



A Meeting of the Care Inspectorate Board is to take place at **10.30 am on Thursday 25 March 2021**.

In light of the guidance about minimising social contact issued by the Scottish Government in relation to Covid-19, the meeting will be held remotely by video-link. Arrangements are in place to enable members of the public to attend the meeting by this method and a public notice has been placed on the Care Inspectorate website.

AGENDA

PUBLIC SESSION

- | | |
|----|-------------------------------------------------------------------------|
| 1. | Welcome and Introductions |
| 2. | Apologies |
| 3. | Declarations of Interest |
| 4. | Minute of Board meeting held on 21 January 2021 (paper attached) |
| 5. | Action Record of Board meeting held on 21 January 2021 (paper attached) |
| 6. | Matters Arising |
| 7. | Chair's Report – B-01-2021 |
| 8. | Chief Executive's Report – B-02-2021 |

STRATEGY AND POLICY

- | | |
|-----|----------------------------------------------------------------------------------------|
| 9. | Draft Budget 2021/22 and Indicative Budgets 2022/23 and 2023/24 – Report No: B-03-2021 |
| 10. | Regulation of Child Contact Centres – Report No: B-04-2021 |

MONITORING AND GOVERNANCE

- | | |
|-----|------------------------------------------------------------------------|
| 11. | Monitoring our Performance: Quarter 3 2020/21 – Report No: B-05-2021 |
| 12. | Corporate Parenting Report and Action Plan – Report No: B-06-2021 |
| 13. | Equality Duty Reporting: Annual Progress Report – Report No: B-07-2021 |

14.	Budget Monitoring – Report No: B-08-2021
15.	Report of Audit and Risk Committee Meeting held 4 March 2021 (paper attached)
16.	Annual Review of Care Inspectorate Financial Regulations – Report No: B-09-2021
	OPERATIONAL
17.	Shared Service Update: Member Officer Working Group – Report No: B-10-2021
	STANDING ITEMS
18.	Identification of Risk
19.	Board Schedule of Business 2021/22 (paper attached)
20.	Any Other Competent Business
21.	Close of Public Meeting and Date of Next Meeting: Thursday 18 June 2021 at 10.30 am by Teams video-call.
	BREAK FOR LUNCH
	PRIVATE ITEMS <i>To be taken in a private meeting of Board members, Senior Leadership Team, and identified officers, commencing at 2.00 pm</i>
22.	Update on Staffing and Recruitment – Report No: B-11-2021
23.	Close of private meeting



BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments
Actions from 21 January 2021					
7.0	CHIEF EXECUTIVE'S REPORT	Adult Social Care Review - a special Board session to be arranged to consider the review report as quickly as possible following its release.	ECSM	Immediate	Session held with Chair of Review, D Feeley, as part of BDE on 11.2.21 Completed

CE: Chief Executive
 EDSI-DCE: Executive Director of Strategy and Improvement & Deputy Chief Executive
 EDSA: Executive Director of Scrutiny and Assurance
 EDCCS: Executive Director of Corporate and Customer Services
 iEDITD: Interim Executive Director of IT and Digital Transformation
 HFCG: Head of Finance and Corporate Governance
 ECSM: Executive and Committee Support Manager
 HLS: Head of Legal Services



Title:	CHAIR'S REPORT
Author:	<i>Paul Edie, Chair</i>
Appendices:	None
Consultation:	N/A
Resource Implications:	None

EXECUTIVE SUMMARY

This report highlights some of the Chair's activities since the Board held its last routine meeting on 17 December 2020.

The Board is invited to:

- Note the information contained in this report.

Links:	Corporate Plan Outcome/Principle		Risk Register - Y/N	N	Equality Impact Assessment - Y/N	N
For Noting	X	For Discussion		For Assurance		For Decision

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

- Matters relating to named care service providers or local authorities.
- 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.
- Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
- Matters involving commercial confidentiality.
- Matters involving issues of financial sensitivity or confidentiality.
- 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.
- Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

CHAIR'S REPORT**1.0 INTRODUCTION**

This report summarises some of my activities over the last few weeks since the Board held its last routine meeting on 17 December 2020.

2.0 WELCOME

A warm welcome to our first Chief Nursing Officer, Jane Douglas, who joined us at the beginning of March. Jane has a distinguished career in nursing within the social care sector and I am sure will bring a lot of insight to her new role.

3.0 MEETING OF SCOTTISH SOCIAL SERVICES COUNCIL (SSSC) – 18 DECEMBER 2020

This meeting was to discuss the SSSC staff survey.

4.0 SSSC COUNCIL MEMBERS AND MANAGEMENT TEAM AWAY DAY – 14 JANUARY 2021

The session discussed governance. Though billed as an away day clearly current restrictions meant this was held over MS Teams.

5.0 MEETINGS WITH PUBLIC HEALTH MINISTER – 14 AND 28 JANUARY, 28 FEBRUARY AND 11 MARCH

These catch-up sessions involve various Chairs of NHS Non-territorial Board including our partners in Healthcare Improvement Scotland (HIS) as well as the Care Inspectorate and SSSC. At these meetings we briefed Mr Fitzpatrick and then subsequently Ms Gougeon about the issues surrounding the COVID-19 pandemic within our areas of operation.

6.0 NHS CHAIRS MEETING WITH CABINET SECRETARY – 18 JANUARY

Discussion largely surrounded the roll-out of the COVID-19 vaccination programme.

7.0 BRIEFING WITH CABINET SECRETARY JANUARY - 18 AND 5 MARCH

Since mid-2020 we have been briefing the Cabinet Secretary for Health, Wellbeing and Sport on a regular basis particularly around the incidence of COVID-19 within care services, especially care homes for older people.

8.0 HEALTHCARE IMPROVEMENT SCOTLAND (HIS) SEMINAR – 19 JANUARY

This seminar looked at strategic risk and remobilisation.

9.0 CARE INSPECTORATE BOARD AND DEVELOPMENT SESSION – 21 JANUARY

This session included presentations from Adult Services Teams and also on inspection planning.

10.0 JOINT SESSION WITH NHS CHAIRS AND CEOs – 25 JANUARY

This was a joint meeting between Chairs and CEOs with ministers and was mainly dominated by discussions surrounding COVID-19 and vaccine roll-out.

11.0 SINC MEETING – 29 JANUARY AND 1 MARCH

SINC is the European network of Social Care Regulators. Currently this group is chaired by our Chief Executive, Peter MacLeod, and discussions have been taking place surrounding linking up with the European Social Network, the umbrella group for bodies with an interest in Social Care in Europe.

