care inspectorate

A Meeting of the Care Inspectorate Board is to take place from
10.30 am-1.30 pm on Thursday 13 February 2025
Meeting Room 1.02/1.03, Compass House, Dundee

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

AGENDA

PUBLIC SESSION

Item		Time
1.	Welcome and Introductions	10:30
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Previous Meetings held on 14 November 2024 4.1 Minutes of Private Board Meeting *(circulated to Board members and Executive Team only)* 4.2 Minutes of Public Board Meeting *(paper attached)*	10:35
5.	Action Record of Board meeting held on 14 November 2024 *(paper attached)*	
6.	Matters Arising	
7.	Chair's Quarterly Report – Report No: B-40-2024/25 *(for noting)*	10:40
8.	Chief Executive's Report – Report No: B-41-2024/25 *(for noting)*	10:45
	STRATEGY AND POLICY	
9.	Corporate Plan 2026 Onwards - Report No: B-42-2024/25 *(for decision)*	10:50
10.	Legal Strategy 2025-27 - Report No: B-43-2024/25 *(for decision)*	11:05

	MONITORING AND GOVERNANCE	
11.	Framework document between the Care Inspectorate and Scottish Ministers *(verbal update, for noting)*	11:15
12.	Monitoring our Performance 2024/25: Quarter 3 Report – Report No: B-44-2024/25 *(for discussion and noting)*	11:25
13.	Budget Monitoring Summary Report – Report No: B-45-2024/25 *(for noting and discussion)*	11:35
14.	Audit and Risk Committee Update to the Board (meeting held 19 December 2024) – Report No: B-46-2024/25 *(for assurance)*	11:45
15.	Finance and Resources Committee Update to the Board (meeting held 30 January 2025) - Report No: B-47-2024/25 *(for assurance)*	11:55
16.	Annual Review of the CI's Financial Regs - Report No: B-48-2024/25 *(for decision)*	12:05
17.	Equalities Mainstreaming Report April 2023 - March 2025 / Our Equality Outcomes 2025-2029 – Report No: B-49-2024/25 *(for decision)*	12:10
	B R E A K	12:20
	OPERATIONAL ITEMS	
18.	Update on new structure (verbal) *(for noting)*	12:25
19.	Planning for Board Development Event Programme 2025/26 - Report No: B-50-2024/25 *(for decision)*	12:30
	STANDING ITEMS	
20.	Strategic Risk Register Monitoring – Report No: B-51-2024/25 *(for discussion)*	12:35
21.	Board Schedule of Business 2025/26 *(paper attached – for noting)*	12:45
22.	Any Other Competent Business 22.1 Direct Debit Transfer of Sponsorship – Report No: B-52-2024/25 *(for decision)*	12:50
23.	Close of Public Meeting and Date of Next Meeting: 27 March at 10.30 am (draft Budget)	13:00

	PRIVATE ITEMS Item 24 below will be excluded from the public Board meeting for the following reason: It is a matter 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.	
24.	Draft Scrutiny and Assurance Plan 2025-26 – Report No: B-53-2024/25 *(for decision)*	13:05 – 13:30

BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments Completed
Actions from 9 May 2024					
10.0	**STRATEGIC WORKFORCE PLAN 2023-2026: YEAR 1 PROGRESS REPORT – REPORT NO: B-05-2024/25**	Provision of a mid-year update on the action plan.	**HoOWD**	Following staff survey, Sept 2024	This work is ongoing
15.0	**COMPLAINTS ABOUT THE CARE INSPECTORATE: ANNUAL PERFORMANCE REPORT 2023/24 - REPORT NO: B-10-2024/25**	• For next annual report, include information on types of complaints and their sources, any recurring issues and actions being taken to address these. • Board to have oversight of data on a six-monthly basis.	**HoOWD** **HoOWD**	May 2025 Update at next Board meeting	
Actions from 15 August 2024					
9.0	**MONITORING OUR PERFORMANCE 2024/25: QUARTER 1 REPORT – REPORT NO: B-18-2024/25**	Under KPI-5, consider the availability of re-accreditation training through the Open University.	**EDCS/HoWD**	Update at November 2024 Board meeting	

10.0	COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2019/20 TO 2023/24: A STATISTICAL BULLETIN - REPORT NO: B-19-2024/25	Look in more detail at the Care Inspectorate's liaison with nursing directors in relation to complaints (ie not only inspections), particularly where there are concerns about specific care homes.	EDAI (EMcl)		
		Consider thematic analysis of the variation in rate and number of complaints received across Scotland's local authority areas relating to care homes for older people. Consider if this might be useful information to provide to COSLA.	Intelligence and Analysis Manager	For the next Complaints About Care Services annual report.	
15.0	CHILDREN'S RIGHTS, CARE EXPERIENCE AND CORPORATE PARENTING PLAN 2024–2027 - REPORT NO: B-24-2024/25	Board members comments (as outlined in minutes) to be factored into the Care Inspectorate's response to the Scottish Government consultation on definition of "care experienced"	Policy Team	By consultation deadline	Completed

Actions from Private Meeting on 14 November 2024					
4.0	**PROPOSED MODEL OF OPERATION - REPORT NO: B-27-2024/25**	Comments provided to the Chair from Chair of HIS to be sent on to the Chief Executive.	**Chair**	Immediate	
		Assurance to be sought from Scottish Government that the Chief Nurse role is not a government appointment.	**Executive Team**		**COMPLETED**
		To brief professional interests such as Chief Nursing Officer Directorate and the Chief Social Work Adviser appropriately on this decision on the Chief Nurse post.	**Executive Team**		
		Provide the Board with an update on the timeline of actions agreed.	**Executive Team**		Timeline and update emailed to Board on 31.1.25 and 5.2.25 Update on structure added as an interim standing item to FRC agenda
Actions from Public Meeting on 14 November 2024					
5.0	**ACTION RECORD**	Update the status of action under item 10 of the meeting held 9 May 2024 to show "ongoing".	**EC&CSM**		**Completed**
9.0	**MONITORING OUR PERFORMANCE 2024/25: QUARTER 2 REPORT – REPORT NO: B-31-2024/25**	Summary of Performance table on page 3 of the report – target figure to be in brackets where a KPI is showing as red	**Intel Team**	For next and future reports	**Completed**

13.0	**PROCUREMENT UPDATE AND PERFORMANCE REPORT 2023/24 - REPORT NO: B-36-2024/25**	To consider further breakdown of procurement from third sector services for future reports.	**Finance and Procurement Manager**	For the 2024/25 annual performance report	Noted and will consider for next annual report **Action completed**
14.0	**STAFF SURVEY PRESENTATION**	Any additional questions to be channelled through the Convener of the Finance and Resources Committee, which would take a lead on this area, and feed these back to the Chief Executive.	**Board members**	Immediate	
18.1	**REFLECTIONS ON RECENT BDE**	Include a session on organisation values and culture and how these would apply to the Board to the 2025/26 Board Development Event Programme.	**EC&CSM**	By 13/2/25 Board meeting	Added to draft BDE programme being presented to Board on 13.2.25 **Completed**

CE:	Chief Executive	HoFCG	Head of Finance and Corporate Governance	
EDAI (EM)	Executive Director of Assurance and Improvement (Edith MacIntosh)	HoCPC	Head of Corporate Policy and Communications	
EDAI (KM)	Executive Director of Assurance and Improvement (Kevin Mitchell)	HoLS	Head of Legal Services	
EDCS	Executive Director of Corporate Services	HoHR:	Head of Human Resources	
EDDD	Executive Director of Digital and Data	EC&CSM	Executive and Committee, and Corporate Support Manager	

BOARD MEETING 13 FEBRUARY 2025

Agenda item 7
Report No: B-40-2024/25

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

EXECUTIVE SUMMARY
This Chair's update will sum up some of my activities since the Board meeting held on 14 November 2024.

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

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

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

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

BOARD MEETING 13 FEBRUARY 2025

Agenda item 7
Report No: B-40-2024/25

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

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

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

BOARD MEETING 13 FEBRUARY 2025

Agenda item 7
Report No: B-40-2024/25

CHAIR'S QUARTERLY UPDATE

1.0 It has been good to see the new Finance and Resources Committee up and running for some months now, and the positive contributions by all involved will ultimately deliver real benefits to the organisation. I personally attended and contributed to the January 2025 committee meeting which was well attended, and it was pleasing to see valued input from everyone.

2.0 I met with the minister, Maree Todd, and our sponsor team for our regular update. The focus of the meeting was to further discuss scrutiny and assurance plans and my assurance role as Chair. The scrutiny and assurance plan will require input from various interested parties across Scottish Government so it was helpful to discuss initial thoughts and timescales.

3.0 Board appraisal preparation for 2025 has commenced and I'll be reaching out to Board members over the coming weeks with dates to meet up and complete all appraisals. If Board members could therefore begin to consider their own performance goals, achievements, and any further learning and development they might wish moving forward.

4.0 The Board Development Event held on 23 January 2025 was well attended and included presentations on The Promise, and Quality Improvement and Care Home Improvement Programmes. It was fascinating as well as enlightening hearing from staff about their roles and passion for the work they do across the Care Inspectorate. Both presentations were very well received. In addition, our very own Charlotte Armitage and Rosie Moore were part of The Promise presentation alongside Care Inspectorate staff.

5.0 We received notification of invite numbers for the King's Summer Garden Party in Edinburgh for 2025. Potential nominations are currently being considered, and I'll provide further information on who is successful in my next update.

6.0 In December, we bade a fond farewell to Edith Bankier, my executive personal assistant and friend to all who knew her within the Care Inspectorate and wish her every happiness in her retirement. As one door closes, another opens, and in this regard I'd like to welcome Jane McIntosh who took up appointment in January taking over from Edith. Jane has joined us from the Care Inspectorate HR team and I look forward to a long and successful working relationship with Jane over the coming months and years.

7.0 I attended the various NHS Healthcare Improvement Scotland (HIS) Board and Strategy Day events as well as Council meetings of the Scottish Social Services Council during the period. HIS also had an annual review which I participated in.

BOARD MEETING 13 FEBRUARY 2025

Agenda item 8
Report No: B-41-2024/25

care inspectorate

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

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

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

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

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

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

BOARD MEETING 13 FEBRUARY 2025

Agenda item 8
Report No: B-41-2024/25

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

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

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

BOARD MEETING 13 FEBRUARY 2025

Agenda item 8
Report No: B-41-2024/25

CHIEF EXECUTIVE'S REPORT

1.0   INTRODUCTION

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

Below are details of some of my engagement activities, covering meetings and events that I have taken part in during November and December 2024 and January 2025.

- The National Public Protection Leadership Group which consists of various public sector and Scottish Government colleagues and myself to discuss and have oversight of Public Protection development needs and areas of concern across Scotland.
- The Scottish Leaders Forum – 'Leading Together, Public Service Reform in Conversation session'.
- A leader's round table discussion on the topic of 'Engaging with the United Nations Convention on Economic, Social and Cultural Human Rights in Scotland'.
- I was invited to speak at the 11th Annual Care of Older People in Scotland Conference on 'can we have quality, quantity and stability?'.
- Weekly Collaborative Response and Assurance Group (CRAG) meetings on delayed discharge improvement and performance. These are chaired by the Minister for Social Care, Mental Wellbeing and Sport.
- On-going work and meetings to review the top line organisational structure, further detail on this is provided below.
- On-going quarterly meetings with other regulators, and Sponsor Branch.

2.0   POLICY AND STRATEGIC DEVELOPMENT

2.1   Key Policy updates

We have continued to analyse, advise on, and engage with key policy developments, including:

- The National Care Service (Scotland) Bill, which has been delayed while the Scottish Government considers next steps
- Reviews and proposals relating to the Care Quality Commission and Ofsted
- Scrutiny of the Education (Scotland) Bill, which cleared Stage 1 of the parliamentary process
- A call for evidence on the introduction of a Criminal Justice Modernisation and Abusive Domestic Behaviour Reviews (Scotland) Bill, which we will be responding to
- The establishment of a Mental Health Scrutiny and Assurance Collaborative, with the Care Inspectorate identified as a secondary stakeholder
- Key publications and developments relating to other areas of policy, including the Scottish Government's proposed budget for 2025-26, The Promise and the Disability Commissioner (Scotland) Bill.

We are developing responses to the following consultations that will be submitted in the next period:
- Criminal Justice Modernisation and Abusive Domestic Behaviour Reviews (Scotland) Bill
- Developing a universal definition of 'care experience'
- Equality and Human Rights Mainstreaming Strategy
- Future of foster care

We also continued to provide research and policy resource to support the feasibility study for the future regulation of school-age childcare.

2.2 Scottish National Action Plan for Human Rights (SNAP 2)

The Head of Quality Improvement and Participation continues to represent the organisation on the SNAP 2 leadership panel. The Care Inspectorate represent the panel as a duty bearer. Two leadership panel meetings took place in 2024 with the conversations focussed on further refining the priorities of the national action plan. There are 56 actions in total and the Care Inspectorate are listed in four, some of which are multi-agency. We remain committed to SNAP 2 and have expressed our intention to continue our involvement beyond the current tenure period which ends this March (reviewed on a three-year basis).

2.3 Definition of Care Experience Consultation

A Participation Coordinator worked with young Inspection Volunteers to gather their views on the definition of care experience to contribute to a response to the Scottish Government, who are currently consulting on the definition of care experience, including the potential for a universal definition. The young Inspection Volunteers were able to express their individual perspectives on this important topic. Their input is crucial, as they each have unique experiences and insights into what care experience means to them. Their views have been incorporated into our organisation response, led by a Strategic Inspector (The Promise) and the Head of Quality Improvement and Participation.

2.4 Delayed Discharge

To support Scottish Government's understanding of our locus within their delayed discharge priority, the Chief Inspector, Registration and Complaints, attended meetings to discuss the matter and provided supplemental written information. The briefing outlined our registration process, registration and variation trends over the past three years, and the support we are providing to the sector to ensure a pragmatic and proportionate approach to (re)registration. This is particularly within rural areas to ensure positive outcomes for people experiencing care are achieved and maintained, including connectedness within their chosen community. Feedback via Sponsor Branch indicated that this has aided in the Government's understanding significantly.

2.5   Nappy Changing Guidance

A short-life working group has been convened, including representatives from Registration, Inspection and Quality Improvement, to review the Care Inspectorate's nappy changing guidance to bring it in line with current UK infection prevention and control guidance and research. An interim statement for the sector will be published in short course to highlight this position and on-going work.

2.6   Early Learning Childcare (ELC) Quality Improvement Framework

The new ELC Quality Improvement Framework for the Early Learning and Childcare sectors is now available on the Education Scotland website. This digital version was released on 14 January 2025 and follows an extensive consultation period with expert reference group and consultation sessions across all ELC sectors in Scotland. Feedback so far has been very positive. Encouragingly, a high number of ELC stakeholders are viewing the framework and we have had over 10,000 hits on the website in less than a week.

We will continue to use our existing frameworks and approaches for Inspection while the new approaches are developed ahead of implementation in September 2025. We will be conducting a range of pilot Inspections between February and March 2025.

We have collated the most frequently asked questions (FAQs) we have received about the new framework. These are available on the Care Inspectorate website.

Following our successful engagement sessions in November 2024, attended by more than 2,600 practitioners, we will be hosting further sessions in the coming months.

2.7   Setting the Table: Nutritional Standards and Practical Guidance for Early Learning and Childcare Providers in Scotland

Updated Setting the Table was published by the Scottish Government in October 2024. It aims to ensure that children from birth to 5 years in childcare settings across Scotland are given meals, snacks and drinks that meet their nutritional requirements and are conducive to good health. A webinar for the ELC sector took place in November 2024 to support effective implementation. The expectation is that the guidance will be fully implemented by 1 August 2025. The Care Inspectorate will not be inspecting against the updated document until after August 2025.

2.8   Guidance on Management of Medication in Daycare and Childminding Services

We published new guidance on the management of medication in daycare and childminding services in October 2024. The document is designed to help service providers and Care Inspectorate staff ensure the safe and effective administration

of medication to children in their care. The guidance covers the legal and statutory requirements as well as providing safe and effective practical advice for storing, handling and administering medication. We delivered a webinar to the sector to support implementation of the new guidance.

2.9   Preventing Scalding Episodes in Childcare Guidance

A new Guidance Document has been published to help childcare providers prevent and manage scalding episodes. The document provides essential information on:
- understanding why young children are particularly vulnerable to scalding accidents
- implementing safe food handling and serving procedures
- knowing how to react quickly and effectively in a scalding emergency

2.10   Revised Guidance for Children and Young People's Residential Services

Following feedback from the wider registered services' sector, and the implementation of sections of the Children (Care and Justice)(Scotland) Act 2024, we have revised both our Matching and Admissions Guidance and the Protocol for use of the emergency bedroom in secure accommodation services. The aim is to further support services in making robust and responsive assessments on the children and young people they can safely care for.

2.11   Transitions for Care Experienced Young People

We published a Thematic Review on the Transitions for Care Experienced Young People in Scotland. The report found that the rights of care experienced young people are being upheld as they move on from being in care, but also found challenges for organisations attempting to help care experienced young people move forward into adulthood.

3.0   COLLABORATIVE/PARTNERSHIP WORKING

3.1   Early Learning and Childcare (ELC) Improvement Programme

We have received funding in principle to continue the ELC Improvement Programme for another year into 2025/26. The programme which began in November 2019, continues to build on its success in supporting targeted services in improving outcomes for children and achieving or maintaining the National Standard status.

In a random sample of 50 services who completed the programme, 39 now meet the National Standard. This is compared to a random sample of 50 services who did not attend or fully complete the programme, where only 14 now meet the National Standard.

In addition to the targeted quality improvement to services, the programme offers continued peer support opportunities to programme attendees and large face-to-

face learning events to support local authorities in their role as guarantors of quality.

The full 2024/25 programme evaluation report can be read here: https://hub.careinspectorate.com/how-we-support-improvement/quality-improvement-programmes-and-topics/early-learning-and-childcare-improvement-programme/

3.2   Validating/Supporting Self Evaluation at Inspection

Adults regulated Inspection teams piloted a new approach to validating self-evaluation as part of an Inspection. This was well received by services with positive feedback on how it has supported further adoption and increased confidence in the use of self-evaluation in social care.

3.3   New Joined up Inspection Approach between Regulated Adults and Strategic Adults Inspection Teams

The Adults regulatory team and the Adults strategic team have developed a new approach to care at home Inspections which will be tested in the coming months. This includes the gathering of information on procurement and contracting from services that is then used to inform the Strategic Inspection in Health and Social Care Partnerships.

3.4   Psychoactive Medicines Quality Improvement Programme

Cohort 2 of this programme of work finished in November 2024. The Senior Improvement Advisor (Pharmacy) and Specialist Service Manager (HC-ONE) gave an update at the UK Dementia Congress at the end of November 2024. Cohort 3 is on-going. A plan for cohort 4 is still to be finalised, but will likely be up to 10 homes in one English region and five from Scotland.

3.5   Digital Social Care

We ran our first Digital Social Care Webinar on the 21st January 2025. This was an opportunity to engage with the sector and showcase digital social care in practice, share useful resources, and take feedback from care staff about what would help them on their digital journey. There was an excellent list of speakers including the Scottish Government, National Education for Scotland (NES) and the Mhor collective (a human rights approach to digital inclusion). These Digital Social Care Webinars will take place quarterly.

3.6   Engagement meeting with Enable Self Advocacy Forum members

The Participation Coordinator spoke at the National Self-Advocacy Forum and delivered a presentation about the work of the Care Inspectorate. During the session they engaged with the members, addressing their questions about the Care Inspectorate. The feedback from the members was very positive; they found the presentation informative and left with a much clearer understanding of the

Care Inspectorate's work. This forum leads and champions member-led campaign work and responds to various consultations affecting people with learning disabilities. The work is carried out by Self-Advocacy Forums, previously known as ACE Groups, which are spread across Scotland. Representatives from these local forums form the National Self-Advocacy Forum.

3.7 Care Experience Improvement Model (CEIM)

The Quality Improvement Support Team (QIST) continue to work in collaboration with colleagues from Healthcare Improvement Scotland (HIS), National Education for Scotland (NES) and the Scottish Social Services Council (SSSC) in the delivery of the CEIM Experience Leaders Programme. In November 2024 we supported the delivery of cohort 4, to 18 leaders from social care and health care, with cohort 5 planned for February 2025. Applications have been invited. Feedback from participants continues to be positive, with an overall session satisfaction score of 4.7 out of 5.

3.8 Registration Triage and Childminder Workforce Support

As part of the Programme for Scotland's Childminding Future (PSCF), the Registration Team is collaborating with the Scottish Childminding Association (SCMA) to support the development of a pre-registration programme of learning. Launched in June 2024, with Scottish Government funding, the three-year programme aims to attract 1000 new childminders and support workforce retention through innovative trials in selected Local Authority areas. Key initiatives being tested include Funded Time Off the Floor, Mentoring, and Quality & Learning support, which are expected to have a transformative impact on the profession.

3.9 Project REACH (Resolution Engagement and Complaints Handling)

The Complaints Team has successfully initiated two key events through Project REACH and engaged with a large care home provider during November and December 2024. These events involved internal unification with both the national Complaints and Improvement Teams. The session opened a new style of working which encourages collaboration, with the aim of enhancing the providers ability to manage complaints locally, therefore increasing our confidence when matters are resolved through either direct service action or investigation by the provider. The project will be initiating events with two further providers in the coming months, with outcomes and evidence supporting the knowledge exchange currently taking place between the Universities of Glasgow and Stirling.

3.10 Report on Restrictive Practices

In November 2024, we published the first Annual Report on Restrictive Practices used in Scotland's residential childcare settings. The report sets out data on recorded incidents of physical restraint and seclusion notified to the Care Inspectorate by residential care services for children and young people.

3.11 Updated Restrictive Practices Self-Evaluation Tool Published

As a member of Restraint Reduction Scotland, we worked collaboratively with the Scottish Physical Restraint Action Group (SPRAG) to review and update our restrictive practices self-evaluation tool which we published in November 2024.

3.12 Meaningful Connection, Visiting and Anne's Law Project

We published a further factsheet for services about visiting in adult and older people's care homes. The factsheet is designed to support services and those who experience care to understand their rights and responsibilities both under normal and exceptional circumstances.

3.13 Scottish Child Abuse Inquiry

We continue to engage fully with this Inquiry, in line with our commitment to provide it with all possible assistance. The Inquiry is expected to shortly conclude its hearings in relation to Phase 8 of its investigations, and we have submitted our closing submissions.

3.14 UK Covid-19 Public Inquiry

We continue co-operate with the UK Covid-19 Inquiry, consistent with the commitment we have made to provide it with all possible assistance. We have provided all requested information in relation to the Inquiry's Module 6 which will consider health and social care, in relation to which evidence will be heard during 2025. A further preliminary hearing has been arranged for 5 February 2025 at which the care Inspectorate will be represented.

3.15 Scottish Covid-19 Inquiry

We continue to co-operate with the Scottish Covid-19 Inquiry, in line with our commitment to provide it with full assistance. The Inquiry's next scheduled impact hearings will take place as follows: -
- Justice, from 18 to 28 February
- Worship and Life Events, from 29 April to 2 May
Equalities and Human Rights, from 10 to 20 June

3.16 Charter of Rights for People and Carers Affected by Substance Use

The Care Inspectorate has been a member of the National Change Team leading the development of a Charter of Rights for people and carers affected by substance use since the beginning of this work in October 2022. Other members include leaders of health and care services for people affected, and several people and carers with lived and living experience who may also have a professional role in this field. The Charter of Rights was published in Dec 2024 and can be found at the following link

https://www.alliance-scotland.org.uk/blog/resources/final-charter-of-right-for-people-affected-by-substance-use/

- This work has been supported through our Strategic Scrutiny, Improvement and Methodology Teams. Training for Inspectors on the Charter is being planned, along with updating the current guidance, exploring Inspection practice and reporting for relevant registered care services, and developing information for providers.

3.17 Protection Concern Notifications

Business Support continue to work with Scrutiny and Assurance colleagues in developing the new Protection Notifications process. In addition to the Inspector's process for dealing with these, Business Support will contact the placing authority within five days to ascertain if they have received the notification, this may require a chase-up. After a further 28 days Business Support will complete the necessary checks and if the notification is not closed by the Inspector, they will contact the placing authority again to ask for the outcome, this may also require a chase-up. If there is no response after 10 days, Business Support will pass the case to the Inspector/Team Manager to manage. This is a large piece of work in relation to numbers of notifications and will be tracked by Business Support.

3.18 Pay Remit

The final award from the 2023-2025 pay settlement was made to staff in the January pay run. We are currently starting negotiations with our recognised Trade Unions for the 2025-2026 award.

3.19 Happy to Translate - Team of the Year Award

At the November Happy to Translate Members Event our Children and Young People's Team were delighted to win Happy to Translate - Team of the Year Award. The Team were awarded as a result of their work to develop bespoke phrases on the Happy to Translate App, with the aim of enabling more accessible communication for young people who have English as a foreign language.

4.0 WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM ENGAGEMENT

Formal Consultation – Proposed Model of Operations

The formal consultation on a new proposed Model of Operations closed on 7 November 2024 with no substantive changes or alternative proposals submitted. The model was approved by the Board and changes implemented to Directorates week beginning 16 December. The staff displaced as a result of the restructure are being supported through the redeployment process by relevant Executive Directors and the Head of HR.

4.1   Inspection Volunteers input in Professional Development Award (PDA) award

In November 2024, Inspection Volunteers, supported by the Participation Advisor and a Participation Coordinator, took part in a PDA development day. Over 30 Inspectors attended the event, where the Volunteers contributed to discussions on how to ensure the voices of people currently experiencing care are heard and how to identify and understand closed cultures. This topic has become an area of interest for the PDA Team, who wanted to explore the Volunteers' continued involvement in PDA learning events and their influence on the development of candidates' Graded Unit projects. One candidate focused their project on "closed cultures" and the importance of Volunteers in supporting assurance and improvement practice. The day was filled with passion and courageous conversations.

4.2   Equally Safe at Work

Our commitment to the Equally Safe at Work initiative has been making significant impact in promoting a safer and more inclusive workplace. Recently, the spotlight was on White Ribbon Day, a key event that saw active participation from colleagues across the organisation through insightful blogs and videos. These contributions were shared via both public and internal communications channels, demonstrating the collective effort of the Care Inspectorate towards this cause. There was a high level of engagement from colleagues on the importance of gender equality. The initiative featured 16 days of activism, culminating on Human Rights Day, highlighting our ongoing commitment from the "Equally Safe at Work" Working Group and the wider organisation. This sustained effort reflects a deep-rooted dedication to fostering a safe and respectful work environment for all.

4.3   LGBT Training Bronze Award for LGBT Youth Scotland

As part of our journey to obtain the Bronze Award of the LGBT Youth Scotland Charter, colleagues from the Children and Young People Inspection Team, the Participation and Equalities Team, and the LGBT Charter Group have completed eLearning to enhance their understanding of LGBT youth. This training is crucial for our role as regulators in addressing the specific needs of LGBT young people. We extended this learning opportunity to our young Inspection Volunteers, who requested it as part of their personal training. Several Volunteers have completed the training with support from Participation Coordinators and an advisor. We aim to achieve this accreditation in February 2025. This initiative demonstrates our commitment to supporting staff and the wider sector in developing their skills and knowledge, with training developed by individuals with lived experience.

5.0   ORGANISATIONAL TRANSFORMATION

5.1   Stage 2 Digital Transformation

The Stage 2 Digital Transformation Project continues at pace. The Project recently completed its procurement activity to secure a Delivery Partner for the new Digital

Platform. From February 2025 Stage 2 will move into the delivery phase of the Project which is expected to last 18 months. Work on mobilisation has now begun and there will be ongoing engagement with operational leaders and teams around the planning work along with the detailed implementation plan. There a number of Digital Conversations sessions planed for February & March to continue our discussions with colleagues across the organisation. The team are also planning external dialogue with the service provider community and the impact the Project will have on them along with sharing our overall project plan.

BOARD MEETING 13 FEBRUARY 2025

Agenda item 9
Report No: B-42-2024/25

Title:	**CORPORATE PLAN 2026 ONWARDS**
Author:	Lisa Rooke, Head of Corporate Policy and Communications
Responsible Director:	Edith Macintosh, Executive Director, Assurance and Improvement
Appendices:	1. Development of corporate plan - timescales
Consultation:	A Board development session was undertaken to discuss the corporate plan in November 2023. These discussions will be used to inform the development of the new corporate plan. We will also undertake extensive consultation - both internally with colleagues and externally with a wide range of stakeholders – throughout 2025.
Resource Implications:	*Yes/No

EXECUTIVE SUMMARY
Our current corporate plan sets out our vision, strategic outcomes and priorities for the period 2022 – 2025. In May 2024, the Board agreed that a new corporate plan would be consulted upon and developed in 2025 with a view to publishing the new plan in 2026. This was to allow time for engagement on the model of operation to take place in 2024, further clarity on our 2025-26 budget to be received, as well as engagement on our digital transformation work to take place. This paper sets out the proposed activity and timeline for developing the new corporate plan in 2025 ahead of the planned publication in March 2026.

The Board is invited to:
1. Approve the principles, process and timescales outlined in this paper.

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

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

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

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

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

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

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

CORPORATE PLAN 2026 ONWARDS

1.0   INTRODUCTION / BACKGROUND

Our current corporate plan sets out our vision, strategic outcomes and priorities for the period 2022–2025. In May 2024, the Board agreed that a new corporate plan would be consulted upon and developed in 2025 with a view to publishing the new plan in 2026. This was to allow time for engagement on the model of operation to take place in 2024, further clarity on our 2025-26 budget to be received, as well as engagement on our digital transformation work to take place.

Feedback from a Board Strategic Session in November 2023, confirmed that the current vision and strategic outcomes remain relevant for the Care Inspectorate, but that the key priorities under each would be reviewed, as would the supporting delivery plans.

There are also significant policy and legislative changes underway in the Scottish social care environment that we will take into account.

The new corporate plan for 2026 onwards will set out our strategic outcomes and provide clarity on how we will deliver these outcomes and how we will measure our performance. It will provide the strategic direction for the Care Inspectorate, the sector, external stakeholders, those experiencing care and the public. This paper sets out how we will develop and coproduce the new corporate plan, building on the existing plan, and taking into account the policy developments that will affect our work and the sector.

Comprehensive consultation is proposed to begin in March 2025 with Board members, staff, volunteers, people experiencing care and a range of external stakeholders.   The proposed timescale is to present a first draft of the new corporate plan to the Board in September 2025 and for final sign off in March 2026. The performance measures will be developed once the first draft of the corporate plan in presented.

This will allow publication of the final corporate plan in March 2026 ahead of the Scottish parliamentary elections which are expected to take place in May 2026. This timescale will provide the opportunity to consult in detail to develop an ambitious corporate plan to help contribute to achieving our vision of 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.

2.0   FEEDBACK TO DATE

A Board Strategic Event was held in November 2023 where Board members provided feedback on the overall corporate plan and the current strategic outcomes. This session confirmed that the current vision and strategic outcomes remain relevant for the Care Inspectorate, but that the key priorities under each would be reviewed as would the supporting delivery plans. The feedback

BOARD MEETING 13 FEBRUARY 2025

Agenda item 9
Report No: B-42-2024/25

provided at this event will be used to inform the development of the new corporate plan.

The themes discussed can be summarised as follows:

- Consideration of the changing landscape and how this affects the lifespan of the corporate plan
- Focus on public assurance and understanding of what the Care Inspectorate does / how we carry out our work
- More focus on the management and governance of our people and resources
- Demonstrate how we use our resources effectively
- Demonstrate a collaborative approach
- Demonstrate how we use our data to inform our approach
- Further promotion of the health and social care standards
- Building and sharing good practice
- Empowering providers through self-evaluation, improvement and support
- Demonstrating what good practice looks like and how it links to good outcomes
- Helping people who experience care understand and realise their rights
- How to reach further and engage more broadly

The consultation process will be developed around the current strategic outcomes and will build on the themes outlined above.

