directors monitor and 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Continuing engagement with Scottish Government officials and others on the development of a National Care Service, IRIRS and educational reform. 	<p>Appetite: cautious Target: medium Tolerance: High</p> <p>At target level</p> <p>Rating: Green</p> <p>Response: <input type="text" value="Accept"/></p>	EDS&A

	Reputational damage; loss of confidence and credibility, unable to fulfil statutory obligations; damage to relationship with scrutiny and delivery partners.											carefully manage relationships with scrutiny and delivery partners			
												vi. Deputy Chief Exec has specific role to promote parentship working with other scrutiny/public bodies/provider groups			
												vii. Inspection Plan for 2023-24 and Scrutiny & Assurance Strategy approved by Board on 9.2.23 includes ongoing commitment to collaborative scrutiny.			
												viii. Improvement Strategy details collaboration with other bodies.			
5	<p>IT Data Access & Cyber Security</p> <p>What is the Potential Situation? Our systems or data are compromised due to cyber security attack.</p> <p>What could cause this to arise? Low overall maturity in security policy, procedure and controls. Lack of security awareness training, failure to invest in the controls and infrastructure to limit, detect and respond quickly to threats.</p> <p>What would the consequences be? Serious disruption to business and operational activities, we are held to ransom or face significant fines, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud, additional scrutiny overhead.</p>	5	4	20	VH	3	4	12	H	High	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. IT security protocols and monitoring of compliance with the protocols ii. Trained IT staff iii. Physical security measures iv. Business Continuity plans in place v. Cyber Security assessments (including Cyber Essentials+) to be maintained annually vi. Routine penetration testing vii. Cyber Security Maturity baselined and improvement plan in progress viii. Specific budget allocated to security ix. Security compliance included in the monthly IT Operations report and therefore regularly reviewed and discussed. x. Established regular vulnerability testing xi. Established Information Security Working Group 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Implement Phase 2 of the Cyber Security improvement plan, to develop security maturity towards a Managed state ii. Enhance IT staff cyber security awareness and technical training iii. Implement additional security controls and reporting capabilities iv. Projects designed to reduce infrastructure security risks v. Extend security testing to include end-user awareness vi. Managers versed on supporting a security incident response. vii. Implement an Information Security Management System to 	<p>Appetite: cautious Target: low Tolerance: medium</p> <p>Has exceeded tolerance for 29 months. It is expected that these risks will be addressed during 23/24, however this is subject to our capacity and not having to redirect resource to other unplanned projects..</p> <p>Rating: Red</p> <p>Response: Treat</p>	EDIT&D

												<ul style="list-style-type: none"> xii. supporting org-wide security consultation xiii. Regular updates to Leadership teams on progress on Cyber Security improvements xiv. Communication plans in place to maintain Security awareness and engagement across organisation xv. Plans established to support recovery of key systems xvi. Multi-Factor authentication is the default for user access to systems xvii. Bi-annual updates to the ARC on progress to security improvement plan. xviii. Confirmed a Defined state of security maturity xix. Established a Managed Detection & Response service with security partners. xx. Established a permanent role to support Cyber Security maintenance and development. xx. Cyber Security training is mandatory, to be refreshed on an annual basis, for all staff 	<ul style="list-style-type: none"> viii. evidence that all policy and controls in place are being actively managed. ix. Define a Cyber Security Strategy x. Establish a Cyber Security sponsor at Board level. xi. DR plans are developed and tested as part of planned Infrastructure upgrade works xi. Establish formal Security Objectives, Roles and Responsibilities across the wider organisation 		
6	<p>Legacy Business Applications What is the Potential Situation? Legacy business systems are inefficient, ineffective and no longer financially and technically viable or sustainable. The domain knowledge of the bespoke code and database constructs are known to a very limited number of staff members. There is limited supporting documentation, low maturity of coding standards, limited capacity and scope for extensibility, and low confidence in the legacy business system platforms as being suitable for the current or future needs of the organisation. The legacy business system platform presents a single point of failure for supporting business operations that are critical to the remit and function of the organisation. The Stage 2 Transformation Business Case was submitted to Scottish Government to secure funding to enable the digital transformation of the scrutiny, assurance and improvement business processes, including replacing the inflexible, outdated technologies with digital services. The business case is essential to fulfilling the objectives in the Corporate Plan. The risk is that the legacy systems fail prior to the replacement system being in place and the incumbent team are unable restore the system to support continuity of business operations.</p>	5	5	25	H	3	5	15	H	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> xi. Secondary RMS Platform for DR and Security Testing xii. RMS hardware platform replaced by cloud platform xiii. Market appraisal suggests that a 3rd party support service is a feasible option. 	<p>Further Actions:</p> <ul style="list-style-type: none"> vi. Document the legacy design to facilitate ongoing support (linked to Managed Service Procurement activity) vii. Provide a capability to provide access to data if legacy systems fail viii. Define plan/procedures for business continuity in event of legacy system failure 	<p>Appetite: Cautious Target: Low Tolerance: Low</p> <p>Above target and tolerance level for 15 months</p> <p>Rating: Red</p> <p>Response: Treat</p>	EITD