12.0 NHS CHAIRS AND CEO MEETING WITH FIRST MINISTER – 3 FEBRUARY

This gathering was to discuss vaccine rollout within Health Boards.

13.0 CARE INSPECTORATE BOARD DEVELOPMENT EVENT - 11 FEBRUARY

At this event we were delighted to welcome Derek Feeley who spoke to us about his recently published report on the review of Adult Social Care. The review recommends setting up a National Care Service with the Care Inspectorate and SSSC coming under its wing. Clearly this has major implications for both Scottish Social Services Council and ourselves but also for our other main partners such as Healthcare Improvement Scotland.

The afternoon session involved a presentation on the use of Near Me technology in supporting our inspections.

14.0 SCOTTISH SOCIAL SERVICES COUNCIL MEETING – 18 FEBRUARY

This was the quarterly Council meeting.

15.0 HIS BOARD DISCUSSION ON THE FEELEY REPORT – 18 FEBRUARY

The Board and senior officers of HIS discussed the implications of the recent Review of Adult Social Care by Derek Feeley.

16.0 NHS CHAIRS MEETING WITH CABINET SECRETARY – 22 FEBRUARY

The regular meeting between Chairs of Boards and Minister once again was dominated by discussion of COVID.

17.0 CARE INSPECTORATE DEVELOPMENT SESSION – ANNUAL REVIEW OF STRATEGIC RISK REGISTER – 2 MARCH

The Board and Senior Leadership Team met to discuss strategic risks.

18.0 STRATEGIC SCRUTINY GROUP – 9 MARCH

The Strategic Scrutiny Group brings together various regulators and scrutiny bodies to discuss and plan strategic inspections.

19.0 SSSC DISCUSSION ON FEELEY REVIEW – 10 MARCH

SSSC Council members and Executive team discussed the implications of the recent review by Mr Feeley with the Scottish Government Social Work Advisor, Iona Colvin.

20.0 As well as these meetings, I also was a regular attendee at informal catch-up sessions with both SSSC and HIS non-executives to keep in touch with ongoing issues as they arose.



Title:	CHIEF EXECUTIVE'S REPORT
Author:	<i>Peter Macleod, Chief Executive</i>
Appendices:	None
Consultation:	Not applicable
Resource Implications:	None

EXECUTIVE SUMMARY	
This report provides the Board with an update on key developments since the Board meeting on 21 January 2021.	
The Board is invited to:	
1.	Note the information contained in this report

Links:	Corporate Plan Outcome	Y	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	N
For Noting	X	For Discussion		For Assurance		For Decision

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 Sensitivity:	N/A - This is a public Board report
Disclosure after:	N/A
Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
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g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

CHIEF EXECUTIVE'S REPORT

1.0 INTRODUCTION

This report updates the Board on some of the key activities of the Care Inspectorate since the Board meeting held on 21 January. The information relates to areas of partnership working, staff engagement, budget and transformation and policy and strategic development.

A number of my recent Chief Executive engagements are also outlined below. A greater number of these are now regular engagement meetings with a range of partners and stakeholders in order to review, plan and learn from our activities in relation to the COVID-19 pandemic. I welcome the support I receive from the Chair and senior officers at many of these discussions.

- 1.1 On the same day as the last Board meeting, I attended a five nations seminar attended by the Chief Executives of the British Isles and Ireland regulators along with respective government and administration officers. The seminar was the first of its kind and focussed on information sharing and communications, regulation, partner co-ordination and reflection on lessons learned. Such was the success of the event that a follow-up seminar is to be arranged in the coming months and the Board will be kept informed of developments.
- 1.2 Along with the Chair and senior colleagues, I have attended two update meetings with the Cabinet Secretary for Health and Sport as part of our briefings to the Scottish Government, the most recent being on 5 March 2021.
- 1.3 As the Chair has outlined in his own report, I am currently Chair of SINC, which met on 29 January 2021. At that meeting, a proposal to join the European Social Network was put forward and we are currently in the process of receiving member countries' views on this.
- 1.4 On 11 February 2021, I attended a meeting with Scottish Care to discuss "Building Better Care Homes".
- 1.5 The range of meetings I have attended since the beginning of this year have included the Mobilisation Recovery Group, discussions with OFSTED and the Chief Social Work Adviser in relation to cross-border childcare residential placements, the Care Home Working Group and COVID-19 Children and Families meetings.

2.0 COLLABORATION/PARTNERSHIP WORKING

2.1 Equity and Excellence Leads

In 2018 the Scottish Government committed to providing an additional graduate to nurseries in the most deprived areas of the country by August that year. This would be either a graduate practitioner with a relevant degree or a teacher with early years expertise. It was estimated at the time that 435 additional teachers or

graduates (now referred to as Equity & Excellence Leads) would be required to deliver the commitment - based on Care Inspectorate data, and the latest SIMD, showing nurseries located in the 20% most deprived postcode areas. During our inspections of ELC services in 2019/2020 we gathered evidence of the impact of this policy initiative on the experiences of children. From April 2019, we included a specific focus in our inspections of early learning and childcare to assess the extent to which Equity & Excellence Leads were leading pedagogical practice and improving outcomes for children. This accorded with Action 7 of 'A Blueprint for 2020: The Expansion of Early Learning and Childcare in Scotland Quality Action Plan'. We recently completed this previously paused work in respect of the focus area of Equity and Excellence Leads providing Scottish Government with a range of case studies to illustrate the impact they are making in the sector. Scottish Government colleagues will be producing a report from the data gathered by inspectors across the inspection year 2019/20 and this is due to be published before the parliamentary recess.

2.2 Childminders Overnight Provision

In collaboration with ELC teams, Registration teams have revised guidance for childminders on overnight provision. This guidance provides clear expectations for childminders to support them and provide safe and appropriate experiences.

2.3 Welfare Assessments Guidance

In my last report we noted work done by the Children and Young People's regulated service team in partnership with CELCIS and Clan Child Law to produce guidance on Welfare Assessments. The aim of this is promoting the rights of looked after young people who are entitled to continuing care. This quarter we delivered three webinars to support services in their understanding and application of the guidance. Again, this was done in partnership with CELCIS and Clan Child Law. Over 300 delegates attended, representing the majority of Local Authorities in Scotland, all of the major third sector providers and a large number of independent providers of services for young people. Also represented were housing associations, independent advocacy and legal services for children and young people and social work training organisations. This work is helping to strengthen and consolidate our role in ensuring that young people's rights are promoted and that they are being properly supported to access their legal entitlements.