In order to simplify our corporate plan and ensure it is accessible and easily understood, it is proposed that the vision, mission, values, strategic outcomes and priorities will sit alongside information about the Care Inspectorate in two complementary documents.

3.0 PROPOSED CONSULTATION PROCESS

A consultation plan is being developed to outline the activities that we will undertake as we develop the new corporate plan. A consultative group will be established to oversee the development of the corporate plan and the associated consultation that we undertake. The consultative group have Board representation as well as representatives from across the organisation.

Consultation will begin with a session with the Board on 19 March. This will involve a SWOT(strengths-weaknesses-opportunities-threats) / PESTLE (political-economic-social-technological-legal-environmental) analysis and discussion on the strategic outcomes and priorities. The input gathered from this session will inform the wider consultation that will take place with staff, volunteers and our stakeholders.

Extensive consultation will help us make the right adjustments and recognise the influencers and drivers that will inform our future. Our consultation platform, Go Vocal (formerly CitizenLab), or Teams will be the central point for undertaking the consultation. Our primary focus will be to gather views through a survey and

facilitated discussion and workshops with our extensive stakeholder groups. We will ensure our consultation is open, accessible and inclusive through the use of the platform and in our promotion and communications relating to the consultation.

We will hold both in person and virtual events to increase our visibility and accessibility for example to remote and rural communities.

We will consult with:
- our staff and volunteers
- people experiencing care
- care providers
- care staff
- partnerships
- commissioners
- the public
- representative bodies
- partner bodies

We will also liaise with our Scottish Government sponsor branch throughout the consultation process, and with other Scottish Government colleagues in the directorates that we work closely with.

The purpose will be to understand what we are doing well and what can be improved from all those connected with – or impacted by – our work. We will look at how we can further involve people in all our work and what the future model of social care should look like. The feedback received will be used to shape the new corporate plan.

4.0 PERFORMANCE MEASURES

The strategic outcomes will be aligned to performance measures, which will be monitored and reported through quarterly reports to the Board.

The performance measures will be developed and aligned with the new corporate plan through a consultative group with Board member representation as the corporate plan begins to evolve. This will be led by the data and information directorate. An initial session is proposed with the Board in September following presentation of the first draft of the corporate plan and the initial draft of performance measures will be presented to the Board in December.

5.0 PROPOSED TIMESCALES

Appendix 1 sets out the proposed timescales for the consultation that we will undertake when developing the new corporate plan.

6.0   IMPLICATIONS AND/OR DIRECT BENEFITS

6.1   Resources

Our existing resources will be used to develop the corporate plan in 2025 and input will be sought from as wide a range of stakeholders as possible.

6.2   Sustainability

The corporate plan will reflect our commitment to improving our energy efficiency and adopting more sustainable working practices.

6.3   Policy

In developing a corporate plan we need to ensure that we take into consideration a range of policy developments with potential implications for our work and the services we support.

These include, but are not limited to:

National Care Service (Scotland) Bill: After a number of delays in its progress, the National Care Service (Scotland) Bill is currently at Stage 2 in the Scottish Parliament, having been reduced in scope following opposition from trade unions, COSLA and opposition parties. Part 1 of the Bill will now be removed, while Parts 2 and 3 will remain, subject to amendment and agreement in Parliament.

Independent Review of Inspection, Scrutiny and Regulation: This was published in 2023, with the Scottish Government accepting the 38 recommendations in full. We continue to engage and work with the Scottish Government and partners on the respective reviews of care service definitions and the Health and Social Care Standards as priority workstreams. We also continue to monitor developments relating to regulatory bodies elsewhere in the UK and reflect on our own role in turn.

Beyond the pandemic: It is important to recognise that while the Covid-19 pandemic is no longer the subject of major policy discussion, its impact continues to be reflected upon through the ongoing Scottish and UK public inquiries. With the pandemic experience in mind, we continue to support meaningful connections and would like to see implementation of Anne's Law in a way that enables people to remain connected to those important to them, even in the event of an outbreak.

The Promise: We will continue to demonstrate our commitment to keeping The Promise to Scotland's children and young people and fulfil our role as a Corporate Parent as we take account of the Plan 24-30, which sets out a route map for the coming years. We will carefully reflect on the outcome of consultations on the definition of care experience and the future of foster care.

Education reform: Following the recent publication of the new shared Quality improvement framework for early learning and childcare (ELC), it is important that we continue to monitor developments, and engage where appropriate, in relation to education reform where it relates to the work we do in ELC and how we work collaboratively with Education Scotland and the new Chief Inspector of Education.

Human rights: We continue to engage appropriately on proposals for legislation in relation to Human Rights and Learning Disabilities, Autism and Neurodivergence, both of which have been pushed back, most likely into the next parliament.

Other key policy developments we continue to monitor and engage with include:

- the continued expansion of ELC for two-year-olds and school-aged childcare

- the review of the National Performance Framework and related outcomes

- implementation of recently enacted legislation, including provisions in the Health and Care (Staffing) (Scotland) Act 2019 and the Children (Care and Justice) (Scotland) Act 2024

- the new Mental Health Scrutiny and Assurance Collaborative

- proposed legislation in relation to: abusive domestic behaviour reviews; assisted dying; a new Disability Commissioner.

Scottish parliamentary elections are scheduled to take place in May 2026 (at the latest). We will monitor any potential changes in policy being proposed as part of the parties' manifesto commitments.

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

It is imperative that the Care Inspectorate's core purpose of scrutiny, assurance and improvement support is set out clearly though a corporate plan which is easily understood and accessible to people experiencing care services, our partners and all who we work with. In developing our new corporate plan in 2025, it will ensure our critical work is carried out in a way that focuses on safety and outcomes for people, paying particular attention to overall health and well-being of people experiencing care. It is also essential that we seek the views of those who experience care when we develop the corporate plan to ensure that it is relevant to and understood by this important stakeholder group.

6.5 Customers (Internal and/or External)

The new corporate plan will be developed through a consultative process which will include internal colleagues, external partners and people experiencing care. The feedback will be analysed and will inform and refine the final publication.

7.0   CONCLUSIONS/NEXT STEPS

The Board is invited to approve the principles, process and timescales outlined in this paper.

If approved, this work will begin immediately with consultation planned for March onwards. A first draft of the new corporate plan will be presented to the Board in September. Discussion on the performance measures will commence in Autumn and be presented to the Board in December. Further revision can then take place prior to final sign off in March 2026 and publication later that month.

DEVELOPMENT OF CORPORATE PLAN - TIMESCALES

Proposed timescale	Activity
February 2025	Design format and content of public consultation Set up consultative group with members from: • Board • Executive Team/Strategic Management Group • Representatives from each directorate / area of work • Representative from Partnership Forum • Intelligence and Analysis Manager • Inspection volunteers
March 2025	Prepare and test consultation
19 March 2025	Board strategic event with Board and Executive Team

19 March – 21 April (6 weeks)	Public consultation
	
	• Survey issued
	• Consultation sessions internally:
	    ○ Executive Team
	    ○ Strategic Management Group
	    ○ Staff
	    ○ Volunteers
	
	Consultation sessions externally:
	    ○ With identified stakeholders

21 April – 5 May (2 weeks)	Analyse consultation responses and identify key findings
5 May – 26 May (3 weeks)	Identify and agree plan structure, contents and strategic direction. Writing first draft, including comments, proofing and sign off
June 2025	Present initial findings to consultative group
July – August 2025	Revise following consultative group feedback
25 September 2025	Present draft Corporate Plan to Board for comment

25 September 2025	Board strategic event – initial session to discuss performance measures (KPIs/KOIs)
October 2025 (4 weeks)	Revise corporate plan following Board feedback
October 2025 (4 weeks)	Begin development of performance measures for corporate plan following initial session with Board (led by Data and Information Directorate with a working group comprising Board members)
November 2025 (4 weeks)	Design and layout
11 December 2025	Present updated draft and performance measures to the Board for further feedback
December 2025 – January 2026	Final amendments/revisions CEO sign off
February 2026	Embargo to sponsor and nominated others
5 March 2026	Board meeting for final sign off
End March 2026	Publish and promote new Corporate Plan

BOARD MEETING 13 FEBRUARY 2025

Agenda item 10
Report No: B-43-2024/25

Title:	**LEGAL STRATEGY 2025-27**
Author:	Kenny McClure, Head of Legal Services
Responsible Director:	Jackie MacKenzie, Executive Director of Corporate Services
Appendices:	1. Draft Legal Strategy 2025-27
Consultation:	The draft strategy was approved subject to minor amendment, by the SMG on 15 January 2025
Resource Implications:	**No**

EXECUTIVE SUMMARY
The Care Inspectorate has a Legal Strategy in place. It has been in place for several years and no longer reflects our needs. The Board is asked to approve a new Legal Strategy.

The Board is invited to:
1. Approve the draft Legal Strategy for adoption by the Care Inspectorate.

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

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

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress)	**No** **x** **Reason**: The EQIA Screening Tool indicates that a full assessment is not necessary.

Data Protection Impact Assessment Screening		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress, but Info Gov is aware)	**No** ☒ **x** **Reason below**: No personal data will be processed as a result of the adoption of this Strategy.

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

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

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

BOARD MEETING 13 FEBRUARY 2025

Agenda item 10
Report No: B-43-2024/25

LEGAL STRATEGY 2025-27

1.0   INTRODUCTION / BACKGROUND

The Care Inspectorate is the independent scrutiny, assurance and improvement support body for regulated care services in Scotland. Our vision is for world - class care, where everyone experiences high quality support, tailored to their rights, needs and wishes. In order to help achieve this, we require to put in place strategic objectives and measures that help define our organisational legal goals.

2.0   THE CARE INSPECTORATE LEGAL STRATEGY

2.1   Why a Legal Strategy is required

The Care Inspectorate requires a Legal Strategy in order to set out: -

- our approach to the fulfilment of our legal obligations, and
- how we will "regulate well" within the rule of law.

Having a Strategy in place accords with good governance in that it helps define how we will go about our work in a lawful manner and sets out a vision as to how this can be achieved.

2.2   What the Legal Strategy does

The Strategy does the following: -

- sets out our legal vision,
- explains what legal services are currently provided to the Care Inspectorate and by whom,
- explains what the priorities of our staff and our Board are,
- contains a statement about the Care Inspectorate's appetite for litigation, and
- sets out what we expect of our Legal team and our wider staff group.

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

3.1   Resources

There are no resource implications arising out of the Strategy other than the time which will be required in future to review it. The Care Inspectorate already has an internal Legal Services team in place and has appointed external solicitors through procurement.

3.2   Sustainability

There are no sustainability issues or benefits arising out of the Strategy.

3.3   Policy

There are no policy issues arising out of the Strategy.

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

Putting in place a Legal Strategy will provide assurances to people who use, are eligible to use, provide or commission care services, that the Care Inspectorate is clear as to how it will approach the fulfilment of its legal obligations and carry out its work within the rule of law. The Strategy also provides assurance that the Care Inspectorate will be proactive where the actions of third parties are placing vulnerable people at risk.

3.5   Customers (Internal and/or External)

Putting in place a Legal Strategy will also provide assurance to the wider public that the Care Inspectorate will fulfil its legal obligations, and act lawfully at all times, in order to help protect people, the public purse and the reputation of the Care Inspectorate as the national regulator.

4.0   CONCLUSIONS/NEXT STEPS

The Board is invited to agree the Strategy for adoption by the Care Inspectorate. Once it has been approved it will be promulgated to our staff and published on our external website.

Legal Strategy 2025-2027

Why we Need a Legal Strategy

The purpose of this strategy is to set out: -

- our approach to the fulfilment of our legal obligations, and
- how we will "regulate well" within the Rule of Law.

The Care Inspectorate was created by the Public Services Reform (Scotland) Act 2010 ("the Act") which, together with regulations made under the Act and other statutory provisions, sets out our functions, duties, and powers. Like other organisations in both the private and public sector, we are subject to a range of statutory duties and other obligations, such as contractual and health and safety obligations.

Our Vision

We recognise that legal rules provide a structure for decision making and compliance with them is one of the foundations of good corporate governance. However, we do not view the law as an unwelcome constraint on our decision making but rather as a proactive tool, we can use to help us meet the Strategic Outcomes set out in our Corporate Plan. We will always do so whilst acting within the Rule of Law. We actively seek the advice of our Legal Team and treat them as partners in our decision making, not as a barrier to our decision making.

We aspire in all that we do, to comply with the obligations incumbent upon us, and to act lawfully. We expect that all our employees will seek to act lawfully in carrying out their duties and we have made arrangements to ensure that the organisation and individual employees have access to legal advice to assist us in achieving that aim.

While in some cases, legal advice highlights clear obligations where compliance is mandatory, it will often have as its purpose assisting decision makers: -

- to be satisfied that they have taken account of all relevant information and factors,

- to have a clear understanding of alternative courses available to them and the outcomes which may flow from adopting those courses, and
- to ensure that they operate from a fully informed standpoint.

What Legal Services are Provided and by Whom

We have maintained our own Legal Team since our creation in 2011. In terms of the current organisational structure, our Legal Team sits within the Directorate of Corporate Services.

We make legal advice available to our employees in the course of their duties by: -

- providing a dedicated Legal Services function which provides legal advice and support across the organisation at all levels, including the Care Inspectorate's Board, along with representation and training, while contributing to a wide range of the organisation's other activities, and
- outsourcing certain legal services.

This is detailed in the table below.

Service	Internal	Outsourced
Legal support – RICE activity	✔	
Non-operational legal advice, for example in relation to contracts, copyright, and other statutory regimes	✔	
Employment law advice		✔
Representation in Sheriff Court proceedings	✔	✔
Representation in the higher courts		✔
Representation at Employment Tribunals		✔

Representation at Public Inquiries and Fatal Accident Inquiries	✔	✔
Legal support to managers	✔	
Legal support to Board & Committees	✔	
Representation at external groups	✔	
Legal advice – Corporate Governance	✔	
Legal support – Information Governance	✔	
Legal training	✔	
Producing guidance, and reference material	✔	
Debt recovery		✔
Legal support - estates	✔	✔
Legal support – internal groups	✔	
Legal support - procurement	✔	✔
Protection of our reputation	✔	
Liaising and negotiating with providers and others / their legal representatives	✔	

Needs and Priorities of our Staff and our Board

We are an independent body operating a regulatory regime, which requires that we fulfil a range of functions and exercise a range of powers, many of which are subject

to appeal or challenge in the courts. In addition, we fulfil a range of other ancillary roles, such as being data processors and controllers, a purchaser of goods and services and an employer of staff. We are also subject to a range of other statutory regimes with which we are required to comply.   We therefore need a Legal Team and where necessary, external legal advisors who: -

- support us in achieving the Strategic Outcomes set out in our [Corporate Plan](),
- contribute to developing organisational solutions to corporate issues,
- enable, equip, and support our staff to be aware of the legal issues pertinent to their work by ensuring that they can access relevant advice, training, and guidance,
- ensure that relevant new developments in the law are identified and promulgated,
- provide our staff with objective, solution focussed legal advice and support which is of high quality, available at the right time and is readily understood by them, to support their work,
- provide appropriate and effective representation in Scottish courts, and public inquiries,
- provide strategic advice on policy issues and emerging policy developments,
- support the Chief Executive in the fulfilment of their role as Accountable Officer by advising them of any award of legal expenses or damages likely to be made against the Care Inspectorate, any proposal to write off an entitlement to legal expenses or where any significant external legal expenditure may be required,
- are appropriately involved in the development of internal and external facing policies and guidance, and
- are supported and empowered to identify and address operational and strategic legal issues in a proactive way.

We also require our Legal Team to be: -

- cognisant as to where external legal advice or representation is required to protect people or assist the Care Inspectorate to protect its reputation or fulfil its legal duties, and
- empowered to make technical legal decisions, particularly in the context of any court proceedings, where appropriate.

Our Appetite for Litigation

We expect that all those with whom we interact will act lawfully. This expectation extends to third parties with whom we interact, and members of the public, in addition to those we inspect and regulate. Where others fail to act lawfully, we will not hesitate to take appropriate action against them where their actions are placing vulnerable

people at risk or causing loss or damage to the Care Inspectorate. In doing so, however, we will always seek to act reasonably and proportionately.

Decisions as to whether to pursue or defend individual cases, will be made taking account of: -

- Our statutory aims, objectives and principles as set out in the Act.
- Other legal principles such as equalities and human rights.
- The Health and Social Care Standards, the SSSC Codes of Practice, and the Scottish Regulators' Strategic Code of Practice.
- Our internal Executive Scheme of Delegation.
- Our Strategic Outcomes set out in our Corporate Plan.
- All relevant internal and external policies, procedures, and guidance.
- Any consequences for the public purse including our Best Value duty.
- The cost of doing so as against the benefits to people using care services or the Care Inspectorate, and the prospects of success.
- Relevant legal advice, either internal or external, or both.

We will make an auditable record of any decisions we make to pursue or defend litigation or where we decide not to do so.

We will not engage in strategic litigation except where it is of the utmost necessity to protect people, or the reputation of the Care Inspectorate. This is because of the possible consequences for our budget and public purse, and because our statutory remit is unlikely to extend in most cases, to engaging in strategic litigation. By "strategic litigation" we mean "test cases" or litigation aimed at bringing about significant changes in the law or in practice.

What we Expect of our Staff

Staff in decision-making roles will make decisions which: -

- are *intra vires*, that is within our powers,
- are lawful, proportionate, and reasonable,
- take account of relevant legal parameters and guidance, including, the Health and Social Care Standards, the SSSC Codes of Practice and the Scottish Regulators' Strategic Code of Practice, and
- take appropriate account of any legal advice provided.

If decision makers decide not to follow any legal advice they receive, they will explain the justification for this and record the reasons in an auditable manner.

Our staff will always seek legal advice using our internal legal advice process.

What we Expect of our Legal Team

Our Legal Team will: -

- Be customer focussed.
- Provide high quality, easily understood and timely legal advice, representation, and support.
- Be open and transparent, explaining their advice and decisions.
- Offer and be open to constructive comment.
- Identify and act on legal or any other risks to the Care Inspectorate.
- Where possible within their professional remit, collaborate with us and our external partners.
- Help us develop the skills and knowledge of our staff and our Board.
- Identify and raise awareness of impending developments and consider and promulgate their implications.
- Embrace new challenges and developments.
- Where possible respond to challenges in an innovative way.

What Happens Next

This strategy will be approved by our Board and promulgated to our staff. It will be reviewed in 2027, or sooner if required by changing circumstances or events.

Title:	**MONITORING OUR PERFORMANCE 2024/25 – QUARTER 3 REPORT**	
Authors:	*Ingrid Gilray, Intelligence and Analysis Manager* *Sophie Siegel, Information Analyst* *Kaisha Wallace, Intelligence Researcher*	
Responsible Director:	Gordon Mackie, Executive Director of Digital and Data	
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 2024/25 summary report on our performance and focusses on performance against the organisation's Key Performance Indicators (KPIs). Of the 8 KPIs detailed in the Corporate Plan 2022-25, at the end of Q3 2024/25: 6 met or exceeded target 2 did not meet the target This report provides a statistical account of performance against our KPIs and Key Outcome Indicators (KOIs) noting any remedial action where performance is below target. A broader account of our work in support of our strategic objectives is set out in the Chief Executive's report.

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

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

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

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

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

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

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

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

Agenda item 12
Report No: B-44-2024/25

MONITORING OUR PERFORMANCE 2024/25 - 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 **95.2%** [Target: 90%]	**KPI-4:** % of people telling us that our quality improvement support will improve care **91.0%** [Target: 90%]	**KPI-5:** % staff completing core learning **75.6%** [Target: 95%]
KPI-2: % scrutiny hours spent in high and medium risk services **77.7%** [Target: 60-80%]		**KPI-6:** % staff absence **5.3%** [Target: 2.6%-5.2%]
KPI-3: % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) **91.9%** [Target: 80%]		**KPI-7:** % staff turnover **6.4%** [Target: <10%]
		KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work **32.2 days** [Target: 30 days per month]
Colour code: **Target achieved,** **Slightly below target,** **Significantly below target.**		

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 DECEMBER 2024

Strategic outcome: High-quality care for all

KPI-1: % of people telling us that our scrutiny will improve care		Ex Dir. Assurance and Improvement
Q3 year to date (Target 90%)	**95.2% (821 responses)**	Year to date, 95.2%

KPI/KOI links:	KPI-4

Analysis:

- Target met. 95.2% of respondents agreed our scrutiny will improve care in 2024/25.
- The highest proportion of responses were Inspection Satisfaction Questionnaire (ISQ) responses from staff & managers (88%, 720 of the 821 responses). ISQ responses from services users, relatives and visitors remains low (3%, 21 of the 821 responses), and Registration Experience Applicant Feedback Survey responses also remains low (10%, 80 of the 821 responses).
- The number of responses from staff and managers has fallen during the most recent quarter.

Actions:

- Increase response rates: We continue to issue regular reminders to inspection staff to give out surveys to people who use care services, relatives and visitors whilst on the inspection visit. We are working to establish why the number of responses has dropped during the latest quarter and identify further actions to increase submissions again going forward.
- During Q3 we replaced the interim online Inspection Satisfaction Questionnaire (ISQ) with a longer term solution that will enable more detailed analysis and reporting of responses.

KPI-2: % scrutiny hours spent in high and medium risk services	Ex Dir. Assurance and Improvement

| Q3 year to date (Target 60-80%)	77.7% (115,628 of 148,890 hours)	
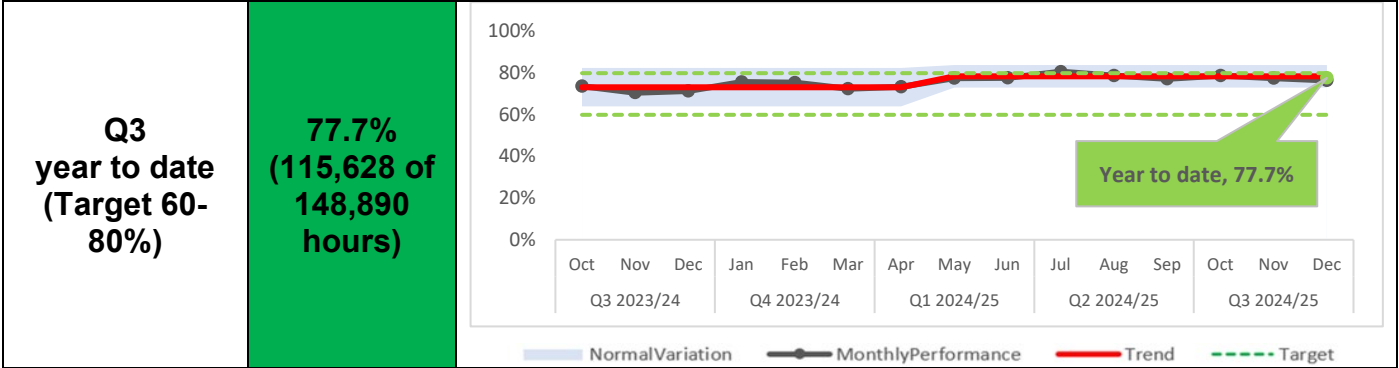
KPI/KOI links:	KOI-1, KOI-3

Analysis:
- Performance remains within target range and normal limits.
- Time spent in high risk services is higher at the end of Q3 compared with the same period last year (72.6%).
- 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, however this year the proportion spent in high risk services has remained between 77% and 81% each month since May 2024.

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

KPI-3: % of complaints about care resolved within relevant timescales	Ex Dir. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)

Q3 year to date (Target 80%)	91.9% (1,532 of 1,667 complaints)	
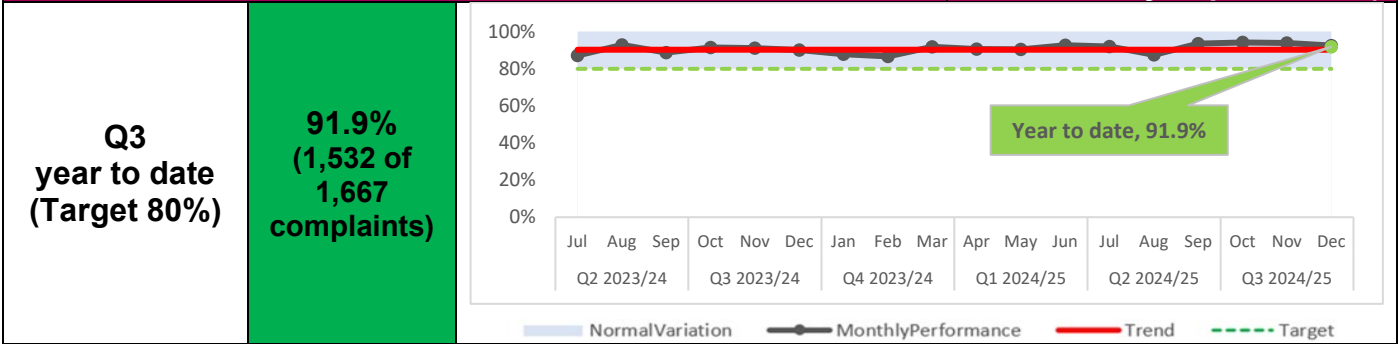
KPI/KOI links	KPI-2, KPI-6

Analysis:
- At the end of Q3, performance was above target and within normal limits, maintaining the high level of complaints resolved within timescales.

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. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)
Q3 year to date (Target 90%)	**91.0% (782 of 859 responses)**
KPI/KOI links:	KPI-1

Analysis:
- At the end of Q3 performance is slightly above target of 90%, based on responses from those who have recently undergone some quality improvement support input.

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

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

KPI-5: % staff completing core learning	Ex Dir. Corporate Services
Q3 year to date (Target 95%)	**75.6%**
KPI/KOI links:	KPI-6

Analysis:
- Performance remains below target at 75.6%. This is an increase from 65.3% in Q1 2024/25 and 73.3% reported for Q2 2024/25.
- This measure only includes staff who have completed the required core learning across all five modules by the end of Q3. The learning required in each quarter changes considerably due to fluctuations across expiry dates.
- In comparison to Q2 2024/25, compliance against most of the core learning modules has increased. Cyber Security increased from 95% to 97%, Health and Safety increased from 93% to 96%, Equalities increased from 83% to 90% and Protection Level 1 increased from 74% to 77%. Data Protection decreased from 92% to 87%.
- Protection Level 1 is the newest addition to KPI-5 and it continues to impact on the overall compliance rate. Protection Level 1 consists of a programme of five modules. This is new content, designed for staff in support functions that require an awareness level of knowledge e.g. Business Support, OWD, Finance. Protection Level 2 launched in October, and this will be included from Q4. Level 3 launched in January 2025 and sessions will be delivered over an 18 month period to allow all those within level 3 to attend. This means every member of staff will be required to complete the level appropriate to their role. Level 3 will be included in the reporting following the 18 month lead in period, to allow everyone time to attend.
- Performance for Q3 is not directly comparable to last year because of the Protection Level 1 core learning module addition.
- Data does not include employees who are currently exempt from the training due to long term absence which includes maternity leave, career breaks and external secondments.

Actions:
- Manager dashboards are now in place within the LMS, to support managers to proactively track their team progress with KPI core learning modules. Clear guidance has

been provided and OWD will continue to highlight the dashboards through multiple channels.

- As part of the OWD stakeholder meetings, core learning continues to be a topic of discussion to provide support and encourage compliance.
- Core learning topics continue to be highlighted through the regular OWD update email to all staff.
- OWD continue to work with subject area experts to ensure core learning modules for staff are appropriate and reflective of legislation. Work has commenced on creating a bespoke equalities core learning module to the role of inspectors. Completion of this is expected by Q1 2025/26.
- A performance dashboard is shared with heads of service and executive directors each month to monitor performance across their areas of responsibility.
- Targeted emails are issued to remind staff to complete core learning modules where the learning is close to expiry or overdue.

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

Q3 year to date (Target 2.6%-5.2%)	**5.3%**	
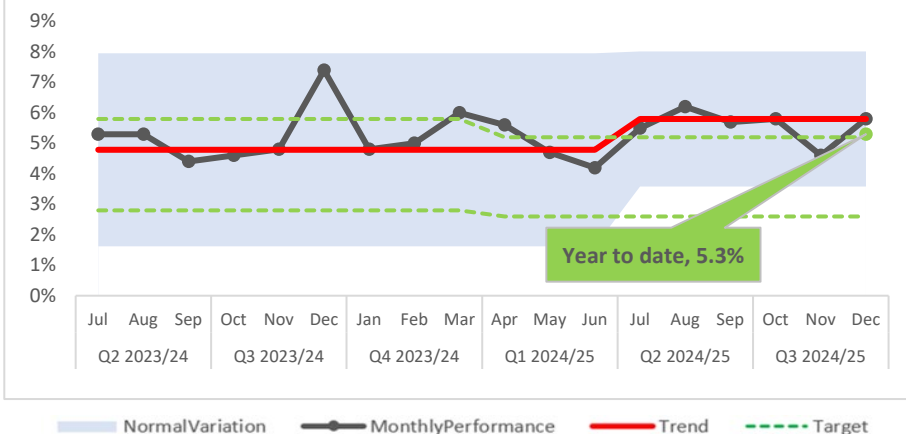
KPI/KOI links:	KPI-2, KPI-3, KPI-5, KPI-7

Analysis:

- Performance is slightly above target range at 5.3%.
- Compared to Q2 2024/25, overall absence remained the same at 5.3%. Absence in Q3 was above the target in October and December at 5.8% and was below target in November at 4.6%
- Short and medium term absences were at their highest levels in 24/25 in October and have decreased again in November and December to a similar level as Q2. After having decreased each month since August 2024, long term absence increased in December.
- 'Mental health' is the highest reason for absence – this covers many conditions from employees experiencing stress to diagnosed mental health conditions – some are also connected to employee relations cases and performance management situations.
- The next largest categories are chest and respiratory conditions followed closely by colds and flu.

Actions:

- We will support managers to monitor, analyse and understand ongoing trends.
- We are actively promoting staff health and wellbeing and continuing to support managers to manage absence effectively.
- We are progressing employee relations cases as quickly and effectively as possible to support staff going through such processes enabling a return to work where there has been absence.

- We continue to promote the use of our Sickness Self-Serve feature in MyView for reporting staff absence.

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

Q3 year to date (Target <10%)	6.4%	

Year to date, 6.4%

Legend: NormalVariation — MonthlyPerformance — Trend ----- Target

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

Analysis:
- Staff turnover met the target and was within normal limits.
- Over the year to date, 24 staff left the organisation, of which 11 retired and 13 left voluntarily.
- This is fewer than by the end of Q3 last year (41 staff).

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. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)

Q3 year to date (Target 30 days per month)	32.2 days

KPI/KOI links:	N/A

Analysis:
- Year to date performance is above target of 30 days per month, although lower than Q3 last year (37.1 days per month).
- During Q3, inspection volunteers (including young inspection volunteers) were involved in inspection activity on 39 days and other involvement activities on 55.5 days.
- The inspection volunteers continue to be involved in a range of work across the Care Inspectorate. During Q3 we are continued to explore diverse ways to engage all our inspection volunteers in our initiatives. Their involvement has extended to the Professional Development Award (PDA) for Inspectors, the recruitment of senior managers, various consultations, and a media project. This highlights that the role of an inspection volunteer goes beyond supporting inspections; it encompasses broader participatory work.

Actions:
- A comprehensive survey has been distributed to our dedicated adult inspection volunteers, aiming to gather insights on their availability and current support

arrangements. The participation advisor will analyse the feedback and work with Assurance and Improvement colleagues to draft a strategic action plan. This plan will focus on addressing the needs of our volunteers and ensuring their skills are optimally utilised.