	<p>What could cause this to arise? Loss of key personnel, and domain knowledge that is critical to maintaining continuity of service that are dependent upon legacy systems.</p> <p>What would the consequences be?</p> <ul style="list-style-type: none"> • Ever increasing likelihood of service outage, degradation, and unresolved errors, resulting in information becoming inaccessible or inaccurate. • Legacy applications cannot be enhanced to meet internal and external stakeholder needs. • No capability to support NCS and evolving needs of government and partner organisations. • Unable to meet statutory requirements and to produce accurate reports on time. • Staff resort to cumbersome and inefficient workarounds, decreasing efficiency and increasing operational costs. This could result in missed reporting deadlines, staff frustration, provider frustration and ultimately reputational risk. • Increasing operational costs required to maintain a basic level of service. 												<ul style="list-style-type: none"> ix. Secure extended support resourcing for legacy systems x. Enhance legacy system testing. Upgrade cloud hosting platform and develop DR capability with 3rd party partners. <p>Note: Mitigations require on-going substantial investment to contain the operational risk</p>		
7	<p>Capacity Diverted to Inquiries and Operation Koper What is the Potential Situation? Our staff are required to devote a significant proportion of their available capacity towards responding effectively to the demands of Operation Koper, the UK Covid Inquiry, the Scottish Covid Inquiry and the Historical Abuse Inquiry. This is at the expense of our core scrutiny and quality improvement work.</p> <p>What could cause this to arise? The Inquiries and Operation Koper are important and in order to make an effective, timely and competent contribution significant time is required of our Inspectors, Team Managers, Service Managers, Chief Inspectors, our legal team, Improvement Advisers, business support and the Executive Director of Scrutiny and Assurance to provide the information demanded, prepare witness statements and otherwise support the demands of the inquiries / Koper. This is at a point in time when our workforce capacity is already under pressure.</p> <p>What would the consequences be? Inability to provide the required level of scrutiny, assurance and improvement support as set out in our Scrutiny and Assurance Plan Inability to take enforcement action in a timely manner Reduction in the quality of care and protection for vulnerable people across Scotland Reputational damage with reduced public and political confidence Possible reduced SG funding Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation</p>	5	4	20	VH	5	3	15	H	High	New	<p>In Place:</p> <ul style="list-style-type: none"> i. Modelled time commitment for Operation Koper activity ii. Sponsor informed of this risk 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Staff involved to record time spent on Inquiry / Koper work ii. Report on planned scrutiny activity not undertaken iii. Close monitoring of highest priority / risk scrutiny activity to ensure still undertaken 	<p>Appetite: cautious Target: medium Tolerance: medium</p> <p>Above target level</p> <p>Rating: <input type="text" value="new"/></p> <p>Response: <input type="text" value="Treat"/></p>	EDSA
8	<p>Modern Day Slavery What is the Potential Situation? We do not respond appropriately or effectively to the threat of modern day slavery existing within the care sector. (The financial and staff recruitment and retention pressures within the care sector makes care services an attractive target for Modern Day Slavery).</p> <p>What could cause this to arise? We have intelligence gaps on this emerging threat Our scrutiny approach is not designed to identify modern slavery There is ambiguity in our role and responsibilities for identifying modern slavery and the interventions we should take when identified</p>	4	3	12	H	3	3	9	M	M	New	<p>In Place:</p> <ul style="list-style-type: none"> i. Inspection framework updated to include 2 MDS related key questions ii. All adult registered services inspectors have received training from the home office regarding modern day slavery 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Identify executive lead. ii. Implementation of action plan agreed by the Executive Team 	<p>Appetite: Cautious Target: Medium Tolerance: High</p> <p>At target level</p> <p>Rating: <input type="text"/></p> <p>Response: <input type="text"/></p>	EDSA & EDSI