2.4 Strategic Inspection Activity

Our Strategic scrutiny team leading on Justice concluded their inspection of justice services in Aberdeen City after an enforced hiatus due to the pandemic. We completed the inspection by engaging with staff and people who use services virtually and published our report on 23 February 2021.

Our Strategic scrutiny team leading on Adult Support and Protection has used available time in the inspection programme during the COVID-19 pandemic to work alongside our scrutiny partners, HMICS, Healthcare Improvement Scotland and delivery partners to develop a modified methodology which allows remote reviewing of case records on a multi-agency basis. The legal, technical and

information governance challenges were considerable and took significant effort, creativity and persistence to work through. The team successfully tested the revised approach by concluding scrutiny in Inverclyde which had been started just prior to the restrictions introduced in February 2020. As far we are aware, we are the first Inspectorate in the UK to have developed this approach and we are hopeful that its deployment will help to transform our inspection activity at strategic level across the range of programmes/care groups. The Adult Support and Protection inspections will resume from March 2021.

2.5 Operation Koper

'Operation Koper' is the name given to the Crown Office and Procurator Fiscal Service (COPFS) investigation into deaths due to COVID-19 in care homes in Scotland. Police Scotland carry out the investigations on behalf of COPFS. After preliminary discussions with COPFS and Police Scotland, we started sharing relevant information with Police Scotland in June 2020.

For each death Police Scotland send a request for information to us via a dedicated secure email address; each request is logged by a coordinator before being sent to a small team of business support colleagues who populate the 'template' with the relevant and agreed service and scrutiny information. The 'template' is signed off by Scrutiny and Assurance colleagues and the coordinator sends the completed 'template' back to Police Scotland. The Head of Risk and Intelligence coordinates the overall Care Inspectorate contribution to Operation Koper and liaises with Police Scotland.

Feedback from Police Scotland on the quality and assistance given by the Care Inspectorate to Operation Koper has been very positive.

2.6 Learning from Experience Framework

In May 2020, we were asked by the Cabinet Secretary, Jeane Freeman to consider how learning from the development and implementation of Healthcare Improvement Scotland's (HIS) Adverse Events Framework could support learning from events in care homes for older people. The Improvement Support team, in collaboration with Scrutiny and Assurance colleagues are currently undertaking a mapping exercise to understand what reporting is required by social care following an incident and what is available to support learning after an incident and detail whether there is a need/or not of a reporting framework and mechanism.

A report will be made available to the Scottish Government in April 2021 with the findings, outcomes, and recommendations for next steps in line with the project brief.

3.0 STAFF/PARTNERSHIP FORUM ENGAGEMENT

3.1 Staff Engagement

Regular Teams live events continue to be held with various groups of staff to provide key information in respect of any relevant recent developments.

New Scrutiny and Assurance teams have been created and will be implemented from 1 April 2021. Cross directorate working has been essential throughout this process to ensure all team moves resulting from restructuring, the creation of new teams arising from the additional team manager posts and the associated movement of work is completed across all relevant areas and that communication is provided to colleagues before April 2021.

3.2 Partnership Forum Engagement

Regular meetings are held with the partnership forum to discuss changes to work to support staff and address any issues collaboratively at an early stage.

4.0 BUDGET/TRANSFORMATION

4.1 Digital Programme and ICT updates

The Digital team has continued to work on the delivery of the Registration App and The Register. Over the last number of months, the focus has been on finishing the functionality and ensuring the right level of testing has been undertaken as well as working with the business to complete User Acceptance Testing and End to End Testing. It should be noted that the delivery team has worked in collaboration with NHS NES around the data migration element of this delivery.

The Registration & Register delivery team has undertaken the next Digital First delivery assessment (pre go live delivery check) and has been awarded an Amber/Green status. The report recognised the continual improvement seen by Digital First, but also highlighted several areas they would like to see us strengthen in our approach.

Work has started on the development of a Data Strategy for the organisation, and we expect this work to be complete by the end of April 2021, this is especially important as we move towards Stage 2 of transformational delivery. Work has continued on the Stage 2 Full Business Case in conjunction with CI partners. It is expected this work will be completed for review by the end of March 2021. April will be used to review the Full Business Case with a number of stakeholders (Sponsor, Digital First, etc) with it being shared with the Board in May 2021.

We have been carrying out an external security review, which will indicate our current level of maturity in this space. This report is due to be available to us in mid-March.

5.0 POLICY AND STRATEGIC DEVELOPMENT

5.1 Care Home Visiting

The Adults team has worked with Scottish Government to support the development and implementation of opening care homes to visiting. The Adults team has also put in place action to support services to develop visiting.

5.2 Oversight of Care at Home and Care Homes

The Chief Inspector (Adults) has been working with the Scottish Government's chief social work advisor and chief officers to discuss oversight arrangements across Scotland and develop these to provide oversight to care at home as well as care homes.

5.3 Infection Prevention and Control (IPC) manual for Care Homes

An Adults Service Manager has been a member of a national group responsible for developing the national IPC manual for care homes. We agreed the IPC addendum will be mandatory in Scotland and we have updated our guidance for Scrutiny and Assurance to take account of this. We have also ensured the IPC addendum has been shared with all care services.

5.4 Psychoactive Medicines Work

Scottish Government has made a request to us to study data on the use and review of psychoactive medications for people with dementia in care homes during the COVID-19 pandemic. The scope of the project will primarily include patterns of prescribing, use and review, and the sampling of pre and post COVID-19 activity to produce quantitative data. The Improvement Support team has developed a discussion paper that has been presented to Scottish Government to consider the scope, scale and resources required to undertake the data gathering. This could result in the Improvement Support team leading respective improvement work in this area.

5.5 Food and Fluid Webinar

One of our improvement advisers with expertise in nutrition, delivered a session to care home providers as part of a food and fluid webinar hosted by the National Association of Care Caterers (NACC) with guest speakers from across Scotland. This session highlighted good practice around food and fluid within the care home in relation to COVID-19 and any measures required.

5.6 COVID Flexible Response Team

The COVID flexible response team contributed to work led by Scottish Government on the development of a set of principles for use by nurse agencies on what they need to consider when placing a staff member in a service. The signed off principles will be shared nationally accompanied by a letter from the Cabinet Secretary.

5.7 Market Oversight

A joint piece of work between colleagues in the Strategy and Improvement and the ICT/Transformation directorates will take place to progress the development of a model for market oversight for the Care Inspectorate. A proof of concept is planned to begin in April/May 2021 working with a small number of provider organisations. This will involve using a subset of agreed data which will have strict parameters in order to produce dashboards and reports to present aggregated data on the social care market. The current plan is to utilise a number of data sources including our own 'complaints application'. If the data gathered is successful in assessing the health of the social care market it will

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then provide the basis to determine the next stage for us in developing a market oversight function, including resourcing and any potential legislative requirements. There will be a proof of concept report which will outline what has worked well, what requires to improve and next steps in the process.