- As part of the participation delivery plan for 2025-26, we will refine our volunteer application process, target areas with the greatest need and focus on recruiting individuals from diverse and underrepresented groups to ensure inclusivity and broader community engagement.

3.0   IMPLICATIONS AND/OR DIRECT BENEFITS

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

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

3.1   Resources

There are no additional resource implications arising from this report.

3.2   Sustainability

There are no direct sustainability implications arising from this report.

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

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

3.4   Customers (Internal and/or External)

This report includes a number of measures of customer satisfaction.

4.0   CONCLUSIONS/NEXT STEPS

The Board is invited to discuss and note the report.

Key Outcome Indicators (KOIs) and Scrutiny and Assurance activities

Strategic outcome: High-quality care for all

KOI-1: % services with good or better grades (across all KQs)	Ex Dir. Assurance and Improvement
Q3 year to date **86.5%**	

Year to date, 86.5%

Chart legend: Normal Variation, Monthly Performance, Trend, Target

X-axis: Oct Nov Dec (Q3 2023/24), Jan Feb Mar (Q4 2023/24), Apr May Jun (Q1 2024/25), Jul Aug Sep (Q2 2024/25), Oct Nov Dec (Q3 2024/25)

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

Analysis:

- 86.5% of registered services had grades of good or better, slightly higher than at the end of Q2 (86.2%). Performance has further improved over the past year and has now been above 86% since September 2024. We will continue to monitor this trend closely.
- There is variation by type of service: adult daycare (93%), childminding (92%) and daycare of children (88%) are all statistically significantly above the average while care homes for older people (69%), care homes for adults (78%), care at home services (83%) as well as fostering services (72%) and adoption services (70%) are statistically significantly below average.
- Compared to the end the 2023/24 inspection year care homes for older people with good or better grades have increased by 8.5 percentage points and care homes for adults by 6.4 percentage points.

Actions:

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

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

Q3 year to date	71% (228 of 321 inspections)	

KPI/KOI links:	KOI-1

Analysis:

- Performance remains within the range of expected variation with 71% of services having good or better grades at the first inspection following registration this year to date.

Actions:

- We are continuing our analysis into grading at services' first inspections post registration with a focus on services with lower grades and services that have been re-registered.
- We will continue to prioritise higher risk and lower quality services' inspections following registration.
- We will continue to approach (re)registrations in a pragmatic and proportionate way, ensuring that service provision within localities, particularly rural areas, supports positive outcomes for people experiencing care and connectedness within their community.

KOI-3: Average time a service continues to have a grade of less than adequate		Ex Dir. Assurance and Improvement
Q3 year to date	**10.4 months**	
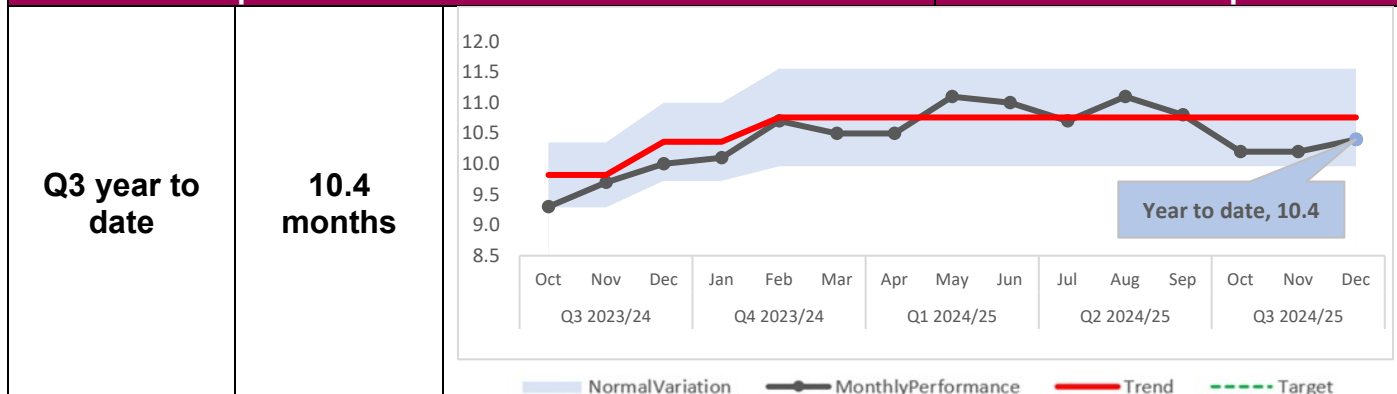
KPI/KOI links: KPI-2, KOI-1

Analysis:

- Performance has further improved from an average 11 months at the end of Q1 2024/25 to 10.4 months at the end of Q3 and is within the range of expected variation. At the same time there was a drop in the number of services that continued to have a grade of less than adequate. This fell from 213 at the end of Q4 2023/24 to 169 services at the end of December 2024 – a reduction of 44 services (21%). The number of services with these poor grades is a small and reducing proportion of services: 1.6% of all non-cancelled services at the end of Q3 compared to 2.0% of services at the end of last year.
- At the end of Q3 most services (66%) had these grades for less than the average of 10.4 months. Of the 169 services:
  - 34% (58 services) were equal to or above the average of 10.4 months.
  - 66% (111 services) were below the average of 10.4 months.
  - 41% (70 services) had the grades for less than 6 months
  - 41% were early learning and childcare services, 38% were adult services and 20% were children and young people services.
  - 3 services were inactive services
- Inspections continue to be mainly focussed on services where we have concerns (see KPI-2), which are likely to have lower grades following inspection. Furthermore, a number of these services have ongoing enforcement action against them. Grades of poorly performing services will not be increased until we are confident there has been an improvement in quality which can be sustained long term – meaning this measure will be slow to improve especially against the backdrop of financial and staffing pressures in the sector.

Actions:

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

KOI-4: % of services with expected grades or better	Ex Dir. Assurance and Improvement
Q3 year to date	**99.4% (542 of 545 inspections)**
KPI/KOI links:	KPI-2, KOI-1, KOI-3

Analysis:
- Performance remained high up to the end of Q3 with 99.4% of services getting expected grades or better. The continued high performance in this measure provides assurance that good quality services are not declining while we continue to focus scrutiny on high risk services.

Actions:
- Continue to monitor this measure.

Scrutiny and assurance activity

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

Registered care services

	Q3 Year to Date 2023/24	Q3 Year to Date 2024/25	2024/25 vs 2023/24 year to date % change
Inspections completed	3,467	3,137	**-10%**
Serious concern letters issued	39	20	**-49%**
Improvement notice enforcements	27	27	**0%**
Notice to cancel enforcements	3	2	**-33%**
Total complaints resolved (not inc. concerns logged as intelligence)	1,688	1,667	**-1%**
New registrations completed	348	374	**7%**
Number of variations completed (not inc. typographical changes)	1,239	1,261	**2%**

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

The number of inspections completed so far in 2024/25 is 10% lower than in the same period last year. There are a number of reasons such as staff vacancies, higher sickness rates compared to last year, and a number of enforcement cases that affect all inspection teams. There are other team specific reasons where some of the staff have been working on other projects such as Operation KOPER in adults teams and work on the new shared framework in early learning and childcare teams. Additionally there are inspection methodology reasons such as the carrying out of follow-up inspections again in adults teams that have a larger footprint and the catching up on the backlog of Fostering, Adoption and Mainstream school care inspections in the children and young people's team, which result in fewer but more time-intensive inspections.

Strategic Inspections

	Q3 Year to Date 2023/24	Q3 Year to Date 2024/25
Inspections completed (published)	18	12
Total staff survey responses received	5,090	5,950
Total people experiencing care engaged with	378	220
Total number of case files read	1,004	451
Number of serious incident reviews received	Please see note below*	47
Learning reviews received		16
Learning review notifications received		33
Other review reports received		3

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

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

There was a 55% drop in in the number of case files read compared to last year. This is due to fewer inspections completed overall and a change in Adult Support Protection inspection methodology where we no longer included duty to inquire cases and the main file sample has been reduced from 50 to 20 records at each inspection. Additionally a larger piece of work have been thematic inspections as well as adult support and protection inspections in 24/25 so far where the focus is on staff surveys and very few case files have been read.

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. Assurance and Improvement
Q3 year to date	**91.0% (1,314 of 1,444 services, from 24,196 responses in total)**
KPI/KOI links:	KOI-7

Analysis:
- Up to the end of Q3, 91.0% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive.
- Up to the end of Q3 we received 24,196 questionnaires.

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

Improvement support and external communications summary year to date

	Q3 Year to Date 2023/24	Q3 Year to Date 2024/25	2024/25 vs 2023/24 year to date % change
External improvement support events	171	60	**-65%**
Internal improvement support events	12	4	**-67%**
Number of unique services engaged	104	86	**-17%**
Number of individuals engaged	4,859	2,691	**-45%**
Website page views – Total	Please see note below*	1,811,895 (from Q2)	**N/A**
Hub page views – Total		201,650	**N/A**

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

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

Strategic outcome: Everyone's rights are respected and realised

KOI-6: % services good or better for 'How well do we support people's wellbeing'		Ex Dir. Assurance and Improvement
Q3 year to date	**92.7%**	

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

Analysis:
- The increase in performance reported over the last year was sustained in Q3 2024/25.
- Similar to KOI-1, performance has improved overall this year and has been above 92% in all six months of Q2 and Q3 after it had been between 91.1% and 91.6% the previous 9 months.

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

KOI-7: % of services with >90% of people telling us they make decisions about their own care	Ex Dir. Assurance and Improvement
Q3 year to date	**82.8% (1,184 of 1,430 services, from 22,975 responses in total)**
KPI/KOI links:	KOI-5

Analysis:
- 82.8% of services had 90% or more respondents telling us they make decisions about their own care.
- Performance remained within normal limits.
- Up to the end of Q3 we received 22,975 questionnaires.

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

Technical Notes

Data updates

For some of the measures, the data presented in a quarterly report can occasionally change slightly at a later date, e.g. if an inspections get recorded retrospectively in the system. When we are making comparisons to previous quarters and years we will use the updated data from our monthly performance reports. This would particularly affect KPI-2, KPI-6, KOI-1 and registered care service regulatory activities, but can also be the case for other measures.

Notes on presentation

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

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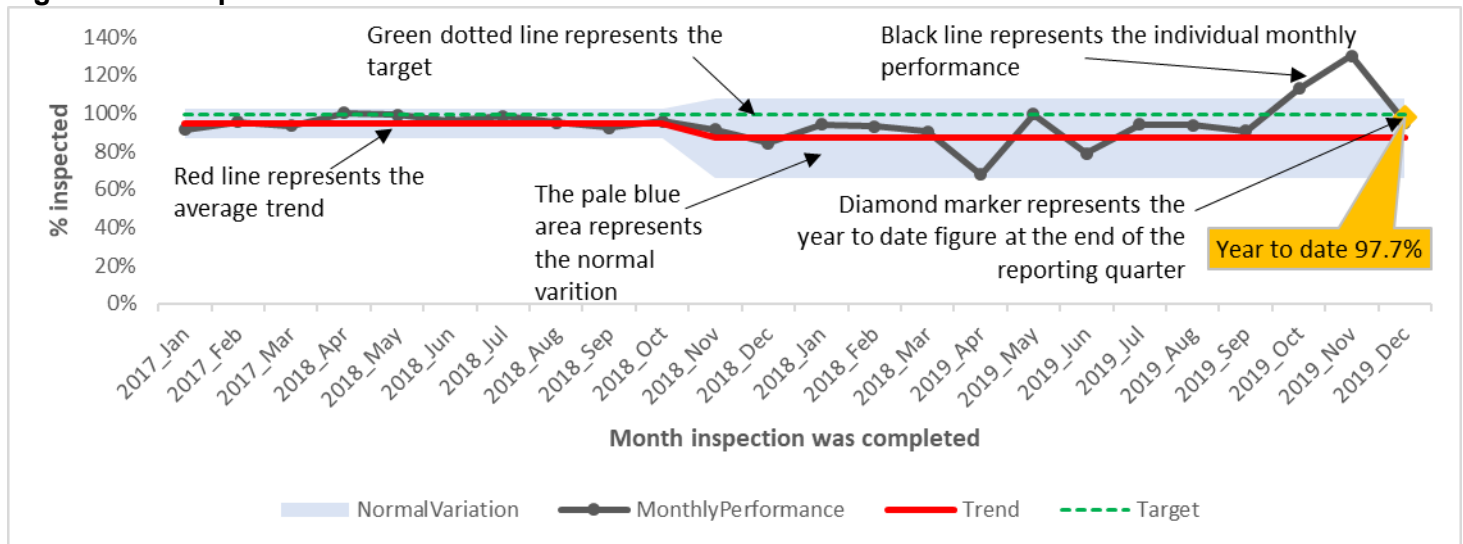
The black line with markers shows a measure's performance over time whilst the red solid line shows the average performance for that measure for the first 6 time periods (months in the example above). The pale blue shaded area represents the range of routine variation and falls between the upper and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

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

relative change in performance (the difference in performance between two time periods as a percentage of performance in the earlier time period) e.g. if the % of complaints investigated in relevant timescales was 40% in Q1 and 50% in Q2 the percentage change would be 25%.

BOARD MEETING 13 FEBRUARY 2025

Agenda item 13
Report No: B-45-2024/25

care
inspectorate

Title:	**BUDGET MONITORING SUMMARY REPORT**	
Author:	Kenny Dick, Head of Finance and Corporate Governance	
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate Services	
Appendices:	**1**	Projected Financial Position
	2	Stage 2 Digital Transformation project summary position
	3	Movement in projected financial position previously reported to Board
Consultation:	Meetings with budget holders, considered by SMG on 15 January 2025 and Finance and Resources Committee on 30 January 2025	
Resource Implications:	No	

EXECUTIVE SUMMARY

The Finance and Resources Committee considered a detailed report on the Care Inspectorate budget monitoring at its meeting of 30 January 2025. Following its review of the budget monitoring position, the Committee wishes to highlight the following to the Board:

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

An underspend of £0.499m is projected for the financial year. This is after reducing the draw on additional in year funding to £0.675m, which is £1.350m less than budgeted. The main reasons for this are:

- significant staff slippage particularly with respect to business support staff as we adjust to changing operational support requirements and hybrid working
- lower than budgeted accommodation costs particularly rates, energy and unplanned maintenance
- projected legal fees for 2024/25 are projected to be lower than budgeted due to the timing of public inquiries
- travel costs continuing to be lower than anticipated
- curtailment of activity in response to Scottish Government expenditure controls particularly with respect to venue hire, training, professional fees and travel and subsistence costs.
- Additional income (mainly fee income and a staff secondment)

BOARD MEETING 13 FEBRUARY 2025

Agenda item 13
Report No: B-45-2024/25

The audited general reserve balance available is £0.548m greater than was anticipated when the 2024/25 budget was set. The projected available general reserve position at 31 March 2025 is projected to be £1.155m. This will be directed towards:

- anticipated essential investment in our website
- supporting the recruitment of additional scrutiny staff (see below)

We have been working with our Sponsor and Health Finance to agree a two-year programme of employing additional staff to significantly increase our scrutiny capacity. We will use our general reserve to employ additional permanent scrutiny staff in excess of our budgeted establishment to move towards our target scrutiny resource with a view to commencing the 2026/27 financial year with all additional staff in post. This will be subject to discussions with our Sponsor and Health Finance during 2025/26 to secure the permanent funding necessary to deliver this position.

Appendix 1 sets out the projected financial position based on the ledger to 31 December 2024.

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

The Board is invited to:
1. Note the projected financial position for 2024/25.

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

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

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

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

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

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

	Revised 2024/25 Budget £m	Projected Expenditure £m	Variance £m
Staff costs	38.329	37.169	(1.160)
Other core costs	7.261	6.630	(0.631)
Stage 2 transformation	3.257	2.263	(0.994)
Total gross expenditure	**48.847**	**46.062**	**(2.785)**
Fee income	(11.900)	(12.150)	(0.250)
Other income	(1.768)	(1.814)	(0.046)
Total net expenditure	**35.179**	**32.098**	**(3.081)**
Grant in Aid	(31.922)	(31.922)	0.000
Additional in-year funding	(2.025)	(0.675)	1.350
Projected deficit / (surplus)	**1.232**	**(0.499)**	**(1.731)**
General Reserve:			
Opening	1.878	2.426	0.548
Less surplus / (deficit)	(1.232)	0.499	1.731
Add surplus			
Closing	**0.646**	**2.925**	**2.279**
Target range minimum	0.489	0.489	
Target range maximum	0.733	0.733	
Available reserve	**0.000**	**2.192**	
Stage 2 funding		1.037	
Remaining available reserve		1.155	
		2.192	

2024/25 Position			
	Revised 2024/25 Budget £m	**Projected Expenditure £m**	**Variance £m**
Transformation costs:			
Staff costs	0.521	0.524	0.003
Other costs	1.689	1.146	(0.543)
Total transformation costs	**2.210**	**1.670**	**(0.540)**
Stage 1 Support costs	0.577	0.593	0.016
Projected expenditure	**2.787**	**2.263**	**(0.524)**
Contingency allowance	0.470	0.994	0.524
Expenditure & contingency	**3.257**	**3.257**	**0.000**

PROJECT POSITION					
	Actual 2023/24 £m	**Projection 2024/25 £m**	**Projection 2025/26 £m**	**Projection 2026/27 £m**	**Project Total £m**
Funding Profile					
General reserve	(0.922)	(0.041)	(1.037)		(2.000)
SG Grant		(2.222)	(2.873)	(1.531)	(6.626)
Total funding	**(0.922)**	**(2.263)**	**(3.910)**	**(1.531)**	**(8.626)**
Budgeted expenditure (including contingency)	0.922	2.263	3.910	1.531	8.626
Current variance	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

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

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	(0.295)	- Leavers, internal secondment and movements in estimated start dates are the main reasons for a projected decrease of £0.264m. - Following a review of planned activity up to the year end, a further decrease of £0.060m is projected in training and development costs. These reductions are partially offset by: - An increase of £0.029m in other staff costs for recruitment costs associated with the new model of operation.
Accommodation costs	(0.147)	- The rateable value of Compass House and Quadrant House has decreased with refunds of £0.037m being received in the current year. - Budgeted allowances for unpredictable or variable costs such as energy, professional fees, alterations and office moves are not expected to materialise in full. Accommodation running costs are expected to decrease by £0.110m as a result of this. These underspends are partially offset by a reduction in lease income of £0.045m (see Income - Other below).
Administrative costs	(0.144)	- The projected risk of legals fees being less than projected has been realised due to delays in ongoing public inquiries. The projected decrease is £0.100m less than previously projected, although the overall anticipated spend for the inquiries will remain the same. Other professional fees outwith Legal are anticipated to reduce by £0.006m. - Printing and stationery costs are projected to decrease by £0.018m. - Courier costs associated with the distribution and collection of IT kit are projecting a decrease of £0.008m. - Further decreases in conference advertising / publicity (£0.009m), postages (£0.005m) and other administrative costs (£0.002m) are anticipated. - These are offset by a minor increase of £0.004m in subscriptions and publications.

Budget Area	Increase/ (Decrease) £m	Main Reasons
Supplies and services	0.001	• A projected increase of £0.020m in furniture and equipment (including health and safety related referrals) is offset by projected decreases in storage and archiving costs (£0.014m) and venue hire / hospitality (£0.005m).
Income - Fees	(0.250)	• Based on a review of newly registered services and services currently in the process of registering, registration fees are projected to increase by £0.050m. • Continuation fee are projected to increase by £0.200m. This is likely due to a change in size and mix of services from when the budget was set.
Income - Other	0.023	• Lease income is projected to be £0.045m lower as a result of the reduction in those accommodation costs noted above that relate to Compass and Quadrant House, Dundee. This is offset by: • Projected income from staff on external secondments increasing by £0.012m due to a contract extension. • Income from various miscellaneous sources (legal cost recovery, travel recharges, VAT recovery) is expected to increase by £0.010m).
Total	**(0.812)**	**Increase in general reserve position**

care inspectorate

Title:	**AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD**	
Author:	Bill Maxwell, Committee Convener	
Responsible Director:	Not Applicable	
Appendices:	**1.**	Quarterly Update to the Board on business undertaken by the Audit and Risk Committee
	2.	Draft Minutes of Audit and Risk Committee of 19 December 2024
Consultation:	Not Applicable	
Resource Implications:	No	

EXECUTIVE SUMMARY
This report is the Convener's quarterly update to the Board, following the meeting of the Audit and Risk Committee of 19 December 2024, 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 those meetings are also provided for reference.

The Board is invited to:	
1.	Approve the change to the strategic risk register, in respect of strategic risk 1.
2.	Note the contents of the Audit and Risk Committee minute of the 19 December 2024.

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

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

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

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

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

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

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

Agenda item 14
Appendix 1

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 19 December 2024.

Key issues discussed at the meetings included:
- It was noted that, whilst delays to the delivery of the External Auditor's report had caused pressures, it had ultimately been received in time to meet the deadline for submission of our Annual Report and Accounts. Improved timescales have been agreed with Deloittes for 2025.   - The Committee was pleased to receive good assurance through the positive update reports on stages 1 and 2 of the digital transformation project.   - The Committee agreed to all meetings being held virtually, with the exception the August meeting to consider the draft annual report and accounts, and to which all Board members are invited.   - The Committee agreed with the Executive that it should receive six-monthly updates on developments relating to Artificial Intelligence and the risks and opportunities these may be presenting.

Issues referred for discussion/decision by the Board
The Board is invited to: Note the Committee's recommendation that the Board approves the change to the Strategic Risk Register, namely Strategic risk 1 - Financial Sustainability, to be taken under item 20 of the Board agenda.

Bill Maxwell
Convener

BOARD MEETING 13 FEBRUARY 2025

Agenda item 15
Report No: B-47-2024/25

care inspectorate

Title:	**FINANCE AND RESOURCES COMMITTEE UPDATE TO THE BOARD**	
Author:	Audrey Cowie, Committee Convener	
Responsible Director:	Not Applicable	
Appendices:	**1.**	Quarterly Update to the Board on business undertaken by the Finance and Resources Committee
	2.	Draft Minutes of Finance and Resources Committee of 30 January 2025
Consultation:	Not Applicable	
Resource Implications:	None	

EXECUTIVE SUMMARY
This report provides the Board with a summary of the business undertaken by the Finance and Resources Committee at its meeting on 30 January 2025 and highlights those matters being referred to the Board for consideration and decision. A copy of the draft minutes of the meeting is attached at Appendix 2, which gives more details on the business conducted.

The Board is invited to:	
1.	Approve the revisions to the Care Inspectorate's Financial Regulations, as contained under item 16 of the Board agenda.
2.	Note that, due to there being no meeting of the committee between the February and March Board meetings, the committee advice to the Board at this stage is that fee rates charged to care service providers in 2025/26 are not changed from 2024/25 rates, when the Board considers these at its meeting on 27 March 2025.
3.	Note the contents of the Finance and Resources Committee minutes of 30 January 2025. In presenting these to a public Board meeting, the draft minutes do not include the discussion under Part B of the committee agenda, which was taken as an excluded item.

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

For Noting	X	For Discussion		For Assurance	X	For Decision	X

BOARD MEETING 13 FEBRUARY 2025

Agenda item 15
Report No: B-47-2024/25

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

Data Protection Impact Assessment Screening		
Yes ☐	**Not Yet** ☐ (One is planned or is already in progress, but Info Gov is aware)	**No** [x] **Reason below**: Not Applicable.

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

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

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

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

A meeting of the Finance and Resources Committee was held on 30 January 2025.

Key issues discussed at the meeting:
- The assurance provided to the committee through the detailed quarterly budget monitoring and staffing update report.   - An update on the Care Inspectorate's estate, including the timeline for the closure of offices located in the west of Scotland and move to the Glasgow hub in Atlantic Quay.   - Extensive discussion on the HR quarterly report and request for additional reporting information to assist the committee in its role and responsibilities.   - The Committee's assurance of the people management policy review process and addition of the Red/Amber/Green coding as part of the quarterly reporting.   - The progress being made with the staff survey action plan and input from the committee.   - The report by independent researchers, DJS Research, following analysis of the responses provided via the staff questionnaire on hybrid working.

Issues referred for discussion/decision by the Board
- The committee recommends that the Board approves the revisions to the Care Inspectorate's Financial Regulations, as contained under item 16 of the Board agenda.   - Due to there being no meeting of the committee between the February and March Board meetings, the committee wishes at this stage to recommend to the Board that fee rates charged to care service providers in 2025/26 are not changed from 2024/25 rates. The Board will want to consider this at its meeting on 27 March 2025.

Audrey Cowie, Convener

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 Services	
Appendices:	**1a**	Draft Financial Regulations (version 3.0 clean)
	1b	Draft Financial Regulations (version 3.0 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 Finance and Resources Committee considered the proposed changes at its meeting of 30 January 2025. The Committee recommend approval of the revised Financial Regulations.

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

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

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

BOARD MEETING 13 FEBRUARY 2025

Agenda item 16
Report No: B-48-2024/25

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

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

Reason for Confidentiality/Private Report: Not Applicable.
Disclosure after: Board consideration and approval 13 February 2025

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

Agenda item 16
Report No: B-48-2024/25

ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS

1.0   INTRODUCTION

The Financial Regulations were last reviewed in February 2024. 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.

The Finance and Resources Committee considered the proposed revisions at its meeting of 30 January 2025 and recommend the Board approve the revised Financial Regulations.

1.1   Financial Regulations Revisions

A summary of the proposed amendments from the approved regulations in February 2024 are set out in paragraph 1.0, page 3, of the Version Control section of the Regulations. These changes comprise:

1. Amendments to reflect the revised model of operation.
2. Revisions following establishment of the Finance and Resources Committee.
3. Para 13.10 updated to include reference to the Debt Management Policy approved March 2024.
4. Section 21 on the receipt of gifts and hospitality has been revised in line with government guidance.
5. Other 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 Services

Presented to the Board –

Approved by the Board –

OFFICIAL

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	• 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
3.0	Head of Finance and Corporate Governance	• Amendment to reflect revised model of operation. • Revisions for the establishment of the Finance and Resources Committee • Para 13.10 updated to include reference to the Debt Management Policy approved March 2024. • Section 21 on the receipt of gifts and hospitality has been revised in line with government guidance. • Other minor grammatical changes	17/01/25

Financial Regulations

INDEX

OFFICIAL

OFFICIAL

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 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 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 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 Services will provide a draft budget report to the Board each financial year for its approval.

1.5 The Executive Director of Corporate 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 Finance and Resources (F&R) Committee and/or 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 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 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 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 Services.

1.7 At all times, the Care Inspectorate will try to secure best value for the money it

spends, making appropriate use of all contract arrangements made and encouraging the use of the best management techniques throughout the organisation.

1.8   As the accountable officer, the Chief Executive will receive regular reports from the Executive Director of Corporate 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 Services will provide a budget monitoring report detailing any significant under or overspending to each meeting of the F&R Committee and 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 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 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 Services.

2.3   The Executive Director of Corporate Services will submit the draft Revenue Budget and Capital Plan first to SMG and then to F&R Committee 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 F&R Committee can consider the proposed budget. The Committee's recommendations will then be submitted to the Board for its approval.

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 Finance and Procurement Manager can provide advice.

3.   Budget monitoring

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

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

3.3   The Chief Executive may approve any expenditure which would otherwise require Board approval where she/he considers that to be urgent, necessary and expedient to protect or preserve the critical interests of the Care Inspectorate (a certificate of which, given by the Chief Executive or Executive Director deputising for the Chief Executive shall be conclusive), provided that such action is reported to the F&R Committee at its next meeting following the taking of the action, in terms of paragraph 2.3.8 of the Care Inspectorate's Reservation of Powers and Scheme of Delegation.

3.4   The Executive Director of Corporate 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 Services.

3.6   The Executive Director of Corporate Services will submit regular budget monitoring reports to the F&R Committee which detail the Care Inspectorate's income and expenditure position with sufficient additional information so that the Committee can properly monitor the Care Inspectorate's up to date financial position. Budget monitoring reports will also be submitted to each meeting of the Board.

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 the cumulative cost implications of changes are more than £200,000 per annum. The Board must approve changes of this nature.

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 F&R Committee or 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 F&R Committee and/or 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 alter the budgeted cost of the permanent establishment by more than £200,000 per annum. £200,000 is the cumulative total of all changes made during the financial year, the Board must approve all changes to the permanent establishment that will mean the cumulative £200k limit is exceeded.

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 Services. All Care Inspectorate accounts and accounting records will be compiled by the Executive Director of Corporate Services or under their direction.

5.2 Each year, the Executive Director of Corporate 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 Services or any member of their staff or any other person authorised by them for that purpose is authorised to:
  (a) enter all Care Inspectorate offices, establishments or land at any time.
  (b) have access to all records, computer files, memory devices and other media documents and correspondence relating to any financial and related Care Inspectorate transactions.
  (c) request and receive such explanations as are necessary concerning

any matter under examination; and

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

6.3   Whenever there is any suspicion of an irregularity concerning cash, payments made, income received, payroll (including claiming expenses), stores, other property of the Care Inspectorate or any suspected irregularity in the functions exercised by the Care Inspectorate, then the Reporting 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 and SMG 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 Services who will operate such banking accounts as he may consider necessary.

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

8.   Procurement

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

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

Competitive process to be followed	Value of spend (exc VAT and for the whole life of the requirement)	Route to market		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 – £179,087	Direct award or mini competition as per Framework rules	Open competition through PCS with basic SPD	Yes	Yes
Government Procurement Agreement (GPA) Tender Process[1]	>£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 all staff have undergone procurement training.

8.5 Authority to award competitively procured contracts is delegated to officers as noted in the ''Authority to Commit and Approve Expenditure'' document

---

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

OFFICIAL

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 Services or 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:
   o   the purchase is being made using an Electronic Purchasing Card,
   o   supplies of public utility services,
   o   periodic payments such as rent and rates,
   o   petty cash purchases,
   o   postal charges or
   o   other exceptions as the Executive Director of Corporate 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 approver subject to the limits noted in the Finance & Corporate Governance Scheme of Delegation in the 'Authority to Commit and Approve Contracts'

document.

9.7 The Executive Director of Corporate Services will maintain a register of authorised signatories. Budget managers must notify any additions and deletions to the Finance 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 Procurement 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, confirmation that the goods have been received must be sent to HQ requisitions. A goods received template is in the Transactions Team area of the Finance and Corporate Governance section on the intranet.

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

   (a) the goods received match the order.
   (b) prices, discounts and arithmetic are correct.

(c)   there is no duplication of payments.
(d)   expenditure is within the approved budget.
(e)   the expenditure is coded to an appropriate general ledger 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 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 copy invoices unless the approving officer certifies in writing that the amount in question has not previously been paid and the charge is accurate to reflect the goods or services received.

11.7   The Executive Director of Corporate 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 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 Services under arrangements approved and controlled by them.

12.2   The Executive Director of Corporate Services will provide guidance on responsibilities for ensuring proper records are kept of all matters affecting the payment of such emoluments and in particular:
(a)   appointments, promotions, resignations, dismissals, suspensions, secondments and transfers.
(b)   absences from duty for sickness, holidays or other reason.
(c)   changes in remuneration, other than normal increments and pay

awards and agreements of general application.

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

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

12.4   The Executive Director of Corporate 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 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 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 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 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 Services. No deduction may be made from such monies. All income must be banked in full.

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

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

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

13.10 The "Debt Management 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 Finance and Procurement 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 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 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 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 Services will be responsible for agreeing a position with the Sponsor Department where losses occur.

15. Inventories

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

15.2 All surplus plant, vehicles, tools, equipment, furnishings, materials or commodities to be disposed of by any Care Inspectorate department will be advertised for sale either by the invitation of sale offers or by public auction unless special circumstances apply. The Executive Director of Corporate

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 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 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 Services immediately. For security purposes, keys should be removed from premises overnight.