	<p>What would the consequences be? Reduction in the quality of care and protection for vulnerable people across Scotland. Reputational damage with reduced public and political confidence. Damage to relationships with partners such as Police Scotland and Home Office</p>														
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



BOARD

Schedule of Business 2024/25

BUSINESS TOPIC	9 May 2024	15 Aug 2024	14 Nov 2024	13 Feb 2025	27 Mar 2025 (Budget Only)
Chair's Report (quarterly)	✓	✓	✓	✓	
Chief Executive Report (quarterly)	✓	✓	✓	✓	
STRATEGY AND POLICY ITEMS					
Approval of Care Inspectorate Strategies on a rolling/as required basis <ul style="list-style-type: none"> • 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 • Procurement Strategy <i>(3 year cycle, next due 2026-29, to last meeting of Board cycle)</i> 					
Timeline for new Corporate Plan	✓				
Scrutiny and Assurance Strategy and Plan 2025/26 (Plan to be marked as "Private item")				✓ (Plan)	
Budget and Indicative Budgets					✓

BUSINESS TOPIC	9 May 2024	15 Aug 2024	14 Nov 2024	13 Feb 2025	27 Mar 2025 (Budget Only)
Strategic Risk Register 2024/25 (for approval)		✓			
Approval of Risk Appetite and Risk Policy		✓			
MONITORING AND GOVERNANCE ITEMS					
Monitoring our Performance Quarterly Report	Q4	Q1	Q2	Q3	
Minutes/Report of Audit and Risk Committee	✓ (7/3/24 meeting)	✓ (30/5/24 meeting)	✓ (3/10/24 meeting)	✓ (19/12/24 meeting)	
Complaints Activity – Annual Report		✓			
Annual Accounts 2022/23 Progress Report <i>(to 1st Quarter meeting of Board)</i>	✓				
Budget Monitoring and Staffing Quarterly Update	Q4	Q1	Q2	Q3	
Health and Safety Annual Report 2022/23 <i>(normally to 1st meeting of Board cycle)</i>	✓				
UNCRC and Care Experience Annual Report <i>(to Q4 meeting of each Board cycle. Triennial report due in Q4 2027.)</i>				✓	
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 w.e.f 2024/25)	✓ (verbal update)				
Board and Committee Cycle 2025/26: meeting dates		✓			
Shared Services Update Report Annual Report		✓			
Approval of Pay Remit for submission to Scottish Government (tbc)					
Update on Significant Organisational Restructures <i>(when required)</i>					
Approval of Compensation Payments <i>(when required)</i>					

BUSINESS TOPIC	9 May 2024	15 Aug 2024	14 Nov 2024	13 Feb 2025	27 Mar 2025 (Budget Only)
STANDING ITEMS					
Strategic Risk Register	✓	✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	
CI Employee Relations Appeals (<i>standing item, but only when required</i>)					
PRIVATE AND CONFIDENTIAL ITEMS					
Scrutiny and Assurance Plan 2025-26 (<i>see also page 1</i>)				✓	
Annual Report and Accounts					
- Audit and Risk Committee Annual Report			✓		
- Draft Annual Report and Accounts 2023/24					
- Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit					
- Letter of Representation					