Title:	2021/22 Draft Budget and Indicative Budgets 2022/23 and 2023/24				
Author:	Kenny Dick, Head of Finance & Corporate Governance				
Appendices:	1.	Draft 2021/22 Budget by Funding Stream			
	2.	Draft Detailed 2021/22 Budget			
	3.	Draft Establishment 2021/22			
	4.	Draft Capital Plan			
	5.	Indicative Budgets 2022/23 and 2023/24			
Consultation:					
Resource Implications:	Yes				
Executive Summary:					
<p>This report presents draft budget proposals for 2021/22 to the Board for approval and subsequent submission to the Sponsor Department.</p> <p>The draft 2021/22 budget shows a deficit of £0.739m on operating net expenditure. This deficit consists entirely of non-recurring costs and will be funded from the general reserve.</p> <p>This report also presents indicative budgets for the financial years 2022/23 and 2023/24.</p>					
It is recommended that the Board:					
1.	Agrees the draft 2021/22 budget				
2.	Agrees the draft 2021/22 Capital Plan (Appendix 4).				
3.	Agrees the fee rates to be charged to care service providers in 2021/22 are unchanged from 2020/21.				
4.	Notes the high-level projected budget position for 2022/23 and 2023/24				

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

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

Reason for Confidentiality/Private Report: None
(see Reasons for Exclusion)

Disclosure after: Not applicable

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Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
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2021/22 Draft Budget and Indicative Budgets 2022/23 and 2023/24**1.0 INTRODUCTION****1.1 Corporate Plan**

The budget proposals contained in this report have been developed to support the delivery of the Care Inspectorate Corporate Plan 2019 – 2022.

1.2 Background

1.2.1 The Care Inspectorate's new financial year commences on 1 April 2021 and there is a requirement to have in place an agreed budget before that date. This budget is then used as the basis for measuring financial performance throughout the year. The budget must be agreed by the Care Inspectorate Board and by the Sponsor Department for funding purposes.

1.2.2 The draft budget set out in this report is based on a core grant in aid allocation of £25.725m. This is £4.011m more than the amount provided for 2020/21. It is assumed fee rates remain unchanged. The budget also includes £2.323m of specific funding for delivering several different workstreams at the request of the Scottish Government.

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

2.0 DRAFT 2021/22 BUDGET COMPILATION

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

1. Core operating budget which is funded by recurring grant in aid and fees paid by care service providers.
2. Transformation and other non-recurring costs which is funded by drawing on our general reserve. There is sufficient budget available to allow transformation work to continue until 31 October 2021 as we await the outcome of the funding decision for our Transformation Stage 2 business case.
3. Budget funded by specific grant. A proportion of this may become recurring grant in the future but there is no agreement on this yet.

Appendix 1 summarises the draft 2021/22 budget across these three areas.

Appendix 2 compares the 2020/21 and draft 2021/22 detailed budgets showing variances between years in cash and percentage terms.

2.1 Staff Costs

2.1.1 Incremental Progression and Pay Award

The salary related budget is based on the following:

- The draft budget assumes the Scottish Government pay policy parameters for 2021/22 (as revised 8 March 2021) are applied i.e., a £800 pay uplift for staff earning under £25k, a 2% increase for staff on full time equivalent salaries between £25k and £40k, a 1% increase for staff earning between £40k and £80k and a cash increase of £800 for staff earning more than £80k per annum.
- All staff not at the top of their grade (and who perform satisfactorily) will progress by one incremental step with effect from 1 April 2021.

2.1.2 Employer's Pension

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

2.1.3 Employers' National Insurance and Apprentice Levy

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

The Apprentice Levy rate is unchanged from 2020/21.

2.1.4 Staff Costs Slippage

Staff cost slippage is a saving that arises through the normal turnover of staff i.e., the salary and on-cost saving associated with the delay between an employee leaving and the vacant post being filled. The draft budget adopts a slippage assumption of 3.50% (2020/21: 3.50%) for all staff excluding the Chief Executive and Directors where no slippage is assumed. This slippage is recognised in the detailed budget against the appropriate staff cost line.

2.1.5 Staff Establishment

Appendix 3 details the 2020/21 budgeted establishment and the establishment proposals used for the preparation of the 2021/22 base draft budget.

Included in the 2021/22 draft establishment are all agreed permanent posts and several temporary posts associated with transformation and specific grant related work or previously agreed temporary posts that extend into 2021/22.

The 2021/22 budget includes an additional £0.207m for the part year effect of the introduction of Subject Matter Experts.

Similarly, the 2021/22 budget includes an additional £0.300m for the full year effect of the introduction of a market oversight function part way through 2021. The specific posts, grades and roles of this function are still to be determined.

2.1.6 Other Staff Costs

The core budget has increased by £0.010m compared to 2020/21. This is due to an increase in recruitment costs associated with new market oversight and subject matter expert functions.

There is £0.025m of other staff costs included in Transformation and Non-Recurring Expenditure. This is a £0.414m reduction compared to 2020/21 due to the completion of stage 1 of the transformation programme in 2020/21.

2.2 Accommodation Costs

2.2.1 Rent and Rates

The rent and rates arrangements for Care Inspectorate properties have been analysed to set the 2021/22 rent and rates budget at £1.304m (2020/21: £1.307m).

2.2.2 Other Property Costs

The Other Property Costs budget is £1.223m (2020/21: £1.194m).

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

2.3 Administration Costs

2.3.1 This budget of £1.241m has increased by £0.131m compared to 2020/21.

This is due to:

- A £0.030m reduction in printing and stationery budget provision due to the increased use of digital solutions.
- Telephones budget provision of £0.190m has been transferred from ICT costs to better reflect the new telephony arrangements. This budget line also includes a saving of £0.030m on mobile telephone costs due to a new mobile telephony contract.
- Budget provision of £0.017m has been transferred from Administration costs to Supplies and Services because of realigning the Involvement budget.
- A review of the core professional fees budget has resulted in a reduction of £0.008m. This budget line includes £0.111m for Business Transformation professional fees.

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- Budget for document shredding has been transferred from Other Property costs to the Administration costs budget to better reflect the nature of this service.