17. Petty Cash Imprest accounts

17.1 The Executive Director of Corporate 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 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 Services when required and shall repay the money on leaving the Care Inspectorate's employment or when required by the Executive Director of Corporate Services. Detailed guidance on the administration of petty cash and petty cash imprests is available on the Care Inspectorate's intranet.

18. Travelling, subsistence and financial loss allowances

18.1 All claims for payment of car allowances, subsistence allowances, travelling

and incidental expenses shall be submitted according to the approved Business Travel and Subsistence Policy, duly certified, in a form approved by the Executive Director of Corporate 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 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 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 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.

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 Services or the Head of Finance and Corporate Governance as appropriate.

21. Acceptance of Gifts, Hospitality and Services

21.1 The acceptance of gifts, hospitality and services from interested business parties could be presented as promoting a conflict of interest that might arguably have compromised the impartiality of members and staff in the decisions that they were required to make.

21.2 Where gifts or hospitality have been received, the gift must be of a nominal or notional value. A gift should not be accepted if the cumulative value from any one organisation or individual exceeds £200 in any 12-month period or £50 for any one gift.

21.3 You should inform the Head of Finance and Corporate Governance or the Finance and Procurement of the details of gifts or hospitality accepted or declined. This will be recorded in the Gifts and Hospitality Register.

21.4 The Chief Executive may, in exceptional circumstances, override the above principles where members and staff are able to demonstrate that the business needs of the Care Inspectorate justify it. The Chief Executive's approval of the acceptance of the gift should be sought as soon as the gift or hospitality is offered.

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 Services may approve the write off of bad debt and or losses, not exceeding £3,000 in the following circumstances:

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

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

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

23.3 In accordance with the NDPB Executive Framework, irrecoverable debt 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 F&R Committee and at any time if the circumstances indicate this would be appropriate. Following a review, the Board must approve any amendments to the Financial Regulations.

OFFICIAL

Title:	**EQUALITIES MAINSTREAMING REPORT APRIL 2023 - MARCH 2025/OUR EQUALITY OUTCOMES 2025-2029**	
Author:	Jacqui Duncan, Equalities Professional Adviser	
Responsible Director:	Edith Macintosh, Executive Director of Assurance and Improvement	
Appendices:	**1.**	Equalities Mainstreaming Report April 2023-March 2025 Our Equality Outcomes 2025-2029 (Draft)
	2.	Draft Equality Outcomes 2025-2029 (Appendix 1 of the report)
	3.	Equality information by protected characteristic (Appendix 2 of the report)
Consultation:	The new equalities outcomes for 2025-2029 were written following consultation with: • Internal Stakeholders: Strategic Management Group, Human Resources, Organisational and Workforce Development, Participation and Equalities Team, Assurance and Improvement, Meaningful Connections, Dementia Practice Development Group, Methodology, Promise Lead, Corporate Equalities Group, Children's Rights and Corporate Parenting Group, our Employee Networks, Staff, and Volunteers. • External Stakeholders: People experiencing care, professionals, external equality groups, care services, providers, and advocacy groups.	
Resource Implications:	**Yes** (Please see Resources section of this report).	

EXECUTIVE SUMMARY
This report provides: • progress against our equality outcomes from April 2021 to March 2025 as first published in our Equality Outcomes, Mainstreaming Report, and Action Plan in April 2021 • progress since we last reported in 2023 • new equality outcomes for 1 April 2025 to 31 March 2029.   Some of our highlights since April 2021 include that we have: • enhanced our commitment to human rights with a focus on equality, and non-discrimination by; publishing 12 regulatory quality frameworks (new or updated), 4 frameworks for strategic inspection and 8 self-evaluation toolkits • conducted thematic reviews to amplify the voices of those with lived experiences of care • produced national standards, guidance, and webinars to support and share good

practice in the sector
- created opportunities to hear lived experience from under-represented groups in our work
- increased workforce diversity in targeted areas around disability, race, and taken positive action around care experience
- achieved the Disability Confident Employer Level 2 status
- strengthened and increased the number of our employee networks
- joined the Equally Safe at Work pilot to promote gender equality.

The Board is invited to:
1.	Note progress made in mainstreaming equalities in all aspects of Care Inspectorate work since 2023, and the specific progress against our equality outcomes from 2021-2025.
2.	Discuss and agree the new equality outcomes for the period 2025-2029 (appendix 2).
3.	Agree the report and new equality outcomes for publication 30 April 2025.

Links	Corporate Plan Outcome (Number/s)	Everyone's rights are respected and realised	Risk Register (Yes/No)	No	
For Noting		**For Discussion**	X	**For Assurance**		**For Decision**	X

Equality Impact Assessment		
Yes	**Not Yet**	**No** X
	One is planned or is already in progress	Reason: This report is to confirm we are meeting our equality duties, it does not require a decision/change that will impact on people.

Data Protection Impact Assessment Screening		
Yes	**Not Yet** X	**No**
	(One is planned or is already in progress, but Info Gov is aware)	**Reason:**

BOARD MEETING 13 FEBRUARY 2025

Agenda item 17
Report No: B-49-2024/25

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

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

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

EQUALITIES MAINSTREAMING REPORT APRIL 2023-MARCH 2025/ OUR EQUALITY OUTCOMES 2025-2029

1.0   INTRODUCTION / BACKGROUND

The Equalities Mainstreaming Report outlines the Care Inspectorate's commitment to mainstreaming equality as required by the Equality Act (2010) and the Specific Duties (Scotland) Regulations (2012).

Mainstreaming equality integrates equality, diversity, and inclusion into our daily work and organisational culture, ensuring equality is embedded across all our functions. This approach ensures our compliance with legal requirements while also helping us to advance human rights and foster inclusive practices across Scotland's social care sector.

The Scottish Government are exploring ways to enhance the Public Sector Equality Duty (PSED) in Scotland, aiming to improve accountability and transparency. Among the proposed changes is a requirement for regulators and scrutiny bodies, such as the Care Inspectorate, to actively report on progress toward achieving equality outcomes within their respective sectors. The Scottish Government is also currently consulting on their Equality and Human Rights Mainstreaming Strategy which has potential implications for us. We have submitted a response to the consultation.

1.1   Purpose of the report and equality outcome setting

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 helps us to support the better performance of the General Equality Duty. The Specific Duties require us to:

- report progress on mainstreaming the equality duty
- publish equality outcomes and report on progress
- assess and review policies and practices
- 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 Equalities Mainstreaming Report serves multiple purposes, it:

- ensures alignment with the General Equality Duty to eliminate unlawful discrimination, advance equality, and foster good relations
- demonstrates adherence to the Scottish specific duties
- embeds equality further into our activities as an employer and our scrutiny and quality improvement body
- supports a diverse and inclusive workforce
- addresses barriers to inclusion and improves employee engagement and

wellbeing
- improves participation and engagement with people who experience care, particularly those with protected characteristics and under-represented groups.

Setting equality outcomes is both a legal and moral obligation to tackle systemic, significant, and persistent inequalities while improving people's experiences, lives, and life chances.

Our new equality outcomes (appendix 2) have been carefully developed through:

- extensive consultation
- thorough review of evidence
- consideration of future priorities.

1.2 Highlights of the report: progress achieved (2021–2025)

Since April 2021, we have:
- published 12 (updated or new) regulatory quality frameworks and key question 7's, 4 frameworks for strategic inspection, 8 sector specific self-evaluation toolkits
- conducted thematic reviews and inquiries to gather insights from individuals with lived experiences of care
- supported Anne's Law and other initiatives promoting meaningful connections for people who experience care
- worked with new organisations to engage with under-represented groups including disabled and minority ethnic people
- increased the diversity of our workforce in terms of disability and race
- appointed 2 care experienced Modern Apprentices
- achieved Disability Confident Employer Level 2 status, demonstrating a commitment to creating accessible and inclusive workplaces
- strengthened and increased our employee networks and working groups including, being accepted to join the Equally Safe at Work accredited employers' programme.

We will continue to report progress to the Board annually and will publish our next Equalities Mainstreaming Report in line with the two-year reporting cycle. The next mainstreaming report will evidence progress for the period April 2025 to March 2027.

2.0 IMPLICATIONS AND/OR DIRECT BENEFITS

2.1 Resources

The attached report emphasises resource allocation toward learning and development, inclusive recruitment, and improved workplace policies to foster diversity and equality.

2.2   Sustainability

Supporting under-represented groups to be meaningfully involved in organisational work directly enhances social sustainability by fostering equity, reducing systemic barriers, and enabling diverse perspectives to drive innovation and resilience. Prioritising equality, diversity, and inclusion creates fairer systems, strengthens trust, and ensures that sustainability efforts are inclusive and impactful for all.

2.3   Policy

Human rights is a prominent topic in the current policy landscape. Relevant developments of note include:

* Equality and Human Rights Mainstreaming Strategy – consultation
* Review of National Performance Framework and National Outcomes
* 'Moving on' from care into adulthood consultation, closed in October 2024
* Care experience definitions consultation, closed December 2024
* The Promise Bill – expected to be introduced by the end of this Parliament
* A Human Rights Bill for Scotland (delayed to next parliamentary session- 2026)
* Learning Disabilities, Autism and Neurodivergence Bill - The Scottish Government has committed to publishing draft provisions with a view of seeking feedback on finalised proposals.

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

This report directly improves care by:
* continuing to embed the principles of equality, non-discrimination and participation in quality frameworks and our methodology
* ensuring marginalised voices shape our work
* sharing good practice around human rights, equality, non- discrimination, and participation with the sector, to improve practice and outcomes for people who experience care.

2.5   Customers (Internal and/or External)

Internal benefits include increased job satisfaction, improved wellbeing, increase in talent, improved creativity and innovation, reduced turnover, and better organisational performance.

Externally, individuals receiving care benefit from improved standards of service that are inclusive, culturally competent, and tailored to their unique needs. This approach reinforces person-centered care that is rights-based, prioritising dignity, respect, equality, and non-discrimination, in line with the PANEL (participation, accountability, non-discrimination and equality, empowerment, and legality) principles.

3.0   CONCLUSIONS/NEXT STEPS

The Equalities Mainstreaming Report highlights our commitment to advancing equality and promoting high-quality care. Moving forward, key actions include:

- implementing the 2025–2029 equality outcomes and associated action plan
- enhancing data collection and reporting on protected characteristics
- advancing workforce equality, diversity and inclusion policies and practices.

The Board is requested to note the positive actions and achievements and the plans going forward in this report. Pending Board approval, the report and the new equality outcomes will then be published, 30 April 2025, in line with our legal duties.

Care Inspectorate
Equalities Mainstreaming Report April 2023- March 2025
Our Equality Outcomes 2025-2029

Contents

You can find more information about equality and diversity within the Care Inspectorate on our website https://www.careinspectorate.com/index.php/equality-and-diversity . You can also get information by emailing equalities@careinspectorate.gov.scot. This report is available in alternative languages and formats on request.

Introduction

Mainstreaming equality means making it an integral part of our daily work and core functions, ensuring it is a fundamental part of everything we do. This report provides:

- progress against our equality outcomes from April 2021 to March 2025 as first published in our Equality Outcomes, Mainstreaming Report, and Action Plan in April 2021
- new equality outcomes for 1 April 2025 to 31 March 2029 (appendix 1)
- workforce equality information including our pay gap information (appendix 2)
- equal pay statement (appendix 2).

About us

The Care Inspectorate is the national agency responsible for regulating social care and social work services across the whole life cycle, for babies, infants, children, and young people, adults, and older people. Our work includes inspection, registration of regulated care services, complaints, and quality improvement. We help services improve care quality by providing guidance, resources, and sharing good practice. When care falls short, we do not hesitate to take action to ensure the right standards of care are met.

Our vision: is for world-class social care and social work in Scotland, where everyone, in every community, experiences high-quality care, support and learning, tailored to their rights, needs, and wishes.

Our mission: We will provide public assurance about the quality of social care, social work, and early learning services, promote innovation, and drive continuous improvement. We will collaborate and take action where experiences and outcomes are not meeting individual needs. You can read more about us in our corporate plan.

We also influence social care policy nationally and internationally, sharing our learning to drive transformation in Scotland's social care sector. We helped to develop Scotland's Health and Social Care Standards, which are central to our scrutiny and quality improvement work, focused on human rights and well-being.

Chief Executive statement

"I am proud to present our Equalities Mainstreaming Report—a testament to our commitment to integrating equality and human rights at the heart of everything we do. This report shows the many achievements we have made as a result of the dedication and passion of all our colleagues. Further integrating equality and human rights into our day-to-day work supports   the vision towards world class care and support for everyone across Scotland." Jackie Irvine, Chief Executive, Care Inspectorate. Insert photo.

Board statement

On behalf of the Board, I am delighted to endorse the Care Inspectorate equalities mainstreaming report. This report clearly shows what we as an organisation hold true as our core values and principles. I would also like to record my thanks to all our Care Inspectorate staff who uphold these principles in their daily lives and champion this important work. Doug Moodie, Chair, Care Inspectorate Board. Insert photo.

Our specific duties to mainstream equality

The Equality Act 2010, covering the nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation), requires us to consider equality in all aspects of our work.

The General Equality Duty (Section 149) of the Equality Act 2010, requires us, 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 us to support the better performance of the General Equality Duty. The Specific Duties require us to:
- report progress on mainstreaming the equality duty
- publish equality outcomes and report on progress
- assess and review policies and practices
- 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.

We exceed legal obligations by embedding equality, diversity, and inclusion across all aspects of our work, demonstrated by:
- continuing to publish our ethnicity and disability pay gaps
- our Equality, Diversity, and Inclusion Strategy 2021-2025., which places the promotion of an inclusive culture at its core.
- working towards acknowledging care experience as a protected characteristic.

Progress in achieving our equality outcomes April 2021 – March 2025

As detailed through this report, we have made significant progress on our three equality outcomes, initially set out in our [Equality Outcomes, Mainstreaming Report, and Action Plan](#) in April 2021 and our interim report, [Equalities Mainstreaming Progress Report](#) in April 2023.

Equality outcome 1				
Issue	**Equality outcome 1**	**Outputs and outcomes**	**Activities**	**General duty**
Care experienced younger people, older people, disabled people, the lesbian, gay, bisexual, and transgender (LGBT+) community, and people from a minority ethnic community do not always experience care that meets their specific needs and wishes.	We will collaborate with providers of care and other stakeholders to develop and evaluate quality illustrations* in our quality frameworks. These will: • include equality, diversity, and human rights • aid discussion and understanding between inspectors and care service providers • promote a self-evaluation process for continuous improvement. • ensure people experience high-quality care and support that is compassionate and tailored to their rights, needs, and wishes.	• Very good and weak practice examples are developed. • Quality illustrations that focus on equality and diversity are included in all our quality frameworks.	• Identify individuals to develop quality illustrations. • Promote quality illustrations. • Train our staff (webinars). • Review impact of quality illustrations (evaluations that measure pre- and post-learning).	Foster good relations and eliminate discrimination.

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

Quality frameworks/ illustrations:
We have quality frameworks to evaluate the quality of care during inspections and improvement planning. The frameworks reflect the Health and Social Care Standards: My Support, My Life. The standards are key in bringing human rights, equalities, diversity, and inclusion into our scrutiny assurance and quality improvement work.

Quality illustrations are a tool that we use to support care services to self-evaluate and are part of our external quality assurance activity. We have illustrations of what very good quality looks like, and what weak quality looks like.

- Since April 2021, we have published **12 (**updated or new) regulatory Quality Frameworks and Key Question 7's. Strategic inspection have published **4** frameworks.
- Continued to promote 'Proud to Care: LGBT and Dementia A Guide for Health and Social Care Providers' 'The resource has been produced in partnership with worked with LGBT Health and Wellbeing, Alzheimer Scotland, and others. Within the toolkit we provided quality illustrations to highlight good practice.

Self-evaluation:
8 sector specific self-evaluation toolkits have been published. We have:
- Worked collaboratively as a member of Restraint Reduction Scotland, with the Scottish Physical Restraint Action Group (SPRAG), including the sector and the Centre for Excellence for Children's Care and Protection (CELCIS). We have:
  o developed a Self-evaluation tool: The use of restrictive practices (published in 2022 and revised in 2024)
  o created definitions in relation to restrictive practices and used these same definitions to create a new notification about restrictive practices in 2022
  o replicated the language across our annual returns for 2022
  o reviewed our document Records that all registered children and young people's care services must keep and guidance on notification reporting in 2021
  o ensured these developments were communicated more widely across the sector by contributing to the annual Scottish Physical Restraint Action Group SPRAG at Scottish Institute for Residential Child Care SIRCC videos.
- Reviewed and published new quality frameworks for self-evaluation (adult services). These frameworks embed human rights and Health and Social Care Standards throughout. They are outcome-focused, ensuring a strong emphasis on measuring and improving outcomes for people.
- Updated A self-evaluation guide to support quality improvement for community justice in Scotland November 2023. This guidance was updated to include:
  o the Promise
  o a rights-based approach within the quality indicator illustrations thereby promoting the PANEL (participation, accountability, non-discrimination and equality, empowerment, and legality) principles.

- Consulting on a self-evaluation toolkit: Embedding a rights-based approach to digital social care which builds on our good practice guide: [Using technology and digital devices to make a positive impact on health and wellbeing for people experiencing care](#) which is now published.

Develop new national standards:
- Supported Scottish Government to:
  - introduce [two new Health and Social Care Standards](#) to ensure people living in care homes can have visitors even during exceptional circumstances
  - promoted the standards and wrote guidance for the sector to support implementation.
- Published Scotland's [Bairns Hoose standards, in 2023,](#) in partnership with Healthcare Improvement Scotland. This was developed alongside the voices of children and young people. The standards:
  - are underpinned by the United Nations Convention on the Rights of the Child (UNCRC)
  - support access to justice and recovery for children and young people who may have been victims or witness to abuse or violence.

Training/ webinars:
  Integrated participation and equalities into the Care Home Improvement Programme (CHIP). CHIP fosters an inclusive environment that values and addresses diverse perspectives while empowering everyone to be heard. The resulting improvement journeys demonstrate meaningful progress to involving people in decisions about their care. This places the voices and needs of individuals in care homes at the forefront by actively involving:
  - people who experience care
  - their families
  - staff in decision-making.
- Delivered a 'proud to care' webinar, conversation café, and podcast to support LGBT+ inclusion for older people living with dementia and signpost to [the Proud to Care: LGBT and Dementia A Guide for Health and Social Care Providers](#)
- Facilitated a webinar on 'Creative approaches to supporting people with advancing dementia.'
- Delivered a series of Meaningful Connections [webinars](#), including one on "A human-rights based approach, including the Health and Social Care Standards".
- Developed personal plan guidance and associated webinar for the sector. It ensures personal plans:
  - are person centred
  - covers areas that promote equality and participation including use of different methods and communication to ensure people can participate in (and agree) their person plans.
- Delivered a [Continuing Care and the Welfare Assessment Webinar](#).
- Created written guidance for inspectors, titled Key Lines of Enquiry, to support the inspection and interaction with diverse groups of people who experience care. These guidelines are:
  - firmly rooted in a human rights-based approach
  - promote best practice

- o ensure inspections are conducted in a fair, non-discriminatory manner, respecting individuals' rights, and dignity throughout the process.
- Co-delivered a webinar for local authorities, social workers, residential childcare staff, fostering services, and foster carers, April 2023. It was an open forum for queries, concerns, and sharing best practices. The webinar covered:
  - o the Unaccompanied Asylum-Seeking Children (UASC) policy and National Transfer Scheme
  - o available support and services
  - o the context of young people's arrivals in Scotland and their lived experiences.
- Held two webinars in 2022 to support the launch of the Self-evaluation tool: The use of restrictive practices.
- Presented on 'Outdoor Play and Learning' at the Early Childhood Ireland conference, March 2023.
- Delivered **2** online webinars on recovery play (February and August 2023).
- Signed the national trauma-informed pledge, which means:
  - o **139** staff have completed 'Introduction to the National Trauma Training Programme,' which covers the disproportionate impact of trauma on marginalised groups
  - o identified **10** trauma champions.
- Continued to build equalities into core training for new scrutiny and assurance staff through induction and the learning and development programme.
- Facilitated sessions for the Professional Development Award (PDA), enhancing staff awareness of diverse communities to ensure fair practices.

Share good practice:
- Increased our sector specific equality communications (through our newsletters, website, and the hub) to promote greater awareness of equalities and to share more examples of excellent equality practice externally.
- Created a Dementia Hub.
- Developed and published resources, including posters, guidance, research, and podcasts featuring care experiences, to support meaningful connections.
- Supported Anne's Law focusing on:
  - o promoting meaningful connections web page here and mailing list
  - o involving communities
  - o supporting visiting rights in adult and older people's care homes
  - o collaborating with people who experience care and their families, particularly with **20** care homes, to advance meaningful connections.
- Published a paper on ensuring the right psychological support for people living with dementia in care homes during covid (2021). It focussed on
  - o rights
  - o importance of person-centred support
  - o participation and care of people living with dementia.
- A Senior Improvement Adviser (Pharmacy) and an HC-One Dementia Care Manager in Scotland shared experiences to improving dementia care and reducing the inappropriate use of psychoactive medicines in care homes, through a podcast.

Equality outcome 2				
Issue	**Equality outcome 2**	**Outputs and outcomes**	**Activities**	**General duty**
People who are care experienced and younger, older, disabled or minority ethnic, and families and carers of people experiencing care can face barriers to participation and engagement. This results in reduced opportunities to share their lived experience or discuss their specific needs.	We will increase opportunities for people who are care- experienced and: • younger • older • disabled • minority ethnic and • families and carers of people experiencing care • volunteers • national stakeholders to get involved with our work. This will influence and improve what we do so that people in these communities have a better experience of care.	• Increase our overall engagement (events, focus groups and surveys) activity by 15% from an average of 130 to 150 engagements across these groups by March 2025. • Rise in interest and volunteer applications from people from these communities.	• Run events, focus groups and surveys with adults and older people, our new Working Together Group, and our volunteers. • Work with four new organisations and groups of people each year. • Develop different methods of volunteer recruitment and retention specifically aimed at these communities.	Advance equality of opportunity, external eliminate discrimination and foster good relations

Equality Outcome 2: is about increasing opportunities for participation, engagement, and the sharing of lived experience, aligning with the Duty of User Focus and public sector reform principles. By prioritising inclusivity and reaching out to people with protected characteristics, we ensure our work is person-centred, responsive, and equitable.

Heard from people who experience care during inspection and quality improvement work:
- A core element of this is hearing from people who experience care and those important to them. We do this by:
  - issuing questionnaires prior to inspection which guides inspection planning
  - speaking with people experiencing care
  - continuing to invest in SOFI 2 (Short Observational Framework for Inspection) to assess care quality for individuals who do not use words to communicate. This tool focuses on interactions and outcomes, ensuring everyone's experiences are included in inspections. All inspectors are trained in SOFI 2, supported by in-house trainers. This reinforces our commitment to inclusive, non-discriminatory inspection practices.
  - ensuring people who experience care codesign quality improvement and participation interventions
- Feedback from families, post COVID-19, highlighted the benefits of remote contact methods, such as FaceTime and telephone calls. Many felt these approaches allowed them to speak more freely without the visibility of entering a room with an inspector during an on-site visit. This has fostered greater inclusivity by enabling individuals to participate in inspections without fear of being identified or excluded. We have ensured that alternative methods, such as non-digital options, remain accessible for those unable to use online methods.
- We remain active members of the Cross-Party Group on Carers, ensuring that carers' voices and needs are represented in our work.

Conducted thematic reviews and inquiries to gather insights from individuals with lived experiences of care:
We have:
- Led the [Thematic review of services for disabled CYP.pdf (careinspectorate.com)](#) The report presented the key messages on how well social work services contribute to ensuring disabled children have their rights respected and receive early care and support. We considered children's experiences alongside their rights as enshrined in:
  - the UNCRC
  - the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).
- Engaged with organisations who work directly with disabled children on whose behalf we were conducting the review. This allowed for those directly involved in receiving or providing services to shape our approach. Representatives from the sector included: Our scrutiny partners and lived experience groups.
- Modified our approach to hearing directly from children and young people.
  - This involved collaborating with people who had trusted relationships with children, benefiting from their expertise and skills. As a result, we were

able to communicate with those individuals from whom we might not otherwise have heard.

- o A quality improvement project (2023/24) has strengthened the ways inspection feedback is provided to children and young people
- Jointly led on the Joint review of diversion from prosecution (careinspectorate.com) – 2023. This included in-person interviews with people who had experience of being diverted from prosecution The central focus was on ensuring diversion processes across Police Scotland – the Crown Office and Procurator Fiscal Services and Justice Social Work were not discriminatory.
- Published our Inquiry into adult carers' experiences of social work and social care services in December 2022. We engaged directly with a wide range of stakeholders, including:
  - o carers
  - o health and social care partnerships
  - o local and national carers' organisations
  - o care and support service providers across Scotland.

  Our approach ensured a comprehensive understanding of carers experiences and needs.
- Led the 2024 Prison-based social work thematic review.pdf (careinspectorate.com) informed by surveys and input from people currently serving prison sentences. The report assessed equality, diversity, rights advocacy, and anti-discrimination efforts. We also produced an accessible version of our findings which was reviewed and shaped by the views of people attending education classes while in custody.
- Published a Quality Improvement Framework (QIF) to help adult support and protection partnerships conduct multi-agency self-evaluations, supporting governance, improvement, and inclusion. The QIF integrates trauma-informed practices and prioritises the voices of people with lived experience.
- Developed collaboratively with stakeholders, including Homeless Network Scotland, Addiction Recovery Group, and the National Trauma Transformation Programme, the QIF ensures a rights-based approach across Scotland.
- Enhanced internal training with input from these organisations, increasing trauma awareness and embedding it into QIF illustrations.
- Developed a Technology Enabled Care good practice guide, (February 2023) entitled 'Using technology and digital devices to make a positive impact on health and wellbeing for people experiencing care'.

Organise events, focus groups, and surveys to gather insights from individuals with lived experiences of care.

We have:

- Adapted how we gather views based on feedback from people experiencing care and families this includes:
  - o use of inspection volunteers
  - o online, paper, and easy read questionnaires
  - o face to face and face time meetings
  - o telephone calls.

- Transitioned from paper-based questionnaires to electronic surveys, revising questions to improve accessibility in 2023. This is an interim step towards a more visual and accessible feedback approach for young people.
- Resumed Joint Inspections of Adult Services in 2022, focusing on how health and social care integration is improving outcomes for adults.
- Established a rolling programme of inspections, each targeting the experiences and outcomes of specific groups. To date, this has included individuals with physical disabilities and complex needs, as well as people living with mental illness.
- Emphasised meaningful engagement with people with lived experience and their carers during our inspections. The engagement methodology used in joint adult inspections strengthens participation through diverse methods, including
  - conversations
  - focus groups
  - supported surveys
  - accessible versions of all engagement materials are provided to ensure inclusivity
  - inspection volunteers with lived experience, either as people who experience care or carers, play a vital role in the process, enriching the inspection with their unique perspectives.
- Led the [Community Justice Social Work: Throughcare Review Sep2021.](#)incorporating views from people with lived experience, regardless of offence or custody recall. Surveys and interviews, with the Scottish Prison Service support for literacy needs, informed the report, which assessed justice social work services' statutory and human rights responsibilities.
- Engaged **45** people and carers per inspection for the Quality Improvement Framework for Adult Support and Protection through pre-inspection conversations, gathering valuable insights that complement traditional scrutiny methods and inform inspection findings.
- Collaborated on a human rights-focused group to develop Scotland's National Charter of Rights for Substance Use, centred on the voices of lived experience. The Charter, launched in December 2024, is advancing rights-based approaches nationwide.
- Co-chaired Dementia Strategy Work subgroups by people living with dementia to ensure lived experience informs decision-making.

Our [Quality Improvement and Involvement Strategy 2022-25,](#) prioritises equality outcome two by:
- Empowering volunteers of all ages to co-design core scrutiny and quality improvement activities.
- Enhancing co-design and co-production with people who experience care and their supporters.
- Collaborating with organisations representing people who experience care to improve care quality.

This is further supported by our annual Participation Plan which centres on the importance of participation, lived experience, equality impact assessments and improved data.

Worked with new organisations to engage with under-represented groups including:

- Disability Equality Scotland: Participated in the June 2024 Access Panel National Conference, exploring collaboration opportunities.
- Moments of Freedom: Engaged with members at a June 2024 community event to understand the group's impact.
- Vox Scotland: Discussed collaboration opportunities in July 2024, establishing connections for future engagement.
- Scottish Dementia Working Group and National Dementia Carers Action Network: Explored collaboration opportunities in August 2024, with plans to support formal consultation processes.
- Scottish Recovery Network: Subscribed to updates and discussed potential partnerships in August 2024.
- Enable Self-Advocacy Forum: Presented at the National Forum in September and October 2024, fostering connections with forum members.
- LUNA (Learning to Understand Needs and Abilities). This is a charity run by young people with disability and lifelong illness who we have worked with to provide training.
- Each and Every Child to deliver training to help our workforce, reframe how we talk think and feel about care experience.
- Volunteer Scotland to advertise our volunteering opportunities with the aim of reaching a more diverse group across Scotland.

Promoted volunteering opportunities to a more diverse range of stakeholders including:

- Aberlour
- Carer's centres
- Guardianship Service
- Men's Sheds
- National Leadership Network
- Who Cares Scotland?

Promoted the recruitment and retention of a diverse volunteer workforce. We have:

- Supported a diverse cohort of Care Inspectorate volunteers, many with care experience or from protected characteristic groups. Key initiatives included:
  - removing the age limit for young inspection volunteers, allowing participation beyond age 26. Acknowledging that care experience is lifelong, supporting intergenerational work wherever possible with some of our older volunteers.
  - updating application and monitoring forms and diversifying recruitment methods to attract volunteers across age, care experience, disability, and race
  - revising the Involvement and Equalities Charter to strengthen references to inclusion, equality, and the Public Sector Equality Duty
  - completing a Participation Review in 2022 addressing the needs and well-being of young inspection volunteers
  - volunteers actively contributing to board events, staff recruitment, strategic consultations, our Professional Development Award, and organisational work.

The recent collaborations with our volunteers and Board members have been both impactful and insightful.

"I really enjoyed meeting Rona and Ronnie, it was so interesting to hear about the skills and knowledge they bring. They were both very passionate about their roles as Board members and really understood the importance of having care-experienced Board members and volunteers of all age ranges …I hope my voice was clear/loud enough on the recording."

Volunteers participated in a range of activities, starting with young people, and later including intergenerational volunteers for the PDA Development Day. Co-designing the event was key, as it allowed volunteers time to build relationships, confidence, and understanding.

In September, the Closed Culture Development Day featured insights from an inspector, group discussions, and the creation of a short film, which premiered at the graduation ceremony. Volunteers gained media skills, connected with peers, and deepened their understanding of closed cultures:

"Today was interesting and new, I feel that I learned a lot about what closed cultures can look like and why they happen sometimes. It was good to work with the team, practice new skills, and learn more about the PDA." (Volunteer)

"We learned more about the risks closed cultures have…we thought we could try and help other areas in the Care Inspectorate by making films about things we are passionate about." (Volunteer)

In October, the PDA Graduation celebrated the volunteers' contributions and the short film, sparking meaningful discussions:

"I'm proud of our film, it's important that we talk about the hard things – everyone has had that experience before… where you know something isn't right in your gut, but you don't know why." (Volunteer)

By November, the PDA Development Day highlighted intergenerational co-design efforts. Volunteers co-designed table activities, building trust and exploring ideas collaboratively over several meetings. This was a first for integrating inspection volunteers and young inspection volunteers in planning, with positive feedback:

"I appreciated all the preparation for the day…It was good to see again the closed culture film the young inspection volunteers had made: all credit to them as it was/is just excellent." (Volunteer)

Increased opportunities for care experienced young people. We have:
- Ensured that care-experienced job applicants and staff, can self-identify and be recognised during the application process or through equal opportunities monitoring, promoting tailored support and inclusivity.

- Built on the objectives of the Corporate Parenting Plan (2021 – 2024), we continued to develop and improve practices to support care-experienced individuals to be meaningfully involved across the organisation. We:
  o used positive action to recruit **2** care-experienced Business Administration apprentices, offering tailored training for managers and teams to support their success. collaborated with Skills Development Scotland, Who Cares Scotland, Police Scotland, and a Scottish Vocational Qualification (SVQ) provider
  o advertised roles via care-experienced networks and social media
  o simplified applications with clear guidance, workshops, and one-on-one support
  o focused on potential, transferable skills, and willingness to learn rather than academic qualifications
  o included mentorship, professional development, and real-world project experience.
- Partnered with Media Education and Each and Every Child to amplify diverse voices in care.
- Participated in a pilot project providing care-experienced young people with feedback through:
  o face-to-face verbal inspection feedback
  o inspector videos providing verbal feedback with visuals
  o bespoke posters summarising written feedback.
- Developed Key Question 7 guidance with volunteers, focusing on 'what matters to children and young people.' Their input shaped our animation, co-designed with young inspection volunteers in 2022, to amplify voices and highlight The Promise in action.
- Designed posters for residential child care and for foster care to help young people understand inspections and how to get involved. Created in response to feedback from young people in 2021, these posters are available for providers to download and display.
- Launched Text to Complain service in 2021, for children and young people to raise awareness about our complaints process. Our young volunteers participated in the design and communication of this service. This means that children and young people can make early contact with us if they have a complaint about the care they experience.
- Introduced 'social stories' in 2023 as standard pre-inspection information for children and young people's services, helping young people understand inspectors' visits. Inspectors also use tools like:
  o Boardmaker for visual symbols
  o Talking Mats for structured feedback
  o Picture Exchange Communication System (PECS) for formal communication support.
- Developed a children and young people's specific webpage in 2021, to increase accessibility of information for young people.
- Revised the inspection report format to include a 'Key Messages' summary, making it more accessible for young people. This is an interim step toward further improvements.
- Collaborated with Happy to Translate to develop a bespoke app for inspector, to support engagement with children and young people who have English as a

second or foreign language. The app launched in 2022. At a recent Happy to Translate Members Event, our children and young people's regulated team were delighted to be recognised by winning with the Team of the Year award.

- Partnered with COSLA (Convention of Scottish Local Authorities), the Scottish Guardianship Service, the Scottish Refugee Council, and Unaccompanied Asylum-Seeking Young People to understand and meet the needs and uphold the rights of asylum-seeking and refugee children and young people across Scotland. We believe that we all need to work together, to make any improvements that are needed.

We have also been working to reflect our commitment to the Promise by:
- integrating the vision and commitments into our inspection frameworks
- developing inspection methods for children at risk of harm
- creating a young volunteers' handbook
- collaborating with stakeholders on thematic reviews
- enhancing feedback loops for meaningful updates to children.
- Launched an initiative in partnership with Aberlour, the Children and Young People's Commissioner, and the Electoral Commission, to inform care-experienced young people on their voting rights and the importance of voting. This was to help remove barriers to voting encountered by some care experienced young people. We:
  - o co-hosted the Welcome to your Vote webinars as part of raising awareness of the rights for young people to vote in the Scottish local council elections on 5 May 2022. The webinars supported providers to make links to the:
    - o United Nations Convention on the Rights of the Child (UNCRC)
    - o Health and Social Care Standards.
  - o produced tailored resources to meet the specific needs of care-experienced young people, ensuring they had the necessary support to understand and exercise their voting rights.
  - o delivered a myth-busting video, amplifying the voices of young care-experienced individuals, and promoting their participation in Scotland's democratic process.
- Created an intranet space dedicated to promoting our work to support care experienced young people and the newly formed network for care-experienced colleagues. We have also supported events like Care Experienced Week and Care Experienced Day to raise awareness.

Increased opportunities for older people who experience care. We have:
- Worked closely with the Electoral Commission, in 2024, to improve voting accessibility for older people in care homes. This initiative involved distributing essential information and resources to care home staff, empowering them to support people who live in care homes to vote. The project focused on making voting accessible, thus enhancing older residents' autonomy and promoting their participation in Scotland's democratic process.
- Reconstituted our [Care about Physical Activity (CAPA)](#) team in Spring/Summer of 2022, funded through Scottish Government. In-person workshops for care services have been held which have included people who experience care. The team share [good practice](#) with care services on innovative ways to get older

people moving more and to involve the community in the lives of people who experience care.

Equality outcome 3				
Issue	**Equality outcome 3**	**Outputs and outcomes**	**Activities**	**General duty**
Twelve per cent of our workforce have declared that they have a disability, and our employee engagement survey showed our inclusion scores were less positive amongst disabled employees. Just over 1% of our workforce is from a minority ethnic community. Employee disclosure rate is 85%.	We will seek to increase the number of Care Inspectorate disabled employees and employees from the minority ethnic community. We will increase applications by 5% for each. We will also increase the number of employees who share their equalities information with us to over 90%.	• Increase of 5% in applications from disabled people and people from minority ethnic groups, respectively. • Ensure we retain this talent. • Achieve Disability Confident Employer (Level 2). • Employee disclosure rate of 90% or higher. • Employees from these communities may volunteer to share their lived experience with our leaders.	• Undertake an assessment of any racism and structural barriers that potentially might exist within our organisation and integrate our ambitions into our next corporate plan. • Work with the Council of Ethnic Minority Voluntary Sector Organisations and BEMIS (a national ethnic and cultural minorities-led umbrella body supporting the development of the ethnic minorities voluntary sector), Disability Confident, Inclusion Scotland, and Glasgow Disability Alliance to use the Scottish Government toolkit to develop more inclusive recruitment practices.	Advance equality of opportunity.

Equality outcome 3				
Issue	**Equality outcome 3**	**Outputs and outcomes**	**Activities**	**General duty**
			• Sign up to the Business in the Community Race Charter • Add an equality and diversity question to our employee exit questionnaire • Monitor our turnover of disabled and minority ethnic staff. • Facilitate and support set up of any desired disabled employees' network. • Introduce mentoring schemes that are about sharing lived experience.	

Equality outcome 3: 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.

Workforce profile:
- **14.85%** of our workforce are living with a disability. This is a significant rise from our last report, where **11.68%** of our employees identified as disabled.
- **1.69%** of our workforce is from a minority ethnic group. This is a slight increase since we last reported where **1.37%** of our employees identified as minority ethnic. And a rise from **0.84%** when we set our outcomes in 2021.

Applications/ advertising:
- Job applications have significantly increased from disabled people since we set equality outcome 3 in 2021 (from 5.7% applications to 12.48%.)
- Job applications have significantly increased from minority ethnic people since we set equality outcome 3 in 2021 (from 4.4% in 2021 to 9.14%.)
- Signed up to the Scottish Credit and Qualification Framework (SCQF) Inclusive Recruiter recognition scheme which uses SCQF levels in recruitment instead of specific qualifications, reducing barriers for certain groups of people including disabled and minority ethnic.
- Tailored application process continues to positively encourage applications from those under-represented in our volunteer group particularly:
  - minority ethnic communities
  - younger people
  - men
  - disabled people
  - people who care experienced.
- Created a recruitment infographic with diverse imagery that we use for job adverts on social media to attract a diverse pool of job applicants.
- Advertise on a wider range of job boards to attract a more diverse group of job applicants.
- Ensure a bias-free recruitment process and promote diversity at all workforce levels. Since 2021, we have:
  - Updated the equal opportunities form.
  - Removed personal data from application forms to prevent unconscious bias.
  - Shared HR workforce equalities data at quarterly board meetings.

Retention/ turnover rate of disabled and minority ethnic staff: See appendix 2.

Disclosure:
We ran an equalities data campaign aimed to encourage the workforce to complete their equalities data. The campaign:
- explained why gathering equality information was important, such as supporting diversity and inclusion goals, improving workplace policies, and ensuring compliance with equality legislation

- emphasised the robust measures in place to keep the data safe, including secure storage, confidentiality, and limited access to sensitive information
- provided step-by-step guidance on how employees could easily and securely enter their equality information into the system.

Undertake an assessment of any racism and potential structural barriers/ integrate our ambitions into our next corporate plan:
- Our race equality plan (2022-2025) is referenced in both our corporate plan and strategic workforce plan, respectively.
- We asked all staff to help tackle potential racism in Scotland's health and social care sector by sharing their views through a survey conducted by the Coalition for Racial Equality and Rights (CRER). We will use this work to inform our plans, we will also use the findings from our:
  - o Staff survey: The insights gathered will allow us to identify trends and key areas for action.
  - o Focus group: In January 2025, we will host a focus group with various stakeholders to explore and address any potential barriers within our recruitment process.
  - o Benchmarking/ community engagement: This work will continue into our next equality outcome cycle to ensure sustained progress.

Work with the Council of Ethnic Minority Voluntary Sector Organisations (CEMVO) and BEMIS, Disability Confident, Inclusion Scotland, and Glasgow Disability Alliance:
Our partnership with CEMVO has:
- advanced our anti-racism efforts
- guided policy improvements
- supported the creation of a race equality group and our race equality in employment plan.
See equality outcome 2 for more information about our work with disability organisations. This work continues into our next reporting cycle.

Use the Scottish Government toolkit to develop more inclusive recruitment practices:
We are following the good practice principles set out in the [Scottish Government's Minority Ethnic Toolkit](#) that offers public sector organisations advice when looking to improve the diversity of their workforce by recruiting more people from minority ethnic backgrounds.

Sign up to Business in the Community Race Charter: Achieved.

Disability Confident Employer Level 2 status: Achieved.

Add an equality and diversity question to our employee exit questionnaire:
Achieved, the exit interview form guides the conversation to explore themes including 'fairness and equal treatment,' however the conversation is guided by the employee's responses.

Facilitate and support the set-up of any desired disabled employees' network:
Achieved.
Introduce mentoring schemes that are about sharing lived experience:
This will be taken forward into our new reporting cycle for 2025-2029 and is part of our Strategic Workforce Plan.

Encourage disabled employees and ethnic minority employees to share their lived experiences with our leaders:
There are various way we enable this including:
- Employee networks
- Corporate equalities group
- Surveys, focus groups
- Awareness raising days
- Involvement in inclusive communication campaigns
.
Lessons learned
We understand that capacity is often stretched, with competing priorities and limited time and budgets. The post-pandemic period has brought new opportunities to rethink how we attract both staff and volunteers. Pressures across the sector have highlighted the value of collaboration and innovation. The pandemic also presented opportunities to reach our stakeholders. We adapted by expanding our use of online tools, organising virtual events, and exploring innovative channels to enhance engagement.

Next steps
Any continuing work from the current reporting cycle will be taken forward through existing workplans or our equality outcome action plan for April 2025 - March 2029.

Mainstreaming equality to meet our legal responsibilities under the Equality Act (2010)

This outlines the progress we have made in meeting our specific legal responsibilities.

Equality impact assessments
Equality impact assessments (EQIAs) are conducted to support policy and decision-making and are embedded into our governance structures.

Public procurement
We prioritise making our procurement processes inclusive by partnering with diverse suppliers whenever possible. This is supported by our Procurement strategy.

Publishing public information in accessible formats
We are committed to ensuring our communications are accessible and inclusive for everyone. We offer translations, alternative formats, and interpreters upon request to meet diverse needs. Our website complies with the Equality Act (2010) and features

the Recite Me tool, which provides text-to-speech functionality, dyslexia support, an interactive dictionary, and translation into over **100** languages across all devices.

We are:
- working with British Sign Language (BSL) interpreters to make our online events accessible.
- upskilling colleagues to ensure they understand accessibility requirements
- supporting colleagues to ensure all internal and external communications content complies with government accessibility standards.
- considering training to upskill our team to produce high-quality easy-read versions in-house.

We use Go Vocal, an online tool that encourages consultation and participation. This allows individuals including people experiencing care, professionals, and our own employees to share their views and influence our work. So far, we have conducted **14** consultations, ensuring that diverse perspectives shape and improve the care experience.

We have significantly enhanced our engagement with stakeholders through various online channels over the past five years. For example:
- Provider updates became a key way to maintain collaboration with stakeholders, even during the lockdown.
- We introduced new formats, such as podcasts and QR codes, to reach broader audiences more effectively.

We are continually exploring ways to increase engagement with care-experienced individuals. Notable progress includes:
- Launching the Anne's Law podcast series to share impactful stories.
- Piloting new methods, such as text-to-complain services, to better connect with young care-experienced individuals.

Our facilities
We prioritise accessible, inclusive, and safe workplaces and event spaces for staff, volunteers, and the public.

Our hybrid working policy provides flexibility for employees to work both remotely and on-site. This approach supports productivity, well-being, and work-life balance while fostering an inclusive work environment tailored to individual and organisational needs, post Covid-19. We collaborated with employees and trade unions to shape the policy, complemented by Managing Hybrid Teams training for **32** managers. These sessions emphasise accommodations for individual needs, including health, disability, pregnancy, and caring responsibilities. To assess the effectiveness of hybrid working, we have partnered with an external organisation to conduct a comprehensive assessment alongside the 2024 staff survey.

Our Estate Strategy (2023 – 2029) focuses on office rationalisation, and creating efficient, sustainable, and accessible workspaces, supporting operational needs while accommodating hybrid working flexibility.

Mainstreaming equality as a scrutiny and quality improvement body

Scrutiny and assurance
Since 2021, we have embedded rights-based approaches, producing impactful publications, tools, and guidance. Our frameworks expand scrutiny, assurance, and quality improvement, addressing the needs and amplifying the voices of people who experience care.

Registration and complaints
- Strengthened our risk-based approach to registrations and complaints, prioritising human rights and using the PANEL principles and FAIR (Facts, Analyse rights, Identify responsibilities, Review action) framework to guide investigations.
- Improved feedback during registration processes to expedite applications prioritised registrations within areas of high delayed discharge, helping to uphold Protocol 1 Article 1 of the Human Rights Act, as far as people experiencing care can continue to enjoy peaceful enjoyment of their property in communities which are familiar to them and ensure swift resolutions, particularly in high-need areas.
- Encouraged people to complain confidentially.

Early learning and childcare (ELC)
We have published several resources highlighting the importance of young children's rights, individual needs, and inclusion in ELC. These guides and frameworks emphasise the creation of inclusive personal plans that support high-quality, compassionate care tailored to each child's unique preferences and circumstances. These materials highlight equalities, promote non-discrimination, and uphold principles from the UNCRC. The resources include practical notes and campaigns to enhance safety, nutrition, transitions, and active play while fostering children's engagement, confidence, and relationships with staff.

Notable initiatives like the "My Active World" guide address barriers such as gender disparities and celebrate children's abilities, encouraging providers to encourage play and adopt inclusive practices. Training and collaboration with families are central themes, ensuring that ELC settings are safe, supportive, and equitable spaces where every child can thrive.

Children and young people (CYP)
- Published the Position paper - Depriving and restricting liberty for children and young people in care home, school care and secure accommodation services in 2023 addressing sensitive issues while aligning with The Promise, the UNCRC (Incorporation) (Scotland) Act 2024, and the Children (Care and Justice) (Scotland) Act 2024.
- Updated restrictive practices notifications to reflect UNCRC incorporation, tackle distress caused by restraint, and ensure transparency and proper authorisation for restrictive actions.
- Revised notifications improve the evaluation of outcomes for children and young people subject to restraint or restrictive practices.

- Assessed the scale of concerns raised by the Care Review, resulting in an April 2021 notification to capture higher-quality data and increase assurance.
- Published 'Distance placements: exploration of practice, outcomes, and children's rights (2022)
- Conducted a short thematic review of children and young people placed cross border on Deprivation of Liberty Orders (January 2022).
- Collaborated with key partners like Clan Childlaw and the Children and Young People's Commissioner Scotland to improve guidance on emergency placements and admissions.
- Clarified expectations through the Matching Looked After Children and Young People: Admissions Guidance for Residential Services (2022).
- Developed guidance and practice notes in 2022 to support young people's transitions to adulthood under the Children and Young People (Scotland) Act 2014.
- Collaborated with Clan Childlaw and CELCIS to create resources on continuing care rights for young people.

Adults
While this has already been reported as significant progress under equality outcome 1, it is important to emphasise the following key achievements:
- Developed and published new quality frameworks for self-evaluation. These frameworks are firmly grounded in human rights and the Health and Social Care Standards, ensuring a strong outcome-driven approach.
- Produced sector-wide human rights guidance. As part of our Meaningful Connection work, we have delivered webinars and guidance that integrates the PANEL and FAIR principles. This reinforces a rights-based approach, supporting meaningful connections and strengthening best practices across the sector.

The team has also been involved in:
- Development of two new Health and Social Care standards.
- Delivery of training and webinars to support the sector.
- Creating personal planning guidance for the sector.
- Continuing to embed SOFI observation into their practice.

Inspection and quality improvement focus areas
- Focused 2024/2025 inspections on continuing care across most service types and on seclusion in secure accommodation services, ensuring young people's rights are upheld.
- Published safeguarding Guidance on effective safeguarding for boards of governors in independent schools (2022) with Education Scotland and the Registrar of Independent Schools, enhancing child protection self-evaluation in independent schools.
- Released Guidance for the regulation of guardianship arrangements in boarding schools (2021) to promote the safety and rights of young people.
- Published Care Homes for Children and Young People - The Design Guide to support applicants and providers with design, planning and construction considerations for new or converted care homes for children and young people – and ensure that their rights were upheld in this area. This was done through consultation with colleagues internally and externally in both verbal and written

format; ensuring young people had an opportunity to contribute their views through focus groups; and engaging with the Social Work Scotland Residential Child Care Forum to share the final draft version for feedback.
- Published [Guidance for providers of care homes for children and young people on the emergency relaxation of conditions of numbers](#) in 2022, ensuring children's rights are upheld during urgent situations
- Over the last four years, the [ELC improvement programme](#) has supported over **400** services across Scotland to make the necessary improvements to meet the national standard. Potentially benefitting over **10,000** children.

Publications
- Participated in the development of the [Secure Care Pathway and Standards Scotland](#) which were created to improve the experiences of children and young people who are in, or on the edges of, secure care, leading to better and brighter outcomes.
- Published a protocol and procedures for secure accommodation services on registered emergency beds (2022), ensuring young people's rights and experiences are better supported.
- Developed tools and resources, such as the Appropriate Adult Services Quality Improvement Framework (2022), informed by lived experiences and promoting participation, non-discrimination, and equality.
- Updated inspection resources for children at risk of harm, encouraging local audits and improving relationships and rights recognition.
- Collaborated on [Staying together and connected: getting it right for sisters and brothers: national practice guidance](#) (2021) to enhance sibling relationships in care.
- Contributed to the Children (Care and Justice) (Scotland) Act 2024, ending the use of Young Offender Institutions for children under 18.
- Routinely applied PANEL principles in His Majesty's Inspectorate of Prison for Scotland's inspection reports, embedding rights-based methodologies in all related work.
- In May 2023 we managed the high profile and controversial publication of our [Guidance for children and young people's services on the inclusion of transgender including non-binary young people](#) which attracted international attention, to ensure that it continued to deliver for the people it was intended to serve. This informed our approach we when published a revised version in May 2024.
- Published findings from the Level of Service / Case Management Inventory (LSCMI) [LSCMI-Review-Group-Report-on-the-Review-of-Closed-Cases-Final.pdf (rma.scot)](#) (2022) at the request of Scottish Ministers, ensuring decisions upheld legal and human rights.
- Created a [Guide for providers on personal planning: children and young people](#) (2021), influencing practices to support individual rights.
- Published dementia-focused papers and guidance, emphasising person-centered and rights-based approaches during the COVID-19 pandemic.

Quality improvement

Our Quality Improvement and Involvement Strategy 2022-25, integrates quality improvement, co-production, equality, and fairness across all our work. In addition to achievements under equality outcome two, we have:

- Developed tools with frontline staff to address causes of stress and distress, reducing stigma, unnecessary psychoactive medication, and ensuring symptoms are addressed
- Collaborated with Public Health Scotland, Scottish Government, and key stakeholders to create on Learning Disability and Relationships Guidance
- Responded to the Learning Disabilities, Autism, Neurodivergence Consultation
- Co-designed the Neurological Conditions Network structure with individuals in NHS Ayrshire and Arran living with neurological conditions
- Conducted a quality improvement visit with a health board alongside the Centre for Sustainable Delivery (2024)
- Presented on Standards, Rights, and Equality, covering public sector equality duties and engaging social practitioners at the Falls and Frailty Forum (2022)
- Piloted the PainChek app using facial analysis to monitor pain in individuals unable to verbalise discomfort, particularly benefiting those with dementia or severe autism
- Enhanced well-being in older people's care homes through Arts in Care. Community artists trained to deliver sessions received positive feedback, improving well-being for residents and staff
- Engaged **14** people across three care homes in Screen Memories, which involved, reminiscing activities using technology, fostering connection, inclusion, and improved mood
- Ensured appropriate staffing levels to deliver safe, high-quality, person-centered care in health and social care services, by working towards the Health and Care (Staffing) (Scotland) Act 2019
- Further information is available on our Hub page.

Information technology, digital and transformation

In building new digital solutions like our registration and complaints apps, we adhere to design principles that ensure these tools are accessible. These principles are formalised by the Digital Scotland Service Standard, which aims to ensure that public bodies are designing and delivering services that are inclusive and accessible to meet the needs of users.

Equality data

We are working closely with the Scottish Government and other statutory agencies as part of a significant change programme to integrate data across health and social care and are named in Scotland's Equality Evidence Strategy 2023-2025. This involves collaborating with colleagues in Public Health Scotland and Healthcare Improvement Scotland to create unified data sets. See our publications here.

In 2023, we jointly reviewed the content of our annual returns with the Scottish Social Services Council. This is a key source of social care workforce data.

Mainstreaming equality as an employer

Leadership, governance, and decision making
The Corporate Equalities Group, with senior leadership involvement, drives equality diversity and inclusion (EDI) across the organisation. It ensures legal compliance, integrates EDI principles into policies, and enhances accountability.

The Strategic Workforce Plan (SWP) defines priorities to support our people, achieve Corporate Plan goals, and embed our values. Developed through stakeholder input, it reflects diverse perspectives.

Workforce Priority 1: Living Our Values, created with the Equalities Professional Adviser, aligns with our Equality, Diversity, and Inclusion (EDI) Strategy to promote inclusion across all areas. By addressing barriers and fostering an environment where everyone thrives, the SWP reinforces our commitment to diversity and our core values. Our organisational values and behaviours are currently being refreshed with the workforce, focusing on equity, dignity, and equal outcomes.

Inclusive leadership for Board members and Executive Team
In November 2022, Board members and the Executive Team participated in a workshop on fostering an inclusive leadership. They also:
- signed the statement of intent on equality, diversity, and inclusion
- continue to sponsor and support employee networks.
These actions reinforce leadership's commitment to inclusion.

Policies, procedures, and processes
We are committed to fostering an inclusive and equitable workplace, underpinned by robust policies designed to address discrimination, harassment, and victimisation.

We have the following policies in place:
- Dignity at Work
- Discipline
- Grievance
- Equal Pay Statement
- Equality and Diversity
- Family-Friendly
- Flexible Working.

Our family-friendly policies have undergone a comprehensive review and launched in October 2024.

Equality, diversity, and dignity at work:
As part of our commitment to a fair and inclusive workplace, we conducted an in-depth review of our Equality and Diversity policy, and our Dignity at Work policy. This reinforced our:
- zero-tolerance stance on discriminatory behaviour
- outlined the steps for addressing concerns
- emphasised fairness across all practices.

These updated policies will be implemented in early 2025.

Flexible working:
A detailed review assessed how flexible arrangements meet the diverse needs of employees, considering age, disability, and other protected characteristics.

Equally safe at work

We are participating in the Equally Safe at Work employer accreditation programme to support victim survivors, prevent gender-based violence, and promote gender equality. We have:

- established a dedicated working group, with the Chief Executive serving as the senior sponsor
- actively participated in externally facilitated communities of practice organised by Close the Gap
- made progress with our action plan as aligned with the Development Tier Standards
- created a comprehensive communication plan for the 16 Days of Activism, running from White Ribbon Day (25 November to 10 December 2024).

Employee health and wellbeing

We support employee well-being through open conversations, reasonable adjustments, and updated HR training on absence and performance management. Resources include:

- access to work schemes, employee assistance, disability passport, occupational health
- health promotions, awareness days, and well-being policies
- tools like the Unmind app, carers, accessibility, and menopause groups
- reasonable adjustment passport
- Wellbeing Action Plan

Corporate induction and learning and development

- Our refreshed corporate induction now includes input from the Participation and Equalities team, highlighting the importance of participation and equality, and opportunities to join employee network groups.
- Mandatory equality and diversity training is tailored for staff, managers, and leaders, with completion regularly monitored.
- Non mandatory learning opportunities include LGBT+ inclusion, human rights, and trauma-informed practice, ensuring staff understand their EDI responsibilities and foster inclusion.
- A Leadership and Management Framework is being developed to define EDI responsibilities and guide a comprehensive development programme. A skills matrix for care inspectors links EDI to role requirements and organisational goals.

Employee voice

We promote collaboration through a partnership agreement aligned with the Fair Work Framework. Staff surveys conducted in 2022 and 2024 created opportunities for feedback on culture, inclusion, and leadership, with protected characteristics data

guiding future priorities. A pulse survey (condensed survey) was undertaken in 2023. The 2024 survey showed **88%** inclusion and **72%** respect for differences.

Employee networks

Employee networks offer supportive spaces for colleagues with shared characteristics to connect, share experiences, and amplify their voices. They foster inclusion by shaping discussions, informing policies, and addressing barriers to align with fair work principles.

Networks host events, raise awareness on internal platforms, and provide regular updates to senior management and the board. Open to all employees, each network is supported by co-chairs, a senior sponsor, and the Equalities Professional Adviser, promoting collaboration and intersectionality. These networks enhance belonging, inform decision-making, and drive meaningful change, creating a more inclusive workplace.

Improving race equality group

Our group worked with CEMVO to develop the Race Equality in Employment Plan. The priorities are:
- collecting and analysing data
- reviewing policies and procedures
- identifying structural barriers
- improving recruitment and stakeholder engagement
- meeting our commitments in the Fair Work Minister's Public Sector Leadership Summit on Race Equality in Employment.

The group also:
- participated in the Stand Up to Racism event to raise awareness and promote solidarity
- shared resources for Race Equality Week
- hosted a Black History Month event with Sir Geoff Palmer.

Staff accessibility network

We have:
- Designed and shared a survey to gather insights on inclusion within the organisation.
- Developed a disability engagement plan.
- Provided input on the Disability Confident Scheme Level 2 action plan to further support disabled individuals in the workforce.
- Published four lived experience blogs, sparking valuable discussions on Viva Engage, our internal networking platform. Employee feedback highlights the impact of these stories.

Unpaid carers group

Since 2021, we've supported unpaid carers by:
- hosting Carers' Rights Day webinars on carers' rights, support, and enhancing carer services
- raising awareness as part of the annual Carers Week

- developing a carers network with Dundee Carers Centre in 2023 for shared learning and discussions, the networks meet monthly
- achieving the Level 2 Carer Established Award and signing the Carers of Dundee Charter.

LGBT+ charter champion group

The group supports our work with the LGBT Youth Scotland Charter and Stonewall Diversity Champion role. Achievements include:

- winning the Proud Scotland Employer Award (2022) Large Employer (over 500 employees). This award recognises employers who have led the way in creating a culture conducive to happiness and security within the workplace for employees who identify as LGBT+ (Lesbian, Gay, Bisexual, Trans)
- collaborating with LGBT Youth Scotland on learning needs, pride cafes, and sector-specific guidance
- producing resources addressing promoting inclusion and rights
- 2021 Virtual Pride: Social media takeover, ally messages, and a webinar with Life Changes Trust and LGBT Health and Wellbeing
- 2022 Virtual Pride: Continued social media campaigns and six themed conversation cafes on topics like, intersectional identities and LGBT+ inclusion
- 2024 Dundee Pride: insert photo from 2024
- promoting branded materials and resources to foster inclusivity during inspections
- attending Pride events help dispel myths, reassure LGBT+ individuals about receiving high quality care experiences, and encourage open discussions about equality in social care services.

Care experienced

In 2024 we launched a peer group for staff members who are care experienced. The group collectively share insights and reflections of the care system to help us increase understanding amongst colleagues about the experiences of the care system for children and young people. The group also helps to shape our policies as a corporate parenting organisation.

Communication and engagement with our workforce

Internal communications play a vital role in fostering inclusion and promoting EDI across our workforce. Activities include:

- our Equality Professional Adviser provides regular updates to directorate management teams to keep EDI at the forefront
- each employee network has a dedicated communications plan this includes marking equality dates with all-staff emails, blogs, intranet updates, Viva Engage, webinars and conversation cafes
- a dedicated EDI page serves as a hub for information, updates, and resources
- using social media to promote commemorative dates significant to minority groups, fostering awareness and inclusivity.

External employer professional accreditations

Insert awards and charter images/ include the Young Persons Guarantee
https://www.careinspectorate.com/index.php/awards-and-charters

Equality work – external collaboration

We collaborate with national agencies, regulators, advocacy groups, and justice organisations to embed equality, diversity, and human rights, fostering inclusion and advancing rights-based approaches in care settings.

Scottish Government
- A duty bearer of SNAP2 (Scotland's National Action Plan for Human Rights) Leadership Panel
- Supported guidance for Anne's Law to ensure care home residents maintain meaningful essential connections with loved ones, promoting a human rights-based approach.

Scottish Human Rights Commission (SHRC)
We are working with SHRC to develop and deliver our Professional Development Award (PDA), aligning it with current human rights and equality policies and practices.

Scottish Social Services Council (SSSC)
- Jointly reviewed safer recruitment guidance to enhance diversity, reduce racial discrimination, and promote a rights-based approach. The guidance includes advice on reducing discrimination and supporting positive action for age, race, disability, and care experience, improving outcomes and life chances.
- Issued a [joint statement](#), December 2022, advocating for refugee rights and encouraging their recruitment in the care sector.
- Supported the SSSC in revising codes of practice to emphasise equality, non-discrimination, rights, and relationships, aligning with the Health and Social Care Standards.
- Collaborated with SSSC, Scottish Care, Coalition of Care and Support Providers in Scotland and Skills Development Scotland to create comprehensive guidance aimed at supporting the employment of 16- 17-year-olds in the health and social care sector.

NHS Education Scotland (NES)
- Participated in the Leading to Change programme to develop compassionate, diverse leaders across health, social work, and social care, with a focus on equality.
- Delivered training on mental health, anti-racism, and cultural awareness.
- Partnered to develop e-learning modules and workshops on mental health, cultural awareness, and anti-racism.
- Collaborated to train inspectors on managing professional impact, identifying distress, and implementing self-care strategies to enhance resilience and well-being.

Healthcare Improvement Scotland (HIS)
- Jointly published [My New Home Guidance](#) (October 2022) for individuals with learning disabilities and dementia transitioning into care homes (October 2022), addressing that people living with a learning disability are living longer and are more likely to develop dementia than people in the general population.

- Developed Bairns Hoose Standards to support justice and recovery for children experiencing trauma.
- Collaborated on joint inspections and the Quality Improvement Framework for adult support and protection.

Stand Up for Siblings, Clan Childlaw and CELCIS

In collaboration with Stand Up for Siblings and Clan Childlaw, we helped develop national guidance, [Staying Together and Connected: Getting it Right for Sisters and Brothers.](#) Our contributions include introducing flexibility in care service registration to:

- uphold children's rights
- improve care transitions and promote best practices
- support strong sibling relationships in Scotland's care system.

Who Cares Scotland?