2.4 Travel and Subsistence Costs

- 2.4.1** The budget for core travel and subsistence costs has been maintained at the same level as 2020/21. The 2020/21 travel budget included a challenging budget reduction of £0.250m. Actual expenditure on travel and subsistence for the whole of 2020/21 was significantly affected by COVID-19 19 restrictions and as a result it has not been possible to determine if the £0.250m saving is achievable.

There are travel and subsistence cost budgets of £0.020m and £0.106m respectively for Business Transformation and Expenditure Funded by Specific Grant.

2.5 Supplies & Services Costs

The Supplies & Services core budget has increased by £0.032m compared to 2020/21.

This is due to:

- £0.190m transferred from ICT costs to Administration costs (see 2.3.1)
- A review of ICT costs and the position of the digital transformation programme (including the continuing need to support legacy systems and infrastructure) has identified an increase of £0.239m on ICT costs is required.
- There are additional costs of £0.019m associated with our Information Governance software application.
- A realignment of the Involvement budget has added £0.017m to the supplies and services budget (see 2.3.1)
- A budget of £0.035m for a shared Senior HR Adviser post has been transferred from Supplies and Services to Staff costs.
- A new storage and archiving contract is expected to realise savings of £0.018m and the budget has been adjusted to reflect this.

The budget includes £0.060m for an information governance file indexation project delayed from 2020/21 in non-recurring costs and £0.078m for Expenditure Funded by Specific Grant.

2.6 Relevant Income**2.6.1 Shared Services Income**

Work is underway to agree revised Service Level Agreements (SLAs) with the SSSC and OSCR. The draft budget includes an increase of £0.010m in shared service income. This is mainly related to an adjustment to reflect the anticipated pay award for staff involved in delivering shared services.

2.6.2 Other Income

There are no planned secondments for 2021/22. Minor adjustments totalling £0.006m have been made to the miscellaneous income budget.

3.0 DRAFT 2021/22 BUDGET FUNDING POSITION**3.1 Net Expenditure Funded by Grant in Aid and Regulatory Fees**

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

We are expecting funding as follows:

	£m
Cash grant in aid per Sponsor	25.400
Community Justice funding	0.325
Core Budget Funding	25.725
ELC Expansion	1.079
Safer Staffing	0.214
ELC Improvement	0.249
Appropriate Adults	0.180
Technology Enabled Care	0.072
Adult Significant Case Reviews	0.056
Adult Support & Protection	0.473
Specific Grant Funding	2.323
Total Grant Funding	28.048

The core grant in aid funding of £25.725m is £4.011m more than the core grant in funding provided in 2020/21.

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

It is assumed fee income will remain at the 2020/21 level of £11.900m. This provides a funding figure of £39.948m. The draft 2021/22 budget shows net expenditure of £40.820m. Therefore, there is a budget deficit of £0.872m and this

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will be funded by drawing on our General Reserve. The table below summarises this position:

	Operating Budget £m	Business Transformation & Non- recurring £m	Expenditure funded by Specific Grant £m	Total Budget £m
Net Expenditure	37.625	0.739	2.456	40.820
Funding:				
Grant in aid & grants	(25.725)	-	(2.323)	(28.048)
Fees	(11.900)	-	-	(11.900)
Total Funding	(37.625)	-	(2.323)	(39.948)
Deficit / (Surplus)	0.000	0.739	0.133	0.872

	General Reserve Position	
	Bottom of Range (1.0% Gross Controlled Expenditure) £m	Top of Range (1.5% Gross Controlled Expenditure) £m
Gross Controlled Expenditure	37.625	37.625
General reserve	0.376	0.564
ICT Equipment Replacement	0.200	0.200
C/fwd Specific grant funding	0.402	0.402
General reserve target range	0.978	1.166
Projected Opening general reserve	3.642	3.642
Min and Max of range	0.978	1.166
Available to Fund deficit	2.664	2.476

BUDGETED GENERAL RESERVE POSITION AS AT 31 MARCH 2022

	£m
Projected Opening general reserve (as at 1 April 2021)	3.642
Budgeted deficit 2021/22	(0.872)
Contribution - stage 2 transformation business case (year 1)*	(1.202)
Projected Closing general reserve (as at 31 March 2022)	1.568
Maximum of target range	1.166
Retained specific grant funding (c/fwd 2022/23)	0.402
Projected Closing general reserve (as at 31 March 2022)	1.568

*Contributing to the year 1 costs of the transformation stage 2 business case is a proposal that will require to be discussed with the Sponsor. Additional potential 2021/22 non-recurring costs have been identified but are still to be considered by the Strategic Leadership Team (SLT). The amount available to contribute to stage 2 transformation will reduce accordingly should SLT approve any of these additional non-recurring costs.

3.2 Fee Income

The fee rates for all service types are currently set at the statutory maximum except for care home fees. The base budget has been prepared on the basis that fee rates will remain unchanged from 2020/21.

4.0 2021/22 CAPITAL PLAN

The Care Inspectorate does not receive any funding specifically for capital expenditure and the capital plan submitted with this report does not infer any additional resources for 2021/22.

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

There are currently no commitments to any planned capital projects in 2021/22 or subsequent years. ICT and property related alterations and improvements may need to be treated as capital expenditure, requiring a contingency for unplanned expenditure of a capital nature.

Contingency expenditure is intended to provide an allowance to enable the Care Inspectorate to react to events such as equipment failures that require to be capitalised without the need to obtain retrospective approval from the Board and

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Sponsor Department. The contingency allowance is a reasonable estimate of the expenditure that may be incurred during the year. Expenditure that exceeds the contingent amount agreed in the capital programme would require the appropriate approval.

The Capital Plan for 2021/22 is included as Appendix 4.

5.0 INDICATIVE BUDGETS FOR 2022/23 AND 2023/24

Indicative budgets for 2022/23 and 2023/24, based on the draft operating 2021/22 budget, have been prepared and are shown in Appendix 5.

The significant assumptions used in the preparation of the indicative budgets are detailed in sections 5.1 to 5.8 below.

5.1 Incremental Progression

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

5.2 Pay Award

The indicative 2022/23 and 2023/24 budgets assume pay awards that are in line with the 2021/22 pay award assumptions set out in section 2.1.1.

5.3 Employers' Charges

The latest actuarial evaluation of the Tayside Pension Fund set the employer contribution rate for 2021/22, 2022/23 and 2023/24 at 17%.

No significant change in employer national insurance rates is assumed for 2022/23 or 2023/24.

The apprentice levy is assumed to be unchanged from 2021/22 assumptions.

5.4 Staff Changes

The 2022/23 budget includes an additional £0.153m for the full year effect of the introduction of Subject Matter Experts part way through 2021/22.