We partnered with Who Cares Scotland? to deliver corporate parenting training to **162** employees and tailored modern apprenticeship recruitment to better reach care-experienced applicants. We were finalists at the Who Cares Scotland? 2024 Corporate Parenting awards in the category of 'innovation'.

Scottish Public Services Ombudsman (SPSO)

As one of the few scrutiny bodies with a statutory duty to directly investigate complaints, we work closely with the SPSO to uphold the rights of complainants. We are currently helping them to develop a national child-friendly complaints process.

Other scrutiny bodies

We collaborate with other scrutiny bodies, including:

- HMIPS (His Majesty's Inspectorate of Prison for Scotland)
- HMICS (His Majesty's Inspectorate of Constabulary in Scotland
- IPS (His Majesty's Inspectorate of Prosecution in Scotland)

on shared responsibilities.

In 2021, we developed an information-sharing agreement with Ofsted to address breaches of young people's rights by placing authorities. Insights from this work informed the Children (Care and Justice) (Scotland) Act 2024 through engagement with Scottish Government colleagues.

Appendix 1: Looking forward, new equality outcomes April 2025-March 2029

Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, we are required to publish equality outcomes every four years. To develop our new outcomes, we spoke to:

- internal stakeholders: colleagues from; Human Resources, Organisational and Workforce Development, Participation and Equalities, Scrutiny and Assurance, Strategy and Improvement, Meaningful Connections, Dementia Practice Development Group, Methodology, Corporate Equalities Group, Children's Rights and Corporate Parenting Group, employee networks, staff, and volunteers
- external stakeholders: people experiencing care, professionals, external equality groups, care services, providers, and advocacy groups.

To ensure our new outcomes align with corporate priorities, we reviewed the following internal evidence sources:

- consultation feedback from equality outcome surveys and conversation cafés
- equality impact assessments and workforce equality data
- employee engagement survey results
- employee networks and working groups
- lessons from previous reporting cycles.

We also considered emerging priorities including:

- Scottish Government Equality and Human Rights Mainstreaming Strategy consultation
- Scottish Government Review of National Performance Framework and National Outcomes
- 'Moving on' from care into adulthood consultation
- The Promise Bill
- A Human Rights Bill for Scotland
- Learning Disabilities, Autism and Neurodivergence Bill.

Evidence review against the protected characteristics

Age:

- In 2021/22, 75.7% of adults receiving social care were aged 65+, a decrease from 78.3% in 2018/19 (Public Health Scotland, 2022a).
- In 2021/22, 68% of those aged 65+ rated their care as good/excellent, compared to 54–59% of other age groups. Satisfaction levels have declined since 2019/20, but the age pattern remains consistent (Scottish Government, 2022e).
- Older adults (65+) were more likely to feel treated with compassion (89.1% in 2019/20) compared to adults aged 45–54 (84.2%). No significant changes occurred from 2017/18 to 2019/20. From 2019/20 to 2021/22, fewer people of all ages felt they had a choice in how their care was arranged. Those aged 35–44 experienced the largest increase in agreement with "I was not offered any

choices," rising from 17% to 28%, the highest of any age group in 2021/22 (Scottish Government, 2022e).
- Reports from The Promise and Who Cares? Scotland highlight stigma, discrimination, and disproportionate criminalisation faced by care-experienced young people. Barriers to mental health services and support for care-experienced parents exacerbate challenges.
- Studies by the Child Poverty Action Group and Runnymede Trust show higher poverty rates among Black and minority ethnic children, driven by systemic racial and gender inequalities. These disparities impact educational and health outcomes, perpetuating socio-economic barriers.
- Learning Disabilities and ELC Access: The Scottish Commission for People with Learning Disabilities (SCLD) reports unequal access to early learning and childcare (ELC) for children with learning disabilities, emphasising the need for inclusive education practices.

Disability:

Reports from the Dementia Services Development Centre (DSDC) and Alzheimer's Research UK highlight inequalities in dementia diagnosis and care, with individuals with disabilities or from minority backgrounds facing additional stigma and barriers.

The Scottish Human Rights Commission and Inclusion Scotland emphasise challenges faced by disabled individuals, including employment barriers, social care charges, and difficulties accessing adult disability payments. Studies by the NHS Confederation and General Pharmaceutical Council show COVID-19 disproportionately impacted disabled people and minority ethnic groups, worsening existing inequalities.

Gender re-assignment:

The National Care Service (Scotland) Bill: Equality Impact Assessment highlights that transgender individuals may face discrimination within social care services, underscoring the necessity for inclusive practices to address these disparities. Ongoing efforts to collect comprehensive data and implement inclusive practices are essential to fully address these disparities.

Marriage and civil partnership: See appendix 2, employment only, evidence is lacking for this.

Pregnancy and maternity:

The Scottish Government Equality Outcomes and Mainstreaming Report 2023 identifies that pregnant women and new mothers, particularly those in rural or socioeconomically disadvantaged areas, encounter significant barriers to accessing prenatal and postnatal care. These challenges can lead to delayed or inadequate support, adversely affecting maternal and child health outcomes.

Race:

Between 2017/18 and 2019/20, the percentage of adult social care recipients from 'Mixed, multiple, or other ethnic groups' in Scotland reporting being treated with compassion and understanding dropped significantly from 91.8% to 74.4%. Systemic barriers such as discrimination and language obstacles continue to limit access to quality health and social care for minority ethnic groups. (Is Scotland Fairer 2023).

Religion or belief:

The Health and Care Experience Survey shows that Christian adults are consistently more likely than those with no religion to agree they are treated with compassion and understanding in social care. However, this proportion has declined among Christian adults from 2013/14 to 2019/20. The National Care Service: Equality Impact Assessment highlights the need for culturally sensitive care practices to ensure individuals from diverse religious backgrounds receive appropriate and respectful support.

Sex:

Women are more likely than men to both provide and receive social care. In 2021, 18% of women aged 16 and over provided informal care compared to 13% of men, with the highest rates of caring seen in those aged 55–64 (27% of women and 23% of men) (Scottish Health Survey, 2021). Women also represent 61% of adult social care users (2020/21) (Public Health Scotland, 2022b). The Scottish Government Equality Outcomes and Mainstreaming Report 2023 highlights that women face unique health challenges and greater reliance on social care services. However, access to these services is often inconsistent, particularly in deprived areas, exacerbating health inequalities.

Sexual orientation:

While no national data exists on the sexual orientation of social care users, evidence suggests that lesbian, gay, bisexual, and other non-heterosexual adults are more likely than heterosexual adults to report unmet care needs. Targeted support is crucial to address these gaps. Small-scale research (Self Directed Support Scotland and the Alliance, 2020) revealed concerns among some LGBTQ+ individuals about acceptance from personal assistants and care workers. Others reported difficulties accessing LGBTQ+ events and support groups, highlighting the need for inclusive and affirming care.

Overlapping inequalities:

The Scottish Government Equality Outcomes and Mainstreaming Report (2023) highlights how overlapping inequalities—such as socio-economic disadvantages, housing instability, and healthcare disparities—compound the challenges faced by individuals with intersecting protected characteristics. Marginalised groups, including disabled and minority ethnic individuals, encounter significant barriers to accessing quality care. The Equality and Human Rights Commission and Healthcare Improvement Scotland emphasise the need for intersectional policies to address these systemic disadvantages.

Additional evidence:

- Scottish census 2022
- Equality Outcomes and Mainstreaming report 2023
- Equally Safe
- Experiences from health and social care the treatment of lower-paid ethnic minority workers
- Adult Social Care in Scotland - Equality evidence review
- Experiences of self-directed support
- Literature review of dementia research
- Dementia in Scotland: Everyone's story - dementia statistics
- The state of health and health inequalities in Scotland
- Inequalities in dementia - literature review by CQC
- Equalities Considerations for Housing, Homelessness, Health, and Care
- Racial inequality and mental health services
- The Promise
- Care experienced people's rights and the Scottish Human Rights Bill
- Iriss Insight- Born into Care
- Care experienced people's rights
- Children's health in care in Scotland
- Child poverty - Black and minority ethnic children
- Disabled people's rights in Scotland
- Implementation of the UN Convention on the Rights of Disabled People (UNCRPD)
- ELC provision for children with learning disabilities in Scotland
- Human rights issues facing people with learning disabilities
- The General Pharmaceutical Council
- The unequal impact of Covid-19
- Equality and Human Rights Monitor 2023: Is Scotland Fairer?
- Equality Evidence Finder
- Programme for Government
- SSSC workforce data
- Equalities and Human Rights Commission (EHRC): Regulators and Scrutiny Bodies PSED improvement webinar
- Scottish Government's roundtable events with Public Sector Equality Duty (PSED) duty bearers

Care Inspectorate publications:

- Thematic review of self-directed support in Scotland (June 2019)
- The Care Inspectorate's role, purpose and learning during the Covid-19 pandemic (August 2020)
- Review of findings of joint inspection of services for children and young people 2018-2020 (September 2020)
- Delivering care at home and housing support services during the COVID-19 pandemic (September 2020)
- Early Learning and Childcare Report: Our Role, Purpose and Learning during the Covid-19 pandemic (March 2021)
- Triennial Review of Initial Case Reviews and Significant Case Reviews (2018-2021): Impact on Practice (June 2021)
- The Care Inspectorate's Scrutiny And Support Of Adult Social Care During The Covid-19 Pandemic (July 2021)
- Community Justice Social Work: Throughcare Review (September 2021)
- Justice overview report 2018-2021 (December 2021)
- The joint inspection of adult support and protection interim overview report – Emerging key messages (May 2022)
- Inquiry into adult carers' experiences of social work and social care services (December 2022)
- Triennial review of initial case reviews and significant case reviews for adults (2019-2022) (January 2023)
- Joint review of diversion from prosecution (February 2023)
- Technology enabled care good practice guide (February 2023)
- Position paper - Depriving and restricting liberty for children and young people in care home, school care and secure accommodation services (June 2023)
- Early learning and childcare: Recovery play survey report (August 2023)
- Joint Inspection of adult support and protection overview report (August 2023)
- Care Home Report: Key Themes from Our Work Completed In Registered Care Home Services For Adults And Older People Between 1 April 2020 And 31 December 2022 (September 2023)
- Secure care pathway review (September 2023)
- Children's Rights report April 2022 – March 2023 (October 2023)
- Cross border thematic review (July 2024)

Our equality outcomes April 2025 - March 2029

We have identified, through wide consultation and reviewing the evidence, the issues we need to address over the next four years through our new equality outcomes. Our equality outcomes cover all the protected characteristics except marriage and civil partnership, this is because the evidence review did not show this was an area of systemic, significant, and persistent inequality.

We have mapped our outcomes to the respective general duties. We will share our annual equalities progress report to the board in April 2026 and publish our next equalities mainstreaming report in April 2027.

Equality outcome 1

By 31 March 2029, we will support regulated care services to create safe, inclusive spaces where babies, infants, children, and young people can express their voices and be actively listened to. We will pay particular attention to all forms of communication, including non-verbal communication such as body language, vocalisations, and facial expressions. Through observation and reporting on these meaningful interactions we will gather evidence to evaluate how effectively services engage with babies, infants, children, and young people. This will allow us to assess whether services respect their dignity, meet their needs, and respond to their communication and feedback, ensuring it shapes decisions about their learning, development, care and support.

We will also actively share and learn from good participatory practices across all age groups, to ensure that voices, including often 'hidden voices', are heard and respected.

Inequality

We recognise the significant and intersecting inequalities faced by some infants, babies, children, and young people, including disabled people, from ethnic minority backgrounds, or who encounter other forms of inequality. The unique needs and voices of our youngest children, who may not yet use words, deserve specific attention.

Activities

- Enhance inspection processes, ensuring child perspectives are integrated into regulatory practices and valued in feedback.
- Align efforts with participation, equalities, the United Nations Convention on the Rights of the Child (UNCRC), corporate parenting, national best practices such as the LUNDY model, and upholding Health and Social Care standards.
- Develop specific self- evaluation, practice notes, social stories to support voice/ feedback.
- Amplify voice through our inspection role e.g. joint statements on restrictive practices, our inspection reports.
- Empower those we work with to actively involve infants, children, and young people in decisions that directly impact their lives.
- Deliver the commitments in our 2024 – 2027 Children's Rights, Care Experience and Corporate Parenting plan.
- Connect and commit to the Promise 2024-2030 five foundations scaffolding, Scrutiny and Inspection.
- Work with providers to ensure that infants, children, and young people are raised in safe, loving, and supportive environments.
- Deliver specific webinars to the sector on voice/ feedback/ participation.
- Deliver quality conversations to the sector on voice/ feedback/ participation.

- Use Short Observational Framework for Inspection (SOFI2) to capture the experiences children who may be verbal or non verbal and 'hear' their voice.
- Test the use of Makaton on inspection.
- Continue to use Picture Exchange Communication System (PECS), Talking Mats, and Sign Language.
- Share resources and tools to support the understanding and implementation of the UNCRC principles, promise workstream 1.
- Establish regular feedback loops where young people can share their experiences and suggestions.
- Develop the use of surveys, focus groups, and digital platforms to gather data from a wide range of young people.
- Promote practices that build trust and encourage open communication.
- Highlight success stories and good practice to inspire professionals and providers.
- Create guidance for recognising and valuing different forms of expression.

Outputs

- Develop self-evaluation toolkits, practice notes, social stories, and guidance.
- Issue joint statements where appropriate to do so.
- Inspection reports that include voice and importance of participation.
- Raising awareness/ confidence with the sector:
    - webinars
    - quality conversations
    - focus groups
    - sharing success stories and good practice through our communications including The Hub.

Measuring progress

- Measure progress against our relevant frameworks (regulated and strategic).
- Attendance at and evaluation of all webinars.

General duty

- 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.

Equality outcome 2

By March 31, 2029, we will support regulated care services to provide equitable, culturally sensitive social care for individuals from diverse ethnic backgrounds.

This will include disabled people, and lesbian, gay, bisexual and trans (LGBT+) people across different age groups, improving their wellbeing and access to respectful, high-quality care. Our goal is to foster culturally competent, equitable, inclusive care where diversity is protected, respected, and upheld.

Inequality

In Scotland, social care inequalities vary by ethnicity, including for the Gypsy Traveller community, affecting access and quality of care. Barriers like language differences, cultural misunderstandings, and underrepresentation in care staff often reduce care quality. These challenges are compounded for people with disabilities, mental health conditions, or learning disabilities.

Disabled individuals from ethnic minorities face systemic inequities, language barriers, and a lack of culturally sensitive care. Similarly, LGBT+ older adults may feel unsafe in care settings, while younger LGBT+ individuals report inclusion challenges. People with overlapping protected characteristics, such as LGBT+ individuals with disabilities or older ethnic minorities, often face compounded discrimination and barriers.

Activities

- Work together to get it right for culturally diverse groups at registration.
- Develop culturally sensitive care guidance to explain how protected characteristics intersect with care needs (for example, around choice and religious, cultural, faith, social needs).
- Conduct anti-racism training (in collaboration with Coalition for Racial Equality and Rights and others) and build this into our core learning/ induction.
- Support Scottish Care where appropriate in their efforts in addressing systemic inequalities in social care, ensuring that diversity, fairness, and inclusion are central to the sector's future.
- Signpost to advocacy resources and culturally sensitive care guidelines.
- Continue to engage with people with lived experience through our community engagement work to help inform our work and inform our impact assessments.

Outputs

- Develop and share guidance on culturally responsive care practices.
- Deliver anti racism training to Care Inspectorate staff.

Measuring progress

- Track completion rates and feedback from anti-racism modules.
- Measure staff knowledge increases through pre- and post-training surveys.
- Measure progress in complaint reduction and quality improvements related to culturally sensitive care practices.

General duty

- 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.

Equality outcome 3

By March 31, 2029, we will enhance our Meaningful Connections (with family, friends, staff, animals, wider communities which add value and meaning to life) work for individuals living in adult and older people's care homes and non-residential services.

This commitment empowers individuals especially those from marginalised groups, including older age and disabled people, to maintain vital relationships, actively participate in public life, and engage in activities meaningful to them. Recognising the profound impact on individuals' physical, mental, and emotional well-being, the initiative will support meaningful interactions that reflect and respect each individual's unique needs and identities, enhancing their sense of purpose and uphold human rights to private and family life. We are also committed to safeguarding these essential relationships and upholding each individual's rights and dignity, ensuring they are respected even in exceptional circumstances.

Inequality

We believe everyone deserves world-class care, regardless of protected characteristics, life circumstances, or life stage. However, research from the pandemic and beyond has identified unique challenges faced by older adults living in care homes—many of whom are a living with disabilities (approximately 65% of care home population in Scotland are living with dementia and many have hearing and/or visual impairment which can affect ability to communicate and connect). Some also do not have English as a first language. This does not exclude other factors which impact on people's opportunities and abilities to connect meaningfully with others especially in relation to their right to meaningful connection, visiting rights and engagement. Women are generally a majority in older people's care homes. This does not necessarily mean women are disadvantaged but we need to be aware of their specific needs. Disability/age are the most pertinent characteristics in these settings.

Activities

- Meaningful connection work e.g. practice development group arrange the online event.
- Promote the two new health and social care standards to increase knowledge as there is still a lack of awareness.
- Promote and publicise open badges on meaningful connection.
- Conduct targeted training sessions on ensuring meaningful connections in care homes, including webinars/ podcasts focused on meaningful connection and living with dementia.
- Promote and increase staff confidence in using SOFI (6 new adult trainers, and 6 ELC currently undergoing "train the trainer" training) through a Teams channel and a new intranet page with FAQs etc.

- Update the Care about Rights Videos in conjunction with Scottish Care and Scottish Human Rights Commission.
- Increase knowledge and awareness of meaningful connections internally, gauge via a survey.
- Ensure we are involving people with experience of care in our impact assessments.
- Deliver corporate induction to ensure knowledge and awareness in new inspectors.
- Continue our community engagement work to hear lived experience.
- Develop a dedicated section on equalities part of the Care Inspectorate website and Hub with resources promoting best practices for meaningful connection and link to the current resources on the meaningful connection web page.
- Create an online participation community for older adults and carers to share experiences and feedback to inform our work.
- Develop intranet resources to educate staff on the PANEL (Participation, Accountability, non-discrimination and equality, Empowerment, and Legality) and FAIR (Feedback, Assessment, Interventions, and Review) frameworks, meaningful connection resources e.g. this factsheet and a section in our forthcoming good practice guidance.
- Promote PANEL and FAIR externally, non-discrimination and equality and sharing examples of good practice.
- Continue to deliver the Care Home Improvement Programme to integrate best practices that foster engagement and connection.
- Conduct quality conversations.
- Run training programmes for staff to recognise and respect diverse identities and experiences e.g. LGBT+ community.
- Use technology and other innovative solutions to facilitate communication and interaction/TEC improvement programme.
- Support voting rights for older people living in care homes and care experienced young people.

Outputs

- Meaningful connection conference.
- Share good practice guidance for adults and older peoples care homes and non - residential services.
- Our Methodology/ Quality Frameworks.
- An intranet page featuring PANEL/FAIR frameworks.
- Resources and guidance to assist care home providers, staff, residents, and their families in understanding and facilitating meaningful connections. These resources include fact sheets, webinars, posters, podcasts, and Open Badges designed to enhance staff competencies in supporting residents' social interactions.
- Meaningful Connections Conference.
- Care Home Improvement Programme delivery and materials.

- Webinars and corporate induction sessions focusing on equality, voting rights, and diverse populations (e.g., asylum seekers, minority ethnic, Roma).

Measuring progress

- Increased knowledge from the care sector, people experiencing care, families, Care Inspectorate staff.
- Reduced complaints about wellbeing.
- Track engagement metrics on the website, Hub, and online participation community.
- Use surveys to measure perceived inclusivity and utility of resources from staff and people experiencing care.
- Pre- and post-training assessments to gauge knowledge of FAIR principles among staff.
- Corporate induction evaluation.
- Monitor and review complaints related to engagement and human rights, measure reduction over time.

General duty

- 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.

Equality outcome 4

By 31 March 2029, we will support individuals living with dementia in regulated social care settings across Scotland to receive equitable treatment and high-quality care and support.

Through collaborative partnerships, compassionate inspections, and targeted quality improvement initiatives, we will scrutinise and support social care providers to address and reduce intersecting inequalities. Our commitment is to help foster a social care environment where every individual's unique needs and circumstances are protected, respected, and upheld.

Inequality
People living with dementia in Scotland often face stigma and can experience multiple, intersecting inequalities related to age, race, disability, sex, sexual orientation, gender re-assignment, and other life circumstances. These overlapping inequalities can increase their isolation and lead to further disadvantage and discrimination, resulting in poorer outcomes in terms of care and support.

Activities
- Internal Dementia Practice Development Group work to understand stigma and intersecting inequalities and share this with the Care Inspectorate workforce and the sector.
- Share information about people living with dementia experiencing stress and distress via annual returns (suggest questions for 2025 and 2026).
- Work with NHS Education for Scotland on ensuring Care Inspectorate staff have access to appropriate Promoting Excellence Framework dementia learning resources and that these resources include a focus on equality.
- Work through a short life working group and with the invitation of contributions from the Scottish Dementia Working Group and unpaid carer organisations such as National Dementia Carers Action Network and the Scottish Government lived experienced panel. This will establish what good and equitable care and support looks like and hear views from those with lived experience and their unpaid carers and use this to inform our work.
- Create self-evaluation tools for services to test and implement.
- Collaborate with providers and partners to identify and address specific needs, including language support for non-English speakers.
- Create a dedicated hub page to provide information and resources on equitable care for people living with dementia.
- Host awareness days and use social media to raise awareness and reach a broader audience.
- Contribute to the regular Care Inspectorate provider updates to share best practices and new resources.
- Continue partnership-building efforts with Scottish Social Services Council (SSSC), Healthcare Improvement Service (HIS), and other relevant organisations to provide support for people living with dementia and unpaid carers.
- Collaborate with external partners, such as SSSC, to promote open badges for dementia care skills

- Facilitate partnerships with relevant organisations to expand support options for people living with dementia.
- Strengthen data systems to capture detailed information on care delivery, outcomes, and disparities, using this data to drive improvement initiatives

Outputs
- Develop improvement resources through the Dementia Practice Development Group to address stigma and inequalities.
- Develop comprehensive, guidance on how the health and social care standards relate to dementia services, focusing on personal outcomes and human rights.
- Create a dedicated hub page for professionals and providers to access to increase understanding of what equitable care for people living with dementia looks like.
- Develop easy-read and accessible information for people to engage with.
- Guide Care Inspectorate staff to appropriate Promoting Excellence resources.
- Signpost providers to appropriate Promoting Excellence resources.
- Continue providing and promoting SOFI training.
- Create structured channels for involving individuals with dementia, their families, and caregivers in shaping regulatory / quality improvement practices.

Measuring progress
- Increased staff knowledge e.g. through podcasts/ count views.
- Evaluation data from QI programmes.
- Work with the SOFI trainer group to ensure that SOFI training sessions include discussions about equality (this is already part of SOFI training, but we could strengthen it without diverging from the prescribed Bradford University content).
- Monitor website traffic and engagement on the dementia hub page/ count views.
- Track engagement metrics for social media campaigns and awareness days (e.g., reach, shares).
- Gather provider feedback to assess the impact on their practices.
- Track participation rates in training sessions for Care Inspectorate workforce and providers.
- Assess Care Inspectorate staff's increased knowledge through post-training surveys and feedback.
- Gather feedback from unpaid carers network members to gauge perceived support improvement.
- Evaluate collaborative partnerships with SSSC and other organisations through feedback and case studies.
- Reduce complaints about stress and distress for people experiencing care.
- Gather customer satisfaction questionnaires (CSQs).

General duty
- 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.

Equality outcome 5

By March 31, 2029, we will work towards building a workforce that better reflects the diversity of the communities we serve, listening to lived experiences and adopting a trauma-informed approach to foster an inclusive and supportive environment.

We will prioritise increased representation of disabled people (to 15.0%) and people from diverse racial and ethnic backgrounds (to 2.5%). We foster a culture where all employees feel valued, fostering a sense of belonging that enhances wellbeing, innovation, and collaboration. We will create an inclusive environment where individuals of all backgrounds including people with protected characteristics such as race, sex, sexual orientation, and disability can thrive and actively participate in our various employee networks.

Inequality

Our workforce currently lacks sufficient representation of individuals living with disabilities (14.85%) and from diverse racial backgrounds (1.69%).

Activities

- Change the online application form for Care Inspectorate vacancies.
- Continue to use the Scottish Credit and Qualification Framework (SCQF) inclusive recruiter which uses SCQF levels in recruitment instead of specific qualifications.
- Strategies to increase accessibility in line with our Disability Confident plan
- Support recruiting managers to feel more confident in making recruitment decisions, understanding, and reducing bias.
- Foster collaboration across employee networks, the wider organisation, and leadership to strengthen inclusivity and hear lived experience.
- Partner with CRER, Council of Ethnic Minority Voluntary Sector Organisations, Inclusion Scotland, Glasgow Disability Alliance, and similar organisations to advance equity, anti-racism initiatives, and workforce diversity.
- Implement the Disability Confident and Equally Safe at Work frameworks to improve inclusive hiring and retention practices.
- Organise intersectional events to amplify lived experiences and encourage meaningful dialogue.
- Involve diverse employee networks in impact assessments and human resources (HR) policy consultations to ensure authentic representation.
- Embed anti-racism, inclusivity, trauma-informed practices, and other key themes in induction and training programmes, informed by the Corporate Equalities Group.
- Share regular updates through targeted communications, intranet articles, and organisation-wide events.
- Strengthen community engagement by collaborating with equalities teams, carers' centres, and relevant organisations to ensure diverse participation.

- Establish new employee networks to address emerging needs and support underrepresented groups.
- Promote equity as a core value through awareness campaigns and practical actions.
- Assess structural barriers and systemic racism within the organisation, integrating findings into the corporate plan.
- Pilot innovative mentoring programmes, including reverse mentoring, to educate leaders on diverse experiences and foster inclusive leadership.
- Facilitate learning sessions for leaders and managers to improve understanding of equality, diversity, and inclusion.
- Encourage employees to complete equalities data surveys to enhance monitoring and action on diversity metrics.
- Ensure leadership development programmes prioritise inclusivity and equitable workplace practices.
- Strengthen efforts to create an inclusive culture by embedding anti-racism and equalities commitments at all levels.
- Review core learning requirements to align with regulatory responsibilities and workforce needs.
- Expand Equality, Diversity, and Inclusion (EDI) learning opportunities, including anti-racism and accessibility training.
- Develop the staff survey action plan in partnership with employees, focusing on improving the employee experience.
- Support hybrid working impact assessment outcomes, enhancing accommodations for individual needs.
- Launch the leadership and management framework alongside supporting activities.
- Promote equality, inclusion, and belonging through core values in practice.
- Establish mechanisms to share knowledge, celebrate successes, and showcase positive outcomes of living organisational values.
- Use the LEAD framework to set and achieve equality-focused goals.
- Implement a wellbeing action plan addressing the needs of diverse groups.
- Increase the number of volunteer recruitment campaigns to increase the diversity of our volunteer workforce.
- Focus on targeted stakeholder engagement during future volunteer recruitment campaigns to build connections, raise awareness, and promote participation opportunities.
- Improve our equalities monitoring for volunteers, including asking existing volunteers to refresh their equalities information.
- Use Power Bi analytics programme to strengthen our equalities reporting.
- Develop an easy read version of our volunteer application form that is accessible for people living with a learning disability.

Outputs

- Workforce diversity information (applications, shortlisted, successful, retention rates by protected characteristic).
- Develop trauma-informed Terms of Reference, action plans, communications plans for all employee networks.
- Hold an annual intersectional annual event with our networks.
- Impact assessments where employee networks have been consulted.
- Community engagement work.
- Staff survey results around inclusion (by protected characteristic).
- Wellbeing action plan, focus on areas of interest such as women's reproductive health and men's mental health.
- Human Resources policies.
- Achieve; Level 3 Exemplary Carer Positive Award, Disability Confident Level 3 (by February 2025), Equally Safe at Work Development Tier, LGBT Youth Scotland Foundation Award.

Measuring progress

- Analyse staff survey results to assess increased satisfaction, inclusion, and representation.
- Track participation in trauma-informed training, intersectional events, and reverse mentoring.
- Measure changes in workforce diversity demographics and representation, focusing on individuals with disabilities and from racial minorities.
- Review feedback on inclusive practices through the Corporate Equalities Group and impact assessments.
- Number of HR policies consulted on with networks.
- Progression with relevant employee network action plans.
- Track improvements in applications, short-listing, appointments, retention, and engagement of underrepresented groups.
- Reduce complaints related to discrimination or harassment.

General duty

- 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.

Appendix 2: Equality information by protected characteristic

Contents

1. Summary of workforce data: key findings equality information by protected characteristic
2. Whole workforce information
3. Comparison between part time and full-time workforce profile information
4. Flexible working- successful applications
5. Recruitment and selection
6. Internal promotions
7. Learning and development
8. Performance appraisal
9. Pregnancy and maternity
10. Return to work of disabled employees following sick leave relating to their disability
11. Case work (dignity at work, grievance and disciplinary action)
12. Dismissals and other reasons for leaving
13. Pay gap
14. Equal pay statement
15. Occupational segregation
16. Board equality information

Our approach to mainstreaming equality and human rights is one of ongoing growth and improvement. To monitor our progress and ensure our focus is on the priority areas we provide our Strategic Management Group and Board with regular workforce information and an annual update of progress against our equality outcomes. We will share our next annual equalities progress report with our Board in February 2026.

Further planned changes to our self-service payroll and HR system will be carried forward to our next reporting cycle for 2025-2029. The changes will aim to improve:

- equalities reporting by reducing the number of 'unknowns'
- staff disclosure rates
- recruitment information
- pay gap reporting
- our ability to benchmark with other with other organisations across the public sector. We aim to achieve this by aligning our changes with the Equality Data Improvement Programme and other relevant guidance.

Since our last [Equalities Mainstreaming Progress Report](#) in 2023, we have made several improvements. We can now track and report on employees returning to work after an absence due to a disability, as well as analyse leavers by protected characteristics.

Further planned enhancements to our self-service payroll and HR system will be implemented in our next reporting cycle. These improvements aim to:

- Use business intelligence tools to enhance our data analytics and reporting, enabling more insightful and accessible equality monitoring.
- Strengthen equalities reporting by reducing the number of 'unknowns.'
- Continue to encourage staff disclosure rates to ensure more comprehensive data collection.
- Facilitate benchmarking with other public sector organisations by aligning with the Equality Data Improvement Programme and other relevant guidance.

1. Summary of workforce data: key findings equality information by protected characteristic

In 2024, we have **653** employees; this has decreased by **6** employees since we last reported in 2023.

Age
- We have very low numbers of employees under the age of 25.
- **72.28%** of our workforce are aged 45 or over which is consistent with the last time we reported.
- **68.42**% of our part time workforce is aged 55 and over.
- Our workforce profile highlights a consistent trend observed in previous years; we have an ageing workforce, with a significant proportion of staff eligible to retire within the next three years. This reflects the specialist nature of our roles, which often require substantial prior experience. As a result, we typically attract people who are at a more advanced stage in their careers and therefore tend to be older when they join employment with us. We recognise the importance of addressing this trend and are committed to strengthening our approach to talent management and succession planning to ensure the long-term sustainability of our workforce.
- We will continue to balance our age profile and support the needs of different age groups through our Strategic Workforce Plan. We will consider our age profile within the broader context of the social care and social work sector, as well as Scotland's overall demographic trends. Scotland's population is ageing, driven by an increasing older population, rising life expectancy, and declining birth rates nrscotland.gov.uk .

Disability
- **14.85%** of our employees identify as disabled, an increase from 11.68% in our last report. While this is a notable rise, a significant proportion of records (25.88%) remain 'unknown,' which may impact the accuracy of this figure. We do, however, know that job applications have significantly increased from disabled people since we set equality outcome 3 in 2021 (from 5.7% applications to 12.48%.)
- **42.98%** of our part time workforce identify as disabled.
- We will continue to support colleagues living with long term health conditions and disabilities through various initiatives including working towards Level 3 Disability Confident Leader and our Wellbeing Action Plan.
- According to the 2022 Scottish census, the number of people whose daily activities are "limited a lot" due to a health condition or disability has increased by 15.7% since 2011. Those whose activities are "limited a little" have risen by 35.7%.
- The growing number of young people with disabilities and mental health conditions is a key concern.
- The percentage of people reporting mental health conditions has more than doubled, rising from 4.4% in 2011 to 11.3% in 2022.

- Our research shows that disabled individuals continue to face barriers to employment. Our equality outcome 5 for 2025-2029 prioritises actions to advance equality of opportunity and seeks to address these challenges.

Gender Reassignment

- **0** employees have reported having the protected characteristic of gender reassignment. We have low numbers of 'prefer not to say' and **22.81%** are 'unknown'. It is possible we do have colleagues with this protected characteristic but do not know as they have not disclosed.
- In the Scottish census 2022, 0.44% of individuals aged 16 and over identified as trans or having a trans history.
- We continue to promote the rights of trans and non-binary people through the work of the LGBT+ Champion Charter Group which aligns to being a Stonewall Diversity Champion and our work with LGBT Youth Scotland. In July 2022, we held a conversation café as part of our virtual pride programme and Care Inspectorate employees and colleagues from the care sector heard the lived experience of a transgender individual.

Marriage and Civil Partnership

- The marital status of most of our workforce is either 'unknown' (**60.3%)** or married (**24.20%).** Employees are asked to complete their marriage and civil partnership information in a separate part of the system to the other equalities information which may account for the high number of 'unknowns.'
- Due to the high levels of unknowns, we are unable to say whether or not our workforce is following broader societal changes observed over recent decades in Scotland, including a decline in marriage rates and an increase in cohabitation.

Pregnancy and Maternity

- Although we have a predominantly female workforce, we have recorded very small numbers of pregnant employees. This is potentially due to our older age profile.
- We continue to support all employees during pregnancy and within their maternity leave period through a variety of family friendly and flexible working policies. These include but are not limited to shared paternity leave, dependent leave and the opportunity to apply and be considered for part-time work or flexible working arrangements. Our maternity and adoption policies were enhanced in terms of renumeration in 2024.
- We will continue to support gender equality through our work Equally Safe at Work employer accreditation.

Race

- **70.44%** of our employees are white, **26.49**% is 'unknown,' **1.53**% prefer not to say, and the remainder **1.68**% are from minority ethnic communities. This figure has increased slightly since we last reported this is an increase for the second year. Job applications have significantly increased from minority ethnic people since we set equality outcome 3 in 2021 (from 4.4% in 2021 to 9.14%.)
- We remain committed to the positive action measures outlined in equality outcome 5 for 2025-2029, aimed at increasing representation from minority ethnic communities.

- Approximately 388,000 people identified as belonging to Black or minority ethnic (BME) groups, making up 7.1% of the population. An 84% increase since the 2011 census (CRER May 2024).
- Despite this growing diversity, the majority of Scotland's population (approximately 93%) identified as White. According to the Scottish Public Health Observatory in June 2024, the largest non-White ethnic groups in Scotland are:
  - Pakistani: 1.3%
  - Mixed or Multiple ethnic groups: 1.1%
  - Indian: 1.0%
  - Other African: 1.0%
  - Chinese: 0.9%

Religion or Belief
- Most employees report to have no religion (**37.21%**) 'unknown' is (**26.03%)** or identify as belonging to the Church of Scotland (**15.77**%).
- According to the Scottish census 2022, 51.1% of respondents reported having no religious affiliation, an increase from 36.7% in 2011.
- The proportion identifying as Christian (including Church of Scotland, Roman Catholic, and other Christian) declined to 38.8%, down from 53.8% in 2011.
- Over the past decade, there has been a notable rise in the number of adults who do not identify with any religion.

Sex
- **81.78%** of our workforce are women, and **18.22%** are men.
- **92.98%** of our part time workforce are women. The numbers of men working part time or who have a flexible working contract is very low.
- Our workforce does not reflect the Scottish population which had a relatively even split between the sexes in 2023, but it does reflect the social care sector. Representation within the SSSC register is significantly weighted towards females, who make up 84.8% of registrants.
- We will continue to support gender equality through our work Equally Safe at Work employer accreditation.

Sexual Orientation
- Almost **60.53%** of our workforce identify as heterosexual, this is a decrease from 76% in 2021. This is likely due to the number of 'unknowns' (almost **28.07**%). According to the Scottish census, approximately 87.8% of the population identify as heterosexual.
- Over **4%** self-identified as lesbian, gay, bisexual or other. This is an increase of over 1%. This aligns with the Scottish census 2022
- We promote our work with the LGBT+ community by attending Pride, promoting that we are a Stonewall Diversity Champion and our work with LGBT Youth Scotland. Our intention is to reach the LGBT+ community and show that we are a LGBT+ inclusive employer.

Carer

- **17.61%** of our workforce identify as a carer. We recognise that the actual number is likely higher due to underreporting.
- **14.91%** of our part time workforce are carers (although it is likely to be higher).
- To address this, we will enhance awareness, improve data collection, and create a more supportive environment through our work to achieve the Carer Positive Exemplary Award and working with our unpaid carers network to encourage employees to disclose their caring responsibilities. This will ensure they receive the necessary support and resources to balance work and caring responsibilities effectively.

Care Experience

- Over the last 12 months we have started collecting data around care experience to inform and drive positive action around recruitment, selection and development. This data will help us better understand and support care experienced applicants and colleagues, ensuring our systems and processes are working well to support them.
- Our Children's Rights and Corporate Parenting plan (2024 – 2027) and our strong commitment to keeping the Promise will drive forward improvements at all levels across the organisation, to provide learning and development opportunities to the care experienced community.

Gender Identity

- In 2020 we introduced the question about gender identity, we understand this is not a protected characteristic, however we feel it is important to include this as an additional category.
- **58.35%** identify as female, **14.55%** identify as male, **1.53%** are 'prefer not to say' and the numbers for identify 'in another way' are too low to share as it could potentially disclose individuals. **25.42%** are 'unknown.'

Note: In all the tables featured numbers less than ten have been replaced with an asterisk (*) as per Equality and Human Rights Commission (EHRC) guidance to avoid the potential identification of individuals. To ensure these numbers could not be calculated by subtracting from the total number of employees, where necessary, we have also replaced the second smallest field with two asterisks (**).

2. Whole workforce information

Age Whole Workforce				
	% **2023**	**Headcount** **2023**	**%** **2024**	**Headcount** **2024**
Under 25	*	*	*	*
25-34	6.54%	42	7.04%	46
35-44	19.31%	124	20.52%	134
45-54	32.09%	206	30.47%	199
55-64	36.92%	237	37.06%	242
65+	**	**	**	**
All People	**100%**	**642**	**100%**	**653**

Disability Whole Workforce				
	% **2023**	**Headcount** **2023**	**%** **2024**	**Headcount** **2024**
Don't know	*	*	*	*
No disability	56.07%	360	55.13%	360
Prefer not to say	**	**	**	**
Unknown	28.04%	180	14.85%	97
Disabled	12.46%	80	25.88%	169
All people	**100.00%**	**642**	**100.00%**	**653**

Gender Reassignment Whole Workforce				
	% **2023**	**Headcount** **2023**	**%** **2024**	**Headcount** **2024**
No gender reassignment	69.31%	445	70.90%	463
Prefer not to say	1.56%	10	1.68%	11
Unknown	29.13%	187	27.41%	179
All people	**100.00%**	**642**	**100.00%**	**653**

Marriage & Civil Partnership Whole Workforce				
	% **2023**	**Headcount** **2023**	**%** **2024**	**Headcount** **2024**
Civil partnership	*	*	*	*
Co-habiting	3.89%	25	3.83%	25
Divorced	4.21%	27	4.44%	29
Married	22.59%	145	24.20%	158
Prefer not to say	*	*	*	*
Separated	2.02%	13	*	*
Single	3.12%	20	3.52%	23
Unknown	62.15%	399	60.03%	392
Widowed	*	*	*	*
All people	**100.00%**	**642**	**100.00%**	**653**

Race Whole Workforce				
	% 2023	Headcount 2023	% 2024	Headcount 2024
African, African Scottish or African British	*	*	*	*
Any mix of multiple ethnic groups	*	*	*	*
Asian, Asian Scottish or Asian British	*	*	0%	0
Caribbean or Black	*	*	*	*
Other ethnic group	*	*	*	*
Prefer not to say	*	*	1.53%	10
Unknown	27.87%	182	26.49%	173
White	68.85%	442	70.44%	460
All people	**100.00%**	**642**	**100.00%**	**653**

Religion or Belief Whole Workforce				
	% 2023	Headcount 2023	% 2024	Headcount 2024
Buddhist	*	*	*	*
Church of Scotland	16.36%	105	15.77%	103
Hindu	0%	0	-	-
None	34.89%	224	35.05%	231
Other	**	**	**	**
Other Christian	2.65%	17	2.76%	18
Prefer not to say	7.17%	46	7.35%	48
Roman Catholic	9.35%	60	9.49%	62
Unknown	28.35%	182	26.03%	170
All people	**100.00%**	**642**	**100.00%**	**653**

Sex Whole Workforce				
	% 2023	Headcount 2023	% 2024	Headcount 2024
Female	81.46%	523	81.78%	534
Male	18.54%	119	18.22%	119
All people	**100.00%**	**642**	**100.00%**	**653**

Sexual Orientation Whole Workforce				
	% 2023	**Headcount 2023**	**% 2024**	**Headcount 2024**
Bi / bisexual	*	*	*	*
Gay / lesbian	**	**	**	**
Heterosexual / straight	63.71%	409	65.24%	426
Prefer not to say	4.36%	28	4.29%	28
Unknown	27.88%	179	26.19%	171
All people	**100.00%**	**642**	**100.00%**	**653**

Gender Identity Whole Workforce				
	% 2023	**Headcount 2023**	**% 2024**	**Headcount 2024**
Female	57.01%	366	58.35%	381
In another way (please specify)	*	*	*	*
Male	14.17%	91	14.55%	95
Prefer not to say	**	**	**	**
Unknown	27.26%	175	25.42%	166
All people	**100.00%**	**642**	**100.00%**	**653**

Care Experience Whole Workforce		
	% **2024**	**Headcount** **2024**
Not care experienced	11.03%	72
Yes, care experienced	**	**
Prefer not to say	*	*
Unknown	88.36%	577
All people	**100.00%**	**653**

Carer Whole Workforce				
	% **2023**	**Headcount** **2023**	**%** **2024**	**Headcount** **2024**
Don't know	*	*	*	*
Not a carer	55.14%	354	54.06%	353
Prefer not to say	**	**	**	**
Carer	14.64%	94	17.61%	115
Unknown	27.57%	177	25.42%	166
All people	**100.00%**	**642**	**100.00%**	**653**

3.Comparison between part time and full-time workforce profile information

	Total headcount	No: Full time employees	No: Part time employees
2023	**642**	527	115
2024	**653**	539	114

Age 2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Under 25	*	*	*	*
25-34	28	4.36%	14	2.18%
35-44	109	16.98%	15	2.34%
45-54	187	29.13%	19	2.96%
55-64	184	28.66%	52	8.10%
65+	**	**	**	**
All people	**527**	**82.09%**	**115**	**17.91%**

Age 2024				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Under 25	*	*	*	*
25-34	39	5.97%	**	**
35-44	119	18.22%	15	2.30%
45-54	185	28.33%	13	1.99%
55-64	182	27.87%	60	9.19%
65+	**	**	18	2.76%
All people	**539**	**82.54%**	**114**	**17.46%**

Disability 2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Don't know	*	*	*	*
No	330	51.40%	30	4.67%
Prefer not to say	**	**	**	**
Unknown	140	21.81%	40	6.23%
Yes	41	6.39%	39	6.07%
All people	**527**	**82.09%**	**115**	**17.91%**

Disability 2024				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Don't know	*	*	*	*
No	328	60.85%	32	4.90%
Prefer not to say	**	**	**	**
Unknown	143	26.53%	26	3.98%
Yes	48	8.91%	49	7.50%
All people	**539**	**82.54%**	**114**	**17.46%**

Gender Reassignment 2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
No	353	54.98%	82	12.77%
Prefer not to say	*	*	*	*
Unknown	**	**	**	**
All people	**527**	**82.09%**	**115**	**17.91%**

Gender Reassignment 2024				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
No	365	55.90%	88	13.48%
Prefer not to say	*	*	*	*
Unknown	**	**	**	**
All people	**539**	**82.54%**	**114**	**17.46%**

Marriage & Civil Partnership 2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Civil partnership	*	2.96%	*	*
Co-habiting	19	*	*	*
Divorced	20	3.12%	*	*
Married	130	20.25%	15	2.34%
Prefer not to say	*	*	*	*
Separated	11	*	*	*
Single	15	2.34%	*	*
Unknown	325	50.62%	74	11.53%
Widowed	*	*	*	*
All people	**527**	**82.09%**	**115**	**17.91%**

Marriage & Civil Partnership 2024				
	Headcount FT	% FT workforce	Headcount PT	% PT workforce
Civil partnership	*	*	*	*
Co-habiting	21	3.22%	*	*
Divorced	21	3.22%	*	*
Married	131	20.06%	27	4.13%
Prefer not to say	*	*	*	*
Separated	10	1.53%	*	*
Single	14	2.14%	*	*
Unknown	335	51.30%	57	8.73%
Widowed	*	*	*	*
All people	**539**	**82.54%**	**114**	**17.46%**

Race 2023				
	Headcount FT	% FT workforce	Headcount PT	% PT workforce
African, African Scottish or African British	*	*	0	0%
Any mix of multiple ethnic groups	*	*	*	*
Asian, Asian Scottish or Asian British	*	*	0	0%
Caribbean or Black	*	*	0	0%
Other ethnic group	*	*	0	0%
Prefer not to say	*	*	*	*
Unknown	155	24.14%	27	4.21%
White	358	55.76%	84	13.08%
All people	**527**	**82.09%**	**115**	**17.91%**

Race 2024				
	Headcount FT	% FT workforce	Headcount PT	% PT workforce
African, African Scottish or African British	*	*	*	*
Any mix of multiple ethnic groups	*	*	*	*
Asian, Asian Scottish or Asian British	0	0	0	0
Caribbean or Black	*	*	0	0
Other ethnic group	*	*	0	0
Prefer not to say	*	*	*	*
Unknown	148	22.66%	24	3.68%
White	377	57.73%	83	12.71%
All people	**539**	**82.54%**	**114**	**17.46%**

Religion or Belief 2023				
	Headcount FT	% FT workforce	Headcount PT	% PT workforce
Buddhist	0	0%	*	*
Church of Scotland	88	13.71%	17	2.65%
Hindu	0	0%	0	0%
None	206	32.09%	18	2.80%
Other	*	*	*	*
Other Christian	**	**	*	*
Prefer not to say	17	2.65%	29	4.52%
Roman Catholic	45	7.01%	15	2.34%
Unknown	156	24.30%	26	4.05%
All people	**527**	**82.09%**	**115**	**17.91%**

Religion or Belief 2024				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Buddhist	0	0%	0	0%
Church of Scotland	81	12.40%	22	3.37%
Hindu	0	0%	0	0%
None	231	35.38%	12	1.84%
Other	*	*	*	*
Other Christian	**	**	*	*
Prefer not to say	21	3.22%	27	4.13%
Roman Catholic	46	7.04%	16	2.45%
Unknown	145	22.21%	26	3.98%
All people	**539**	**82.54%**	**114**	**17.46%**

Sex 2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Female	416	64.80%	*	*
Male	111	17.29%	**	**
All people	**527**	**82.09%**	**115**	**17.91%**

Sex 2024				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Female	428	65.54%	*	*
Male	111	17.00%	**	**
All people	**539**	**82.54%**	**114**	**17.46%**

Sexual Orientation 2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Bi / bisexual	*	*	*	*
Gay / lesbian	**	**	*	*
Heterosexual / straight	338	52.65%	71	11.06%
Prefer not to say	20	3.12%	*	*
Unknown	147	22.90%	32	4.98%
All people	**527**	**82.09%**	**115**	**17.91%**

Sexual Orientation 2024				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Bi / bisexual	*	*	*	*
Gay / lesbian	**	**	*	*
Heterosexual / straight	357	54.67%	69	10.57%
Prefer not to say	21	3.22%	*	*
Unknown	139	21.29%	32	4.90%
All people	**539**	**82.54%**	**114**	**17.46%**

Gender Identity 2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Female	294	45.79%	72	11.21%
In another way	0	0%	*	*
Male	**	**	*	*
Prefer not to say	*	*	*	*
Unknown	142	22.12%	33	5.14%
All people	**527**	**82.09%**	**115**	**17.91%**

Gender Identity 2024				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Female	310	47.47%	71	10.87%
In another way	*	*	*	*
Male	91	13.94%	*	*
Prefer not to say	*	*	*	*
Unknown	134	20.52%	32	4.90%
All people	**539**	**82.54%**	**114**	**17.46%**

Care Experienced 2024				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Not care experienced	45	6.89%	27	4.13%
Yes, care experienced	*	*	*	*
Prefer not to say	*	*	*	*
Unknown	491	75.19%	86	13.17%
All people	**539**	**82.54%**	**114**	**17.46%**

Carer 2023				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Don't know	*	*	0	0%
Not a carer	308	47.98%	46	7.17%
Prefer not to say	10	1.56%	*	*
Carer	88	13.71%	*	*
Unknown	119	18.54%	58	9.03%
All people	**527**	**82.09%**	**115**	**17.91%**

Carer 2024				
	Headcount FT	**% FT workforce**	**Headcount PT**	**% PT workforce**
Don't know	*	*	0	0%
Not a carer	310	47.47%	43	6.58%
Prefer not to say	12	1.84%	*	*
Carer	98	15.01%	17	2.60%
Unknown	117	17.92%	49	7.50%
All people	**539**	**82.54%**	**114**	**17.46%**

4. **Flexible working successful applications (this includes flexible retirement)**

Age: flexible working successful applications	2023	2024
25-34	*	*
35-44	11	15
45-54	*	*
55-64	*	12
65 +	12	18
All people	**45**	**61**

Disability: flexible working successful applications	2023	2024
No	12	**
Prefer not to say	*	0
Unknown	27	34
Yes	*	*
All people	**45**	**61**

Gender reassignment: flexible working successful applications	2023	2024
No	**	**
Prefer not to say	*	*
Unknown	33	35
All people	**45**	**61**

Religion or belief: flexible working successful applications	2023	2024
Buddhist	*	0
Church of Scotland	*	*
Hindu	*	0
None	*	0
Other	*	0
Other Christian	*	*
Prefer not to say	*	*
Roman Catholic	*	*
Unknown	31	39
All people	**45**	**61**

Race: flexible working successful applications	2023	2024
Prefer not to say	*	*
Unknown	30	39
White	**	**
All people	**45**	**61**

Marriage and civil partnership: flexible working successful applications	2023	2024
Co-habiting	-	**
Married	**	17
Single	*	*
Unknown	34	39
All people	**45**	**61**

Sex: flexible working successful applications	2023	2024
Female	*	*
Male	**	**
All people	**45**	**61**

Sexual orientation: flexible working successful applications	2023	2024
Heterosexual/straight	**	**
Gay/lesbian	-	*
Prefer not to say	*	-
Unknown	30	39
All people	**45**	**61**

Gender identity: flexible working successful applications	2023	2024
Female	13	21
Male	*	*
Prefer not to say	*	*
Unknown	30	38
All people	**45**	**61**

Carer: flexible working successful applications		
	2023	**2024**
Don't know	0	0
Not a carer	12	15
Prefer not to say	*	*
Carer	*	*
Unknown	28	38
All people	**45**	**61**

Care experienced: flexible working successful applications		
	2023	**2024**
Not care experienced		
Prefer not to say		
Yes, care experienced		
Unknown	45	61
All people	**45**	**61**

5. Recruitment and selection

Data provided below is the headcount and percentage of all applications for both reporting periods.

TOTAL	389			689	
	2023 number	2023 %		2024 number	2024 %
Applicants by age;					
Under 21:	*	*		*	*
21-29	88	22.62%		79	11.47%
30-39	130	33.42%		174	25.25%
40-49	139	35.73%		204	29.61%
50-59	89	22.88%		138	20.03%
60-69	*	*		15	2.18%
Prefer not to say	*	*		*	*
Not stated	*	*		*	*
Applicants who identify as disabled	34	8.74%		86	12.48%
Applicants who identify as having gender reassignment	*	*		*	*
Applicants who are married	223	57.33%		330	47.90%
Applicants who are in a civil partnership	*	*		*	*
Race (applicants from Black, Asian, and Minority Ethnic backgrounds)	52	13.37%		63	9.14%

Applicants' religion/belief;					
Buddhist	*	*		*	*
Christian	*	*		*	*
Church Of Scotland	44	11.31%		87	12.63%
Hindu	14	3.60%		*	*
Jewish	*	*		*	*
Muslim	*	*		*	*
Sikh	*	*		*	*
Roman Catholic	56	14.40%		84	12.19%
None	254	65.30%		376	0.00%
Not stated	*	*		*	*
Other	53	13.62%		0	0.00%
Prefer not to say	19	4.88%		16	2.32%
Applicants by sex;					
Female	305	78.41%		522	75.76%
Male	153	39.33%		91	13.21%
Not stated	*	*		*	*
Prefer not to say	*	*		*	*
Applicants by sexual orientation;					
Heterosexual	333	85.60%		558	80.99%
Bisexual	20	5.14%		14	2.03%
Gay/ lesbian	16	4.11%		21	3.05%
Other	*	*		*	*
Not stated	59	15.17%		0	0.00%
Prefer not to say	33	8.48%		19	2.76%
Applicants who identify as carers	*	*		69	10.01%

Page 29 of 53

Applicants who identify as care experienced	*	*		19	2.76%
Applicants by gender identity;					
Female	298	76.61%		519	75.33%
Male	152	39.07%		91	13.21%
Nonbinary	*	*		*	*
Not stated	10	2.57%		0	0.00%
Prefer not to say	*	*		*	*

6.Internal promotions- Our commitment to career progression is reflected in **5** internal promotions during 2023 and **3** in 2024.We cannot report by protected characteristic as the numbers are too low.

7.Learning and development

	Age: learning and development			
	Internal		**External**	
	2023	**2024**	**2023**	**2024**
Under 25	0	*	0	*
25-34	24	10	0	10
35-44	64	104	*	104
45-54	213	151	16	151
55-64	136	178	11	178
65 +	*	17	0	17

Disability: learning and development				
	Internal		External	
	2023	**2024**	**2023**	**2024**
Don't know	*	*	0	0
No	336	333	28	20
Prefer not to say	18	21	*	*
Unknown	*	10	*	*
Yes	78	93	*	13

Marriage and civil partnership: learning and development				
	Internal		External	
	2023	**2024**	**2023**	**2024**
Civil partnership	*	*	*	0
Co-habiting	24	24	*	*
Divorced	26	27	*	*
Married	138	152	*	17
Prefer not to say	*	*	*	0
Separated	14	14	*	*
Single	19	21	0	*
Unknown	205	212	17	0
Widowed	8	6	*	18

Race: learning and development				
	Internal		External	
	2023	2024	2023	2024
African, African Scottish or African British	*	*	*	0
Any mix of multiple ethnic groups	*	*	*	0
Asian, Asian Scottish or Asian British	*	*	*	0
Caribbean or Black	*	*	*	0
Other ethnic group	*	*	*	0
Prefer not to say	*	*	*	*
Unknown	*	11	*	-
White	413	429	27	39

Religion or belief: learning and development				
	Internal		External	
	2023	2024	2023	2024
Buddhist	*	*	0	0
Church of Scotland	98	97	*	*
Hindu	0	*	0	0
None	211	223	26	18
Other	*	*	0	*
Other Christian	0	16	*	*
Prefer not to say	44	46	*	*
Roman Catholic	57	54	*	*
Unknown	23	13	*	*

Sex: learning and development				
	Internal		External	
	2023	2024	2023	2024
Female	354	366	22	**
Male	86	95	12	*

Sexual orientation: learning and development				
	Internal		External	
	2023	2024	2023	2024
Bi/bisexual	*	*	*	0
Gay/lesbian	21	22	*	*
Heterosexual/straight	382	393	36	32
Prefer not to say	28	28	*	*
Unknown	**	*	0	*

Gender reassignment: learning and development				
	Internal		External	
	2023	2024	2023	2024
No	419	429	35	33
Prefer not to say	10	11	*	*
Unknown	14	18	*	*

Gender identity: learning and development				
	Internal		External	
	2023		2024	
Female	345	353	26	26
In another way	*	*	*	0
Male	84	88	*	*
Prefer not to say	*	10	*	*
Unknown	*	*	0	*

Internal training shows all internal sessions were attended during the period. External training shows all requests within the period, and completion dates for those who have completed their course during the period.

Please note that in terms of external training requests, individuals are responsible for updating their own record to show they have attended following the event. Therefore, some colleagues may still appear as 'registered' when they have already attended the event.

In 2023 - **Five** external training requests were not approved. Reasons for training requests not being approved include training not being essential for role, unable to support due to available budget, alternative routes to learning were identified, application received in error, place at alternative conference identified following submission of application, individual incorrectly using this route to request learning. **Four** internal training requests were not approved.

In 2024 - **Eight** external training requests were not approved. Reason for training requests not being approved included, application not being approved by line manager due to a more appropriate learning opportunity being identified, course oversubscribed, place at alternative conference approved instead, individual incorrectly using this route to request learning. **Two** internal training requests were not approved.

The data is consistent across all protected characteristics and there are no obvious trends to indicate less favourable treatment.

8. **Performance appraisal**

Age: performance appraisal		
	2023	**2024**
Under 25	0	0
25-34	**	*
35-44	42	91
45-54	151	115
55-64	107	127
65 +	*	*

Disability: performance appraisal		
	2023	**2024**
Don't know	0	*
No	242	252
Prefer not to say	11	14
Unknown	*	**
Yes	52	66

Marriage and civil partnership: performance appraisal		
	2023	**2024**
Civil partnership	*	*
Co-habiting	18	19
Divorced	16	19
Married	95	107
Prefer not to say	*	*
Separated	*	11
Single	16	14
Unknown	*	0
Widowed	*	*
Not provided	152	167

Gender reassignment: performance appraisal		
	2023	**2024**
No	261	321
Prefer not to say	*	*
Unknown	**	**

Race: performance appraisal		
	2023	**2024**
African, African Scottish or African British	*	*
Any mix of multiple ethnic groups	*	*
Asian, Asian Scottish or Asian British	*	*
Caribbean or Black	*	*
Other ethnic group	*	*
Prefer not to say	*	*
Unknown	*	*
White	290	316

Religion or belief: performance appraisal		
	2023	**2024**
Buddhist	0	0
Church of Scotland	69	73
None	150	167
Other	*	*
Other Christian	0	12
Prefer not to say	26	29
Roman Catholic	42	48
Unknown	16	**

Sex: performance appraisal		
	2023	**2024**
Female	251	289
Male	64	55

Gender identity: performance appraisal		
	2023	**2024**
Female	257	272
In another way	*	0
Male	50	56
Prefer not to say	*	**
Unknown	*	*

Sexual orientation: performance appraisal		
	2023	**2024**
Bi/bisexual	*	*
Gay/lesbian	*	16
Heterosexual/straight	*	292
Prefer not to say	*	21
Unknown	0	0

Care Experienced: performance appraisal		
	2023	**2024**
Not care experienced	N/A	56
Yes, care experienced	N/A	*
Prefer not to say	N/A	*
Unknown	N/A	38

Carer: performance appraisal		
	2023	**2024**
Don't know	0	*
Not a carer	0	242
Prefer not to say	0	13
Carer	0	79
Unknown	*	*

Performance appraisal

One to ones shows all one to ones recorded through the Learning Management System (LMS) within each reporting period. We are aware that most teams are engaging in both formal and informal one to ones, however we continue to encourage teams to make use of the LMS to record one to one notes.

9. **Pregnancy and maternity**

	2023	2024
All women	523	534
Pregnant	*	*
Within maternity period (12 months)	*	*
Not pregnant	515	525

10. **Return to work of disabled employees following sick leave relating to their disability**

The numbers are too small to report on publicly, but we are able to track and identify this information within our system. This ensures we can still track relevant trends and address them as needed.

11. **Case work (dignity at work, grievance and disciplinary action)**

Numbers are too small to meaningfully report on every protected characteristic, but we have reported on sex to show a summary that cases, although small, are distributed across both sexes.

Case work by protected characteristic of sex				
	2023		2024	
Case	Female	Male	Female	Male
Grievance	*	*	*	*
Dignity at work	*	*	*	*
Discipline	*	*	*	*

12. Dismissals and other reasons for leaving

Reason	2023	2024
Death in service	*	*
Dismissal	*	*
End of fixed term contract	11	*
Ill health retirements	*	*
Resignation	33	26
Retirement	21	18
All people	**71**	**46**

Turnover rate	
2023	**2024**
9.92%	6.75%

Age: Leaver	2023	2024
Under 25	*	0
25-34	*	*
35-44	12	*
45-54	*	*
55-64	18	20
65+	26	13

Disability: Leaver	2023	2024
Not disabled	**	**
Disabled	*	*
Don't know	43	32

Gender Reassignment: Leaver	2023	2024
No	31	17
Unknown	40	29

Marriage & Civil Partnership: Leaver	2023	2024
Married	16	11
Single	*	*
Unknown	43	30
Cohabiting	*	*
Divorced	*	*

Race: Leaver		
	2023	**2024**
African, African Scottish or African British	0	0
Any mix of multiple ethnic groups	0	0
Asian, Asian Scottish or Asian British	0	0
Caribbean or Black	0	
Other ethnic group	0	0
Prefer not to say	*	*
Unknown	39	32
White	26	**

Religion or belief: Leaver	2023	2024
Church of Scotland	13	10
None	11	*
Other Christian	*	*
Prefer not to say	*	*
Roman Catholic	*	*
Unknown	39	24

Sex: Leaver	2023	2024
Female	48	**
Male	23	*

Sexual Orientation: Leaver	2023	2024
Bi/bisexual	*	*
Gay/lesbian	*	*
Heterosexual/straight	23	12
Prefer not to say	*	*
Unknown	46	33

Gender Identity: Leaver	2023	2024
Female	36	21
Male	10	*
Unknown	25	**

Care Experienced: Leaver		
	2023	**2024**
Not care experienced	0	*
Yes, care experienced	0	0
Prefer not to say	0	0
Unknown	71	**

Carer: Leaver		
	2023	**2024**
Don't know	0	0
Not a carer	31	18
Prefer not to say	*	0
Carer	*	*
Unknown	33	25

Retention
We have a high level of staff retention, with low employee turnover (6.75%). The most common reason for leaving is resignation, retirement is our second most common reason for leaving, which is indicative of the age profile in the organisation.
Our turnover remains low in comparison to the overall UK public sector average. Linked to our age profile, we continue to see an increasing trend for retirements, and we anticipate this will continue for a number of years ahead.