Similarly, the 2022/23 budget includes an additional £0.306m for the full year effect of the introduction of a market oversight function part way through 2021/22

5.5 Property Costs

The accounting standard IFRS16 Leases is due to be introduced from 1 April 2022. This will have a significant financial impact in 2022/23 due to the changed treatment of end of lease dilapidation costs.

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A proportion of this additional cost is offset by a corresponding increase in shared service income.

The 2022/23 budget includes savings anticipated from our Stirling and Dunfermline office accommodation.

5.6 Business and Digital Transformation

Stage 1 of our business and digital transformation will conclude in 2021/22. A business case to obtain funding for stage 2 is due to be submitted to the Scottish Government early in 2021/22. The indicative budgets for 2022/23 and 2023/24 do not include any provision for stage 2 work as this is dependent on additional funding to progress.

The original additional funding agreement for stage 1 sought recovery of the £2.300m funding awarded by the Scottish Government. This was to be achieved through realisation of the anticipated cash releasing savings that the business and digital transformation project would deliver. We have made a request to Scottish Government that the requirement to repay the additional funding is removed. The Scottish Government have agreed for 2021/22 that the first-year repayment does not need to be included in the budget, but this will be revisited during 2021/22 and may be recovered from any in-year underspend. We are awaiting confirmation of the longer-term position. In the absence of confirmation, the indicative budgets for 2022/23 and 2023/24 assumes repayment will not be required in 2022/23 and 2023/24.

5.7 ICT Costs

The 2023/24 ICT cost budget increases by £28k to reflect anticipated cost increases.

5.8 All Other Expenditure, Income and Funding

All other expenditure has been maintained broadly at the 2022/23 draft operating budget level.

It has been assumed that grant in aid and fee rates will be as for 2021/22.

5.9 Analysis of Deficit Growth

The table below analyses the elements of the 2022/23 and 2023/24 budget deficits when compared to the balanced core operating budget in 2021/22.

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	2022/23	2023/24
	£m	£m
Pay award and progression (22/23)	0.688	0.688
Pay award and progression (23/24)		0.685
FY effect: Subject Matter Experts	0.153	0.153
FY effect: Market Oversight	0.306	0.306
Net cost of implementation IFRS16	0.653	0.243
Other property costs saving	(0.112)	(0.112)
Net other budget adjustments	0.011	0.038
Deficit	1.699	2.001

6.0 BALANCING THE 2022/23 AND 2023/24 BUDGETS

Based on this analysis; efficiencies, budget reductions and/or funding increases amounting to £1.699m in 2022/23 and £2.001m in 2023/24 are required to deliver a balanced budget.

The expenditure areas of the budget are as shown below:

Staff Costs	83.5%
Property Costs	6.5%
ICT Costs	3.5%
Other Costs	6.5%
	100.00%

Delivering significant budget reductions on staff costs would currently require existing activity to be curtailed or stopped altogether. Stage 2 business and digital transformation is anticipated to deliver efficiencies but when these are realisable there will be a choice to be made between re-investing these efficiencies to enhance our capacity to protect and improve the lives of people who experience care or reducing budget.

The Board will consider a revised Estates Strategy that draws on our experience of enforced working from home during 2021/22. This will consider potential savings from our Estate.

We are currently investing in our digital and ICT capability and capacity and budget reductions would not be consistent with this.

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

We are funded by fees paid by service providers (32% of total funding) and grant in aid (68% of total funding). The table below shows how funding would need to increase to address the indicative funding gap.

	Funding Gap from Fees £m	Funding Gap from Grant in Aid £m
Current	11.900	25.725
Required increase 2022/23	1.699	1.699
Revised funding 2022/23	13.599	27.424
% age increase 2022/23	14%	7%
Required increase 2023/24	0.302	0.302
Revised funding 2023/24	13.901	27.726
% age increase 2023/24	2%	1%

Balancing the 2022/23 and 2023/24 budgets and how progress is to be monitored will be considered in more detail in the revised 2021/22 to 2027/28 Financial Strategy due to be considered by the Board in quarter 1 of 2021/22.

7.0 IMPLICATIONS AND/OR DIRECT BENEFITS

7.1 Resources

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

7.2 Sustainability

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

7.3 Policy

The Scottish Government's Budget for 2021-22 was agreed by MSPs on 9 March, with headlines including an increase of over £800m to the core Health and Sport budget (taking it to £16bn), £883m investment in health and social care integration and £567m for delivery of the early learning and childcare expansion. Following negotiations on an enhanced public sector pay deal ahead of Stage 3, the Budget includes an £800 pay rise for public sector workers earning up to £25,000, and a 2% increase for those earning over £25,000 up to £40,000. The Budget arrives in the context of the COVID-19 pandemic and its economic impact, as well as any impact following the UK's exit from the European Union.

As well as the broader financial landscape, this paper should be considered within the context of a range of policy developments and their possible implications for the Care Inspectorate, such as new expectations around social care staffing models and child contact centre regulation which have emerged from recent

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legislation. The COVID-19 pandemic continues to have a major impact on policy, with developments to date including emergency legislation in both UK and Scottish parliaments (with related duties for the Care Inspectorate) and a delay in the expansion of funded ELC to August 2021. Furthermore, it is important to acknowledge the findings of the Independent Review of Adult Social Care, published in February 2021, and the direct impact this is likely to have on the Care Inspectorate's role and functions as the proposals are developed, debated and implemented in the coming years.

Other significant political developments on the horizon include the Scottish Parliament elections in May 2021, while the impact of Brexit on health and social care in Scotland is likely to become clearer as the UK enters a new relationship with the European Union.

7.4 People Who Experience Care

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

7.5 Customers (Internal and/or External)

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

8.0 NEXT STEPS

- 8.1** The draft budget as approved by Board will be used as the basis of financial management from 1 April 2021. We await confirmation of funding from the Scottish Government.

DRAFT CAPITAL PLAN 2021/22 SUMMARY

Capital Allowances		
1.1	ICT Equipment	100,000
1.2	Estates Strategy development	300,000
Total Capital Allowances		<u>400,000</u>

1. Capital Allowances

1.1 ICT Equipment

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

1.2 Estates Strategy Development

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

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

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



Title:	REGULATION OF CHILD CONTACT CENTRES
Author:	<i>Catherine Agnew (Chief Inspector)</i>
Appendices:	1. Appointed Body to Oversee Regulation Of Child Contact Centre Services - Children (Scotland) Act 2020
Consultation:	Senior Leadership Team
Resource Implications:	Yes. If we agree to the regulation of Child Contact Centres this will require additional resources. Full details are outlined in the proposal.