13. Pay gap

Year	Mean Female Hourly Rate	Mean Male Hourly Rate	Mean Gender Pay Gap
2023	22.35	26.16	14.6%
2024	24.7	28.5	13.3%

Year	Median Female Hourly Rate	Median Male Hourly Rate	Median Gender Pay Gap
2023	24.14	25.86	6.7%
2024	26.95	28.64	5.9%

To ensure our approach aligns with the advice from Audit Scotland and Close the Gap, we have published both a mean and a median gender pay gap figure. The median is not influenced by very low or very high rates of pay, making it a more stable measure. However, because gender pay gap issues often arise among the lowest or highest paid employees, the mean figure can sometimes better highlight disparities. By publishing both figures, we offer a more comprehensive analysis. Close the Gap considers the median to be the more accurate measure for gender pay gap analysis, as it reflects the impact of part-time working on women's pay. For 2024, our **median gender pay gap is 5.9%,** compared to 0% in our 2023 Equalities Mainstreaming Report. Despite this increase, we remain well below Scotland's median gender pay gap of 12.0% Close the Gap, Working Paper, Gender Pay Gap, Statistics (October 2023).

Currently, **19.9%** of Care Inspectorate female employees work part-time. For 2024, our **mean gender pay gap stands at 13.3%,** representing a 2.38% increase since we last reported in 2023. This figure is slightly higher than Scotland's mean gender pay gap of 10.9% Close the Gap, Working Paper, Gender Pay Gap, Statistics (October 2023).

These figures reflect ongoing challenges in gender pay equity, particularly the structural impact of part-time work on women's pay. By continuing to monitor and report both the mean and median figures, we aim to better understand and address these disparities.

Action plan:
We will develop a plan to look at the gender pay gap (the protected characteristic of sex) alongside the other characteristics, taking an intersectional approach, for example break down gender pay data by age, ethnicity, and disability. Combining gender pay data with other protected characteristics highlights the further challenges faced by minority groups as any overlap can create different experiences of inequality.

We will break down data in different ways for example, part time pay gap figures by grade, department etc. Completing a comparison of full time and part time figures will allow a fuller analysis.

The Scottish Government Public Sector Pay Policy acts as a benchmark for all major public sector workforce groups across Scotland including the Scottish Social Services Council. As a non-departmental public body, we are required to operate with the pay policy provisions set in order to meet our commitment to equal pay. Our pay ranges and reward policies are available to staff on the intranet. Pay and grading benchmark guidance is used when creating new posts, assessing an existing post, or redesigning a post to ensure equal pay for work of equal value. This guidance is underpinned by analytical job evaluation, which is recognised as a sound basis on which to determine work of equal value. To avoid bias, evaluation focuses on the role rather than the individual, using established descriptions for each grade, and trained evaluators review cases.

Our grades 1-8 have a number of defined pay steps. Employees will enter a pay range at the relevant minimum. Employees will progress towards their maximum by one pay step on an annual basis. Grades CS1 and above are set at single salary points. Pay awards are negotiated with our recognised trade unions and cover all aspects of remuneration and terms and conditions.

As part of our ongoing commitment to put equal pay into practice we will:
- continue to be living wage employer
- examine and keep under review existing and future pay practices including continuing to use an objective job evaluation system as detailed above
- carry out regular monitoring of the impact of the organisation's pay practices
- provide guidance for managers directly involved in decisions relating to remuneration
- continue to work in partnership with our recognised unions on all aspects of remuneration and terms and conditions.

We will also continue to work with through the Equally Safe at Work employer accredited programme to help us improve our employment practices to advance gender equality.

Year	Mean BAME* Hourly Rate	Mean White Hourly Rate	Mean Ethnicity Pay Gap
2023	21.7	24.1	10%
2024	23.94	26.54	9.8%

Year	Median BAME* Hourly Rate	Median White Hourly Rate	Median Ethnicity Pay Gap
2023	23.12	24.1	4.1%
2024	25.14	26.16	3.9%

The 2024 **median figure shows a 3.9% pay gap**, marking an increase from our previous report, where no pay gap was recorded. Similarly, the **mean figure now indicates a 9.8% pay gap**, a notable change from our last report, when employees from Black, Asian, and Minority Ethnic (BAME*) backgrounds were, on average, paid 5.24% more than White employees. It is important to remain mindful of these changes, as they may be influenced by the small numbers.

Action plan:
We will continue to gather and analyse our data to identify any fluctuations, and this will be used to inform our decision making.

As outlined above, we will develop a plan to take an intersectional approach, for example break down pay gap data by age, ethnicity, and disability.

Year	Mean Disabled Hourly Rate	Mean Non-Disabled Hourly Rate	Mean Disability Pay Gap
2023	23.95	24.1	**0.6%**
2024	23.95	25.42	**5.8%**

Year	Median Disabled Hourly Rate	Median Non-Disabled Hourly Rate	Median Disability Pay Gap
2023	23.95	24.25	**1.2**
2024	28.5	27.5	**-3.6%**

The 2024 **median figure indicates no disability pay gap**, consistent with our previous report. The **mean figure, however, shows a 5.8% disability pay gap**, representing a decrease of 1.51% since our last reporting period.

Action plan:
The first point of action must be to make sure that our data is accurate so that we know for definite whether any gap is skewed due to under reporting. We will continue to communicate with staff to encourage them to complete this data so that we are working with accurate information.

As outlined above, we will develop a plan to take an intersectional approach, for example break down pay gap data by age, ethnicity, and disability.

14.Occupational segregation

Paygrade	Role descriptors
1-3	Modern Apprentice and Clerical/ Administrative
4-6	Technical and Junior Management
7-8	Specialist and Middle Management
Inspector	Regulated Care Inspectors
CS1+	Strategic Inspectors, Senior Leadership, Executive Directors, and Chief Executive

Horizontal segregation refers to the clustering of men and women into distinct types of work, for example, different roles. It occurs when members of one group are typically employed in distinct types of job than members of another.

Vertical segregation refers to the clustering of people into diverse levels of work, for example, more men working as senior managers, and more women working in the lowest grades. Vertical segregation within an occupation occurs when members of one group (for example, men) are typically employed at a higher level than members of another.

Gender Occupational Segregation										
	2023					2024				
Paygrade	1 to 3	4 to 6	7 to 8	Inspector	CS1+	1 to 3	4 to 6	7 to 8	Inspector	CS1+
Female	101	63	62	259	38	90	71	65	269	39
Male	14	17	20	41	27	12	23	17	36	31

In 2023 and 2024, the majority of women in our workforce are employed in Inspector, Grades 7-8, and CS1+ roles. This reflects the composition of our inspection workforce, which aligns with our core function as a scrutiny and quality improvement body.

This marks a shift from our previous reporting period, where most female staff were employed in Grades 1-3, typically associated with clerical and administrative, corporate, and customer service roles. However, this change aligns more closely with the trends observed in prior reporting years, reflecting a return to a broader, more representative workforce distribution.

When we compare percentages of women and men in the different grades, we see the following:

- Grades 1- 3, 88% of women compared to 12% of males.
- Grades 4-6, 76% of women compared to 24% of males.
- Grades 7-8, 79% of women compared to 21% of males.
- Inspector, 88% of women compared to 12% of males.
- Grades CS1+, 56% of women compared to 44% of males.

We therefore do not see any clustering of men and women into distinct types of work or different roles, but this could be due to our workforce profile. **81.87%% are women, 18.22% are men**. We want to explore further if there is a 'second glass ceiling' for women in grades 1-3. We will find out more through the surveys and focus groups planned during February and March 2025.

There has been an increase in men in our CS1 grades which are our senior leadership roles. Women are decision makers in our organisation. Our Chief Executive is a woman. Although, it is notable that despite employing less men than women 44% of CS1 management and leadership roles are men.

Race Occupational Segregation										
	2023					2024				
Paygrade	**1 to 3**	**4 to 6**	**7 to 8**	**Inspector**	**CS1+**	**1 to 3**	**4 to 6**	**7 to 8**	**Inspector**	**CS1+**
African, African Scottish or African British	*	0	0	*	0	*	*	0	0	0
Any mix of multiple ethnic groups	*	0	0	*	*	*	*	0	*	*
Asian, Asian Scottish or Asian British	0	0	*	0	0	0	0	0	0	0
Caribbean or Black	0	0	0	0	*	0	0	0	*	0
Other ethnic group	0	0	0	*	0	0	*	0	*	0
Prefer not to say	*	0	*	*	0	*	*	*	*	*
Unknown	42	34	39	52	24	26	45	27	49	25
White	71	46	42	245	38	72	42	53	252	41

Low numbers of employees from minority ethnic communities are reflected across all pay grades and are employed in a number of different jobs including the higher paying grades of 7 to 8 and CS1 and above. We will continue to monitor the data as our numbers are small and it is important to quickly identify and changes.

Disability Occupational Segregation										
	2023					**2024**				
Paygrade	**1 to 3**	**4 to 6**	**7 to 8**	**Inspector**	**CS1+**	**1 to 3**	**4 to 6**	**7 to 8**	**Inspector**	**CS1+**
Don't know	*	*	0	0	0	*	*	0	0	0
No	65	21	22	225	27	61	35	51	174	39
Prefer not to say	*	*	*	*	*	*	*	*	*	*
Unknown	26	34	44	49	27	21	36	18	75	19
Yes	19	21	11	21	*	13	13	10	52	*

Disabled employees are employed in a wide range of roles, with the majority now working in grades 7 to 8 or higher. This marks a shift from our last report in 2023, where most were working in grades 1 to 3. The current distribution aligns more closely with patterns observed in previous reporting years.

15. Equal pay statement

The Care Inspectorate is committed to ensuring equal pay. We use a single job evaluation scheme to measure the relative value of all jobs in our pay and grading structure within an overall framework that is consistent, transparent, and fair. We reviewed our equal pay statement (<mark>insert link when available</mark>) in 2025.

Our equal pay objectives are set out below.
- We are committed to providing and promoting equal opportunities for all employees, regardless of sex, race, religion or belief, age, marriage and civil partnership, pregnancy and maternity, sexual orientation, gender reassignment or disability.
- All employees receive equal pay for work of equal value.
- Pay and reward systems are transparent, based on objective criteria and free from bias in relation to all aspects of equalities.
- We work with our recognised trade unions to ensure equality within our reward system.
- We regularly review our pay and reward system to eliminate any discrimination.
- Details of any complaints regarding equal pay will be retained confidentially for monitoring purposes.

16. Board equality information

Our Board consists of **14** members, with at least two individuals who have lived experience of care or are carers themselves. Their unique insights and perspectives are invaluable in shaping our work and driving meaningful progress. Additionally, two board members represent external organisations, Health Improvement Scotland and the Scottish Social Services Council bringing further expertise to our governance. We account for all board members in alignment with the Gender Representation on Public Boards (Scotland) Act, and currently, **57%** of our Board members are female.

Title:	**PLANNING FOR BOARD DEVELOPMENT EVENT PROGRAMME 2025/26**
Author:	Fiona McKeand, Executive and Committee Support Manager
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate and Customer Services
Appendices:	1. Draft Board Development Event Programme 2025/26
Consultation:	Listed topics received through email correspondence from Chair, Chief Executive, Executive Directors and some carried over from 2024/25 programme
Resource Implications:	None

EXECUTIVE SUMMARY
At the Board Development Event (BDE) held on 26 January 2023, the Board agreed to the hybrid option of four BDEs per year, i.e. two to be held on the afternoon of a Board meeting, and two to be stand-alone full-day sessions. This report presents the Board with a proposed schedule of BDEs during the 2025/26 cycle, including a provisional date for a Board Strategic Event in the autumn. It should be noted that, under item 9 of this Board agenda, a timeline has been set out for development of the Corporate Plan, which includes a Board Strategic Event on the afternoon of 19 March 2025. If agreed, this will be included in the current (2024/25) BDE cycle, along with the joint Care Inspectorate/Scottish Social Services Council BDE being held on morning of the same date.

The Board is invited:	
1.	To note the confirmed dates and to agree the provisional dates.
2.	To note the list of topics already requested.
3.	To provide information on any other topics that members feel should be added.
4.	In discussion with the Executive Team, to provide feedback on prioritisation of topics.

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

Equality Impact Assessment		
Yes ☐	**Not Yet** ☐	**No** ☒ Reason: This is not a change to policy or process.

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

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

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

Agenda item 19
Report No: B-50-2024/25

PLANNING FOR BOARD DEVELOPMENT EVENT PROGRAMME 2025/26

1.0   BACKGROUND

At the Board Development Event held on 26 January 2023, the Board agreed to the hybrid option of four BDEs per year, ie two to be held on the afternoon of a Board meeting, and two to be stand-alone full-day sessions. Therefore, the breakdown of sessional hours would be:

- **2 hours per half day session x 2 (4 hours).** This allows for a 30 minute lunch break after Board meetings (which run until 1.00 pm) and finishing by 3.30 pm. The two half-day sessions have been confirmed as 5 June 2025 and 26 March 2026.

- **4.5 hours per full day session x 2 (9 hours).** This assumes a 10.30 am start, finishing by 3.30 pm, with a 30 minute break for lunch. One date for the first of these full day sessions has been confirmed as 26 April 2025 another is on hold – 22 January 2026.

2.0   DRAFT BDE PROGRAMME FOR 2025/26 AND PRIORITISATION OF TOPICS

Appendix 1 lists the areas that the Chair and Board members have indicated would be helpful as part of their learning and development. Some of these topics have been carried over from the 2024/25 cycle.

When considering the content and scope of the sessions and the timing of these around other key dates/milestones, it would be helpful to have an indication of how these subjects might be prioritised. With the current exception of one of the topics, it is anticipated that most of the sessions will be delivered "in-house" by Care Inspectorate colleagues. Therefore, when considering the allocation of topics to specific dates, staff availability will need to be factored in.

3.0   BOARD STRATEGIC EVENT 2025/26

A Board Strategic Event has normally been scheduled for the autumn in each year and a holding date of 23 October 2025 has been added to calendars, subject to agreement.

4.0   IMPLICATIONS AND/OR DIRECT BENEFITS

4.1   Resources

No additional resources are anticipated for Board Development Events, as the delivery of the topics will mainly be provided by Care Inspectorate colleagues and within the Board meeting room at Compass House.

4.2   Sustainability

Not applicable.

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

Board Development Events are aimed at supporting members in their professional learning and development, ensuring that the Board is knowledgeable and competent in its governance of the organisation, thereby providing assurance to people who experience care that there is robust and independent scrutiny and improvement of social care and social work in Scotland.

4.4   Customers (Internal and/or External)

These development sessions are designed to be a positive experience for Board members and feedback from members will be sought after each event.

The Events augment the overall learning and development offer to Board members which has recently been extended through the development of a Board members area on LMS, opening up training modules via the NES portal.

5.0   CONCLUSIONS/NEXT STEPS

The Board is invited to note the confirmed dates and the list of subjects received so far. Further discussion is invited on any other relevant topics and agreement of the provisional dates, including that of the Board Strategic Event.

DRAFT BOARD DEVELOPMENT PROGRAMME 2025/26

Topics requested
• National Hub for Reviewing and Learning from the Deaths of Children and Young People In Scotland *(postponed from 23 Jan 2025)*   • ELC Shared Framework *(postponed from 14 Nov 2024)*   • Children Leaving Settings Unnoticed   • Equality and Diversity (with input from former Board member, Gavin Dayer)   • Whistleblowing (internal/external) and role of the Board Champion   • Corporate Parenting Workshop – (facilitated by Who Cares? Scotland, aiming to build the capacity and capability of senior leaders to better understand their role as Corporate Parents)   • Organisation values and culture and how these would apply to the Board (feedback at Board meeting held in November)
Regular items taken as part of BDE programme
• Annual Review of Strategic Risk Register *(normally same date of first meeting of new Board cycle, therefore suggest **5 June 2025**)*   • Board Governance Effectiveness Assessment *(taken in October last year, could be added to Board Strategic Event – see below)*
Annual Board Strategic Event
• Topic(s) to be agreed

BDE DATES 2025/26	Confirmed or Provisional?
24 April - full day	Confirmed
5 June - half-day, following Public Board	Confirmed
22 January 2026 - full day	Provisional – in calendars
26 March 2026 - half-day, following Public Board	Confirmed
BSE DATE 2025/26	
23 October 2025	Provisional - in calendars

BOARD MEETING 13 FEBRUARY 2025

Agenda item 20
Report No: B-51-2024/25

Title:	**STRATEGIC RISK REGISTER MONITORING REPORT**
Author:	Kenny Dick, Head of Finance & Corporate Governance
Responsible Officer:	Kenny Dick, Head of Finance & Corporate Governance
Responsible Director:	Jackie Mackenzie, Executive Director Corporate 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 19 December 2024.

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

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

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

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

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

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

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

BOARD MEETING 13 FEBRUARY 2025

Agenda item 20
Report No: B-51-2024/25

STRATEGIC RISK REGISTER MONITORING REPORT

1.0 INTRODUCTION / BACKGROUND

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

2.0 2024/25 STRATEGIC RISK REGISTER

2.1 Strategic Risk 1 - Financial Sustainability (our continuing ability to fund our core activities)

Risk Owner – Executive Director CCS

The residual risk score has been reduced to 8 (medium) from 16 (high).

This is due to the Scottish Government budget announcement on 4 December. The Care Inspectorate has been allocated sufficient funding to address our structural budget deficit. There is also funding to commence increasing our assurance and improvement resource to levels more in line with our determined requirements. We will continue to work with Sponsor and Health Finance to work towards increasing our assurance and improvement resource over 2025/26 and 2026/27.

This risk is now at its target level.

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

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

This risk exceeds its target level and has now done so for 12 months. There is a close relationship between Strategic Risk 1 (Financial Sustainability) above and this workforce capacity risk.

Although the financial sustainability risk has reduced, we now have to plan recruitment and retention within the context of the improved financial position.

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

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

This risk has been above its target and tolerance level for 39 months.

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

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

This risk has been above its target and tolerance level for 23 months.

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

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

The work associated with Operation Koper has reduced recently but the risk score has not reduced until it is clearer what the next steps will be.

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

3.0 **RESIDUAL RISK TOLERANCE RATING**

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

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

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

4.0 **IMPLICATIONS AND/OR DIRECT BENEFITS**

4.1 **Resources**

There are no resource implications associated with this report.

4.2 **Sustainability**

There are no sustainability implications associated with this report.

4.3 **Policy**

There are no policy implications associated with this report.

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

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

4.5   Customers (Internal and/or External)

There are no direct customer implications or benefits.

5.0   CONCLUSIONS/NEXT STEPS

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

SUMMARY STRATEGIC RISK REGISTER: 2024/25 (as at 13 February 2025)

No.	Risk Area	Corporate Plan	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Initial Residual Grade	Current Residual Grade
1	Financial Sustainability	SO 1,2,3,4	EDCS	16	High	8	Medium	Medium
2	Workforce Capacity	SO 4	EDCS	16	High	12	Medium	High
3	ICT Data Access & Cyber Security	Digital Trans	EDD&D	20	Very High	12	High	High
4	Legacy Business Applications	Digital Trans	EDD&D	25	Very High	15	High	High
5	Capacity Diverted to Inquiries / Operation Koper	SO 4	EDsA&I (adult & children)	20	Very High	15	High	High

SCORING GRID

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

IMPACT

Black = Very High

Red = High

Amber = Medium

Green = Low

White = Very Low

Lead Officers

CE	Chief Executive
EDsS&I	Executive Directors Scrutiny and Improvement
EDCS	Executive Director Corporate Services
EDD&D	Executive Director Digital and Data

Strategic Risk Register Monitoring

Date	Board Meeting 13 February 2025														

Risk		Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Movement	Key Controls	Further Actions	Risk Appetite / Target / Tolerance	Risk Owner
1	**Financial Sustainability (our continuing ability to fund our core activities)** **What is the Potential Situation?** Funding level fails to increase in line with inflation, external cost pressures and additional demands **What could cause this to arise?** Inability to influence and agree sufficient funding with the Scottish Government; financial planning not aligned to corporate, operational & workforce plans, unexpected additional or changes to demands; insufficient data or information to accurately cost activities; potential costs arising from Covid 19 public inquiry; inflationary pressures. **What would the consequences be?** Resulting in adverse impact on our ability to deliver the scrutiny and assurance plan (reduced number of inspections, increasing periods between scrutiny interventions, delays to registration and complaints activity), reputational damage, reduced confidence in care and protection arrangements, reduced future funding, reduced ability to influence change and policy development.	4	4	16	H	2	4	8	M	Med	⬇	In Place: i. Medium term budget and financial strategy are regularly reviewed ii. Monthly budget monitoring. This includes specific monitoring of the Stage 2 Transformation project budget. iii. Positive working relationships maintained with SG iv. Regular liaison meetings with SG Health Finance v. Ongoing review and development of savings and income generation options vi. Digital Transformation Stage 2 budget monitoring reported to Board	Further Actions i. Early consideration of National Care Service financial implications following any announcement by SG ii. Continued engagement with Sponsor & Health Finance as we are taking a phased approach over 2025/26 and 2026/27	Appetite: cautious Target: medium Tolerance: high Risk now at target level Rating: Green Response: Accept	EDCS
2	**Workforce Capacity** **What is the Potential Situation?** We are required to curtail our activities to prioritise areas we identify as highest risk due to a lack of workforce capacity. **What could cause this to arise?** We do not have an effective strategic workforce plan to support the delivery of our corporate plan objectives; we do not have effective workforce planning at directorate and team level; there is ineffective monitoring of workload and capacity; we fail to recruit and retain staff in sufficient numbers and with the required skillset, we have an inefficient organisation structure and/or job design; there are ineffective staff learning and development plans; our reward offer is uncompetitive; our HR policies are ineffective or inappropriately applied, we have high levels of unplanned absence; we do not adequately address the aging demographic of a significant element of our workforce; the public enquiry process or supporting Operation Koper diverts resources from our intended activities. Our funding is insufficient to deliver the workforce capacity we need. **What would the consequences be?** • Inability to provide the desired level of scrutiny, assurance and improvement support	4	4	16	H	4	3	12	H	High	⬌	In Place: i. Strategic workforce plan ii. Workload and capacity monitoring iii. Staff learning and development plan iv. LEAD process v. Recognised job evaluation system vi. Regular salary benchmarking vii. Partnership working agreement viii. Strategic Workforce Plan 2023 -26 and associated action plan agreed by Board	Further Actions: i. Develop succession planning ii. Strengthen use of risk and intelligence iii. Pay and grading review incorporated into 2025/26 pay remit iv. Inspector Resource models 23/24 review based on 23/24 time recording and service profiles v. SQIAG developing holistic performance and resources monitoring	Appetite: cautious Target: medium Tolerance: medium Above target and tolerance level for 12 months Rating: Red Response: Treat	EDCS

											In Place / Further Actions			

| | • Inability to deliver good governance and provide reliable internal corporate services to support the efficient and effective running of the organisation
• Reduction in the quality of care and protection for vulnerable people across Scotland
• Reputational damage with reduced public and political confidence
• Possible reduced SG funding
• Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation
• Significant delays for new services applying to register becoming operational (may become a barrier to registering new services)
• Extended periods of time between planned inspections reducing scrutiny and assurance effectiveness and reducing the credibility and reliability of our grading system
• Inability to investigate and deal with complaints within a reasonable timescale placing people who use care services at greater risk. | | | | | | 🟥 | | | ↔ | ix. Biennial staff survey with PULSE surveys in between
x. Dedicated recruitment team
xi. Sponsor have awareness of the impact of inquiry workload demands | approach across our scrutiny, assurance and quality improvement functions | | |
| 3 | **IT Data Access & Cyber Security**
What is the Potential Situation?
Our systems or data are compromised due to cyber security attack.

What could cause this to arise?
Low overall maturity in security policy, procedure and controls. Lack of security awareness training, failure to invest in the controls and infrastructure to limit, detect and respond quickly to threats.

What would the consequences be?
Serious disruption to business and operational activities, we are held to ransom or face significant fines, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud, additional scrutiny overhead. | 5 | 4 | 20 | VH | 3 | 4 | 12 | H | High | ↔ | In Place:
i. IT security compliance monitoring and reporting to evidence the controls.
ii. IT staff trained on security products in use, with dedicated security resource to develop plans
iii. Active security controls aligned with NCSC guidelines Disaster Recovery plans in place to support data and system recovery
iv. Cyber Security assessments (including Cyber Essentials+) maintained annually
v. Routine security testing of internal and externally facing systems
vi. Cyber Security Maturity baselined to a Defined level, with an improvement plan to develop towards a Managed state
vii. Information Security and Governance Working Group to support org-wide security consultation
viii. Regular updates to Leadership teams and the ARC to provide assurance on Cyber Security improvements
ix. Security awareness, engagement and training plans operate continuously across | Further Actions:
i. Phase 2 of the Cyber Security improvement plan, to develop security maturity towards a Managed state in 2025.
ii. Develop IT staff cyber security awareness and technical training
iii. Develop additional security controls and reporting capabilities
iv. Managers versed on supporting a security incident response.
v. Implement an Information Security Management System to evidence that all policy and controls in place are being actively managed.
vi. Establish formal Security Objectives, Roles and Responsibilities across the wider organisation
vii. Projects established to improve Cyber Security of existing Cloud | Appetite: cautious
Target: 🟩 low
Tolerance: 🟧 medium

Has exceeded tolerance for 39 months. The Residual Risk Score is expected to reduce across 24/25 once the ISMS is in place and the improvement project can evidence the target state of Managed for Cyber Security Maturity and custom bespoke applications are removed from the estate.

Rating: 🟥 Red

Response: Treat | EDDD |

No	Risk											In Place / Controls	Further Actions	Appetite / Rating	Owner
												the year, with KPI compliance tracked. x. A Managed Detection and Response service with 3rd party security partners, to support early detection. xiv. Cyber Champion role sponsorship for Cyber initiatives at Board level. xi. Application infrastructure maintained to a supportable state. xii. Cyber Security Strategy developed to support the creation of an Information Security Management System.	infrastructure. viii. Divest of custom bespoke applications.		
4	**Legacy Business Applications** **What is the Potential Situation?** Legacy business systems are inefficient, ineffective and no longer financially and technically viable or sustainable. The domain knowledge of the bespoke code and database constructs are known to a very limited number of staff members. There is limited supporting documentation, low maturity of coding standards, limited capacity and scope for extensibility, and low confidence in the legacy business system platforms as being suitable for the current or future needs of the organisation. The legacy business system platform presents a single point of failure for supporting business operations that are critical to the remit and function of the organisation. The Stage 2 Transformation Business Case was submitted to Scottish Government to secure funding to enable the digital transformation of the scrutiny, assurance and improvement business processes, including replacing the inflexible, outdated technologies with digital services. The business case is essential to fulfilling the objectives in the Corporate Plan. The risk is that the legacy systems fail prior to the replacement system being in place and the incumbent team are unable restore the system to support continuity of business operations. **What could cause this to arise?** Loss of key personnel, and domain knowledge that is critical to maintaining continuity of service that are dependent upon legacy systems. **What would the consequences be?** • Ever increasing likelihood of service outage, degradation, and unresolved errors, resulting in information becoming inaccessible or inaccurate. • Legacy applications cannot be enhanced to meet internal and external stakeholder needs. • No capability to support NCS and evolving needs of government and partner organisations. • Unable to meet statutory requirements and to produce accurate reports on time. • Staff resort to cumbersome and inefficient workarounds, decreasing efficiency and increasing operational costs. This could result in missed reporting deadlines, staff frustration, provider frustration and ultimately reputational risk.	5	5	25	H	3	5	15	H	Med	⬌	In Place: i. Secondary RMS Platform for DR and Security Testing ii. RMS platform upgraded to a new cloud platform iii. 3rd party managed service contract in place to provide additional capacity and reduce the dependency on incumbent resource.	Further Actions: i. Provide a capability to provide access to data if legacy systems fail ii. Define procedures for the recovery of the legacy systems iii. Enhance legacy system testing. iv. Develop DR capability with 3rd party partners. v. Develop changes to bespoke system with new managed service partner, to support knowledge transfer and demonstrate a reduced dependency. Note: Mitigations require on-going substantial investment to contain the operational risk	Appetite: Cautious Target: Low Tolerance: Low Above target and tolerance level for 23 months. Risk profile is expected to reduce when there is evidence that the 3rd party support partner is able to provide support for issues and changes, via the new managed service arrangement, or the legacy system is replaced. Rating: Red Response: Treat	EDDD

												In Place:	Further Actions:		
	• Increasing operational costs required to maintain a basic level of service.														
5	**Capacity Diverted to Inquiries and Operation Koper** **What is the Potential Situation?** Our staff are required to devote a significant proportion of their available capacity towards responding effectively to the demands of Operation Koper, the UK Covid Inquiry, the Scottish Covid Inquiry and the Historical Abuse Inquiry. This is at the expense of our core scrutiny and quality improvement work. **What could cause this to arise?** The Inquiries and Operation Koper are important and in order to make an effective, timely and competent contribution significant time is required of our Inspectors, Team Managers, Service Managers, Chief Inspectors, our legal team, Improvement Advisers, business support and the Executive Director of Scrutiny and Assurance to provide the information demanded, prepare witness statements and otherwise support the demands of the inquiries / Koper. This is at a point in time when our workforce capacity is already under pressure. **What would the consequences be?** 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	5	4	20	VH	5	3	15	H	High	⬌	In Place: i. Modelled time commitment for Operation Koper activity ii. Sponsor informed of this risk iii. Staff involved recording time spent on Inquiry / Koper work iv. Close monitoring of highest priority / risk scrutiny activity to ensure still undertaken	Further Actions: i. Improve our ability to report on impact on planned scrutiny activity ii.	Appetite: cautious Target: medium Tolerance: medium Above target and tolerance level for 10 months Rating: Red Response: Treat	EDAI (ad) EDAI (ch)

BOARD

Schedule of Business 2024/25

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

Agenda item 21

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

Agenda item 21

BUSINESS TOPIC	9 May 2024	15 Aug 2024	14 Nov 2024	13 Feb 2025	27 Mar 2025 (Budget Only)
OPERATIONAL ITEMS					
HR Quarterly Update report	Q4/Annual	Q1			
Board and Committee Cycle 2025/26: meeting dates			✓		
Planning for BDE Programme 2025-26				✓	
Direct Debit Transfer of Sponsorship (taken under AOCB)				✓	
Estates Update Report (Annual - to first meeting of cycle w.e.f 2024/25)	✓				
Update on Significant Organisational Restructures *(when required)* * Model Of Operation – Final Proposed Structure (Human Engine)			✓		
Approval of Pay Remit for submission to Scottish Government **(tbc)**					
Approval of Compensation Payments *(when required)*					
STANDING ITEMS					
Strategic Risk Register Monitoring	✓	✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	
PRIVATE AND CONFIDENTIAL ITEMS					
Updated Scrutiny and Assurance Plan 2024/25	✓				
Scrutiny and Assurance Plan 2025-26 *(see also page 1)*				✓	
Model Of Operation – Update Of Approach, Progress And Next Steps		✓ (private meeting)			
Annual Report and Accounts - Audit and Risk Committee Annual Report - Draft Annual Report and Accounts 2023/24 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit - Letter of Representation			✓		

BUSINESS TOPIC	9 May 2024	15 Aug 2024	14 Nov 2024	13 Feb 2025	27 Mar 2025 (Budget Only)
Update on Significant Organisational Restructures *(when required)* • Proposed Model of Operation			✓ ✓		

BOARD MEETING 13 FEBRUARY 2025

Agenda item 22.1
Report No: B-52-2024/25

Title:	**DIRECT DEBIT TRANSFER OF SPONSORSHIP**
Author:	Gillian Berry, Finance and Procurement Manager
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate Services
Appendices:	None
Consultation:	No consultation has been required.
Resource Implications:	No

EXECUTIVE SUMMARY
The Care Inspectorate's income collection service by direct debit is currently sponsored by Santander. This is a commercial bank, and we are in the process of transferring this sponsorship to Natwest, the Government banking service. This makes sure all the cash balances are held within the Governments banking service. This process requires a new direct debit application, which needs to be signed off by the Chair, and that the approval for this is recorded in a minute of the meeting. The Board is requested to approve the application for the transfer of Sponsorship, and if approved, the application will be sent to the Chair for approval.

The Board is invited to:	
1.	Consider and approve the direct debit application process for the transfer of Sponsorship to the Government banking service.

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

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

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

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

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