EXECUTIVE SUMMARY

The Children (Scotland) Bill was passed by MSPs in August 2020. The legislation includes provision for the regulation of child contact centres and for ministers to appoint a body for this purpose and follows a petition in the Scottish Parliament calling for a system of regulation and inspection for child contact centres and a subsequent feasibility study by the Care Inspectorate.

The Care Inspectorate undertook a feasibility study and presented it to the Scottish Government in March 2020. We now have been formally asked to be the scrutiny body for child contact centres from Spring 2022 with full implementation in Spring 2023.

The attached paper details the proposed agreement, timeline and financial implications. Since the feasibility study was undertaken there has been a change to the roles and responsibilities of staff. The proposal refers to the recruitment of a Senior Inspector to oversee this work. It is proposed that we revise this to reflect a Team Manager and review assumptions in relation to staff costings. This revised financial assessment would require to be agreed by Scottish Government before we confirmed our position as the scrutiny body for child contact centres.

The Board is invited to:

1.	Approve that the Care Inspectorate agrees in principle to take forward the scrutiny of contact centres.
2.	Approve that prior to confirmation with Scottish Government, we agree a revised financial position.

Links:	Corporate Plan Outcome	X	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	N	
For Noting		For Discussion		For Assurance		For Decision	X

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

<p>Reason for Confidentiality/Private Report: Not applicable. This is a public Board report.</p>
<p>Disclosure after: N/A</p>

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.

APPOINTED BODY TO OVERSEE REGULATION OF CHILD CONTACT CENTRE SERVICES**CHILDREN (SCOTLAND) ACT 2020****PROPOSAL TO CARE INSPECTORATE**

1. The paper includes a request to the Care Inspectorate to agree in principle to being appointed by the Scottish Ministers to oversee child contact centre regulation under section 101C of the Children (Scotland) Act 1995 as inserted by section 10 of the Children (Scotland) Act 2020¹ (the 2020 Act).
2. It is expected that this appointment would be on a permanent basis. The outcomes of this work would be included as part of the broad aims and objectives set out in the existing Executive Framework between the Care Inspectorate and the Scottish Government.

BACKGROUND

3. Child contact centres are safe venues for conflict-free contact between children, parents, and other people in the child's life. There are currently 45 contact centres across Scotland. 42 are members of the Relationships Scotland network (RS). In addition, there are three independent centres in Aberdeen, Inverclyde and Glasgow.
4. Section 10 of the 2020 Act includes regulation-making powers in relation to setting minimum standards for child contact services. The policy intention is that minimum standards for child contact centre premises and staff training will ensure that the best interests of the child are maintained and that any concerns regarding child contact services are dealt with appropriately.
5. The 2020 Act also gives the Scottish Ministers power to appoint a body to oversee regulation. The body would be responsible for operating an independent inspection regime, managing a register of child contact centres and providers, and dealing with complaints.
6. It is the Scottish Government's view that the Care Inspectorate would be the body that is best placed to oversee the new regulatory system and provide scrutiny of child contact services. The Care Inspectorate is the Scottish Government's preferred option for this important role.

¹ <https://www.legislation.gov.uk/asp/2020/16/contents>

Care Inspectorate Feasibility Study Report

7. In September 2019 the Scottish Government commissioned the Care Inspectorate to carry out a feasibility study on the regulation of child contact centres. The feasibility study report was published by the Care Inspectorate in March 2020².
8. The report made a number of recommendations, which the Scottish Government responded to as part of its response to the Justice Committee's Stage 1 report on the Children (Scotland) Bill in May 2020³.
9. In addition to recommending that child contact services should be regulated, the report made two further recommendations that are particularly relevant in terms of the resources required if the Care Inspectorate were appointed:
 - i. That the appointed body should be fully resourced to develop a bespoke quality improvement framework, which would help ensure the expected standards were reached and that better outcomes for children and families using the these services were achieved.
 - ii. That the Early Learning and Childcare inspection teams would be best placed to carry out the inspections and that the existing complaints handling team could deal with complaints. However, staff would need training to develop knowledge and understanding of child contact services since this would be a new and unique area for the Care Inspectorate.

Functions

10. The 2020 Act sets out that the Scottish Ministers may by regulations:
 - appoint a body for the purposes of administering the registration of contact service providers and contact centres;
 - confer functions on the appointed person or persons; and
 - determine the fees payable in connection with the registration of a contact service provider or contact centre.
11. The functions that may need to be conferred under the regulations include:
 - carrying out inspections;
 - reporting on inspections;
 - registering, refusing or removing centres or providers from the register; and
 - complaints handling.

²<https://www.careinspectorate.com/images/documents/5580/Care%20Inspectorate%20report%20on%20feasibility%20study%20of%20regulation%20of%20child%20contact%20centres.pdf>

³ [Minister for Community Safety and Legal Affairs.dot \(parliament.scot\)](#) (pages 25 to 50)

12. The body appointed by the Scottish Ministers would be expected to scrutinise all aspects of the child contact service, i.e. accommodation, staff practice and staff training. The full details of the functions of the appointed body will be set out in the 2020 Act regulations. The 2020 Act regulations will include a full Business and Regulatory Impact Assessment on costs.
13. The feasibility study report highlighted that should the Care Inspectorate be appointed amendments would be required to the Schedule 12 of the Public Services Reform (Scotland) Act 2010⁴ (the 2010 Act) to enable child contact centres to be regulated by the Care Inspectorate.
14. If the Care Inspectorate agree to being the appointed body the Scottish Government will consider the functions that require to be conferred in light of the existing provisions under the 2010 Act.

Implementation timings and activities

15. The Scottish Government expects that the body would be formally appointed by Winter 2021 and would have approximately 18 months lead-in time before the regulations come into force in April 2023.
16. It is envisaged that a grade C2 (or equivalent) member of staff would be in post to start the set-up process by Spring 2022. Further staff would be recruited and trained to undertake the initial round of inspections and other tasks during 2022 and early 2023, until the regulations come into force in April 2023.
17. The table below sets out the expected timings and activities.

Timings	Activity
Winter 2021	Care Inspectorate formally appointed
Spring 2022	C2 in place
Spring 2022 – Summer 2022	<ul style="list-style-type: none"> • Recruitment of staff • Staff training • Development of policies and processes (including quality improvement framework) • Ensuring support functions in place (e.g. IT)
Summer 2022	Staff in post
Summer 2022 - Spring 2023	<ul style="list-style-type: none"> • Carry out initial inspections • Publish reports • Registering centres and providers

⁴ [Public Services Reform \(Scotland\) Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

	<ul style="list-style-type: none"> • Collecting registration fees
Spring 2023	Regulation of child contact centres comes into force
Spring 2023 onwards	<ul style="list-style-type: none"> • Management of register • Routine inspections • Inspections of any new provider/centre • Self-evaluation and improvement plan work • Complaint handling • Follow-up inspections • Reporting as necessary • Other regulatory tasks

18. An indicative timetable of the implementation work more generally in relation to child contact service regulation is included at **Annex B**.

Indicative resources/costs

19. The Scottish Government recognises that for the Care Inspectorate to take on this additional role their existing functions and responsibilities would need to be extended. As a consequence the Scottish Government accepts that additional year-on-year funding will be required.

20. The Financial Memorandum⁵ that accompanied the 2020 Act when it was introduced to the Scottish Parliament provided an estimate of the costs. . This included estimated costings for the body appointed to oversee child contact centre regulation, as set out in the table below.

	Cost in 2022/23 (£m)	Cost 2023/24 and subsequent years (£m)
C2 senior inspector	0.09	0.09
C1 inspectors	0.20	0.15
B2 support staff	0.08	0.08
IT costs	0.02	0.01
Staff accommodation	0.1	0.1
Total	0.49	0.43

21. The costings above were based on there being additional inspector resource required in year 1 before the regime commences to carry out the initial inspections. Once these have been completed it was envisaged that routine inspections thereafter would be on a three-yearly cycle. This means that costs in year 1 (2022/23) would be slightly higher than in year 2 (2023/24) and subsequent years.

⁵ [https://www.parliament.scot/S5_Bills/Children%20\(Scotland\)%20Bill/SPBill52FMS052019.pdf](https://www.parliament.scot/S5_Bills/Children%20(Scotland)%20Bill/SPBill52FMS052019.pdf) (paras 114 - 129)

22. An excerpt from the Financial Memorandum setting out how the above costings were calculated is set out in **Annex A**.

Contact centre registration fees

23. It is expected that each child contact service provider would pay a registration fee, which would cover the registration of all of their individual centres (subject to meeting the standards). At least in part, some of the ongoing costs to the appointed body could be off-set by the fees charged to child contact centre services.
24. The Care Inspectorate report set out that each contact service registered would have to pay a registration fee as a one-off cost plus an annual continuation fee. The report set out that details of full cost-recovery for fees could be provided by the CI financial team. This information would be very helpful.

Funding for additional costs

25. The budgets across Scottish Government for the next financial year have not yet been set, so it is not possible to give assurances on the funding that will be available next year or for financial year 2022/23 and beyond. However, the Scottish Ministers have accepted that the 2020 Act provisions will have significant costs as indicated in the Financial Memorandum.
26. The Scottish Government notes the concerns raised in the Care Inspectorate report regarding how the additional costs associated with this role would be funded, stating that the Care Inspectorate could not commit to taking on the appointed body role unless the funding was added to the core grant funding it already receives.
27. In the report the Care Inspectorate undertook to provide the Scottish Government with a comprehensive breakdown of the resources required if the Scottish Government could agree in advance that funding for this role would be added to the Care Inspectorate's core grant.

Proposal

28. The Scottish Government agrees in principle to provide additional funding on a recurring, year-on-year basis through Grant in Aid which is managed by the Care Inspectorate Sponsorship Team in Scottish Government.
29. However, in terms of baselining the additional amount of year-on-year funding the Scottish Government must take the following into account:

- The funding required in year 1 (2022/23) prior to commencement of the regulations is likely to be higher than the funding required in year 2 (2023/24) and subsequent years; and
- It may not be clear in year 1 what the correct level of funding for this new role will be from 2023 onwards. For example, the potential number of complaints to the Care Inspectorate, the number of follow-up inspections, the number of new contact services seeking to be registered.

30. Further discussions between the Scottish Government and the Care Inspectorate will be necessary to ensure the appropriate amount can be baselined as part of the core grant.

31. The Care Inspectorate are hereby asked to:

- Agree in principle to being appointed by the Scottish Ministers as the body to administer the registration of child contact services and carry out the associated functions;
- Agree that the Scottish Government will baseline the additional funding necessary for the Care Inspectorate to undertake this role, but note that this may not be in place until year 3 (2024/25);
- Provide the Scottish Government with a comprehensive breakdown of the resources required on the basis of this formal proposal, as set out in the Care Inspectorate Report; and
- Provide details of full cost-recovery for fees as set out in the Care Inspectorate Report.

MAIN CONTACT INFORMATION

Wendy Georgeson, Family Law Unit – wendy.georgeson@gov.scot

Hannah Frodsham, Family Law Unit – hannah.frodsham@gov.scot

Date: 04 February 2021

Financial memorandum – estimated costs for body appointed to oversee child contact centre regulation

	Cost in 2022/23 (£m)	Cost 2023/24 and subsequent years (£m)
C2 senior inspector	0.09	0.09
C1 inspectors	0.20	0.15
B2 support staff	0.08	0.08
IT costs	0.02	0.01
Staff accommodation	0.1	0.1
Total	0.49	0.43

The cost of laying down some of the processes and functions above, for example, relating to inspections, or IT systems, may vary depending on the body that is appointed and its existing processes and functions. However, the Scottish Government does not consider that any potential variations would be significant for the purposes of this Financial Memorandum since the intention is to appoint an existing body rather than a new one. As noted above, the cost implications will be set out more fully in bringing forward the secondary legislation.

Once the system is fully up and running, the Scottish Government would expect there to be an initial inspection of each contact centre followed by a routine inspection every three years if a contact centre is performing satisfactorily. Children and parents use the facilities and so regular inspection is important but excessive inspection would be overly bureaucratic and could distract contact centre staff from providing their services to the public. Additional inspections could be carried out if particular concerns were raised about a contact centre. An inspection could take up to 10 days based on similar timescales published by Ofsted in relation to Local Authority Care Services standard inspections:

- 4 days of notice and preparation;
- 2 days of inspection, including interviewing staff and clients (including children who are using the service), checking training records and inspecting the accommodation;
- 4 days to write the report.

On the basis that there are 44⁶ contact centres in Scotland, that suggests 440 days taken up with routine inspection work in the first year of regulation. Thereafter routine inspections would take place every three years. In addition, there could be inspections following complaints. The Scottish Government has estimated that there may be 16 complaints received each year relating to contact centres. This is based

⁶ We now understand the total number to be 45 centres. However, due to the impact of Covid-19 it is as yet unclear whether all of Relationships Scotland's member services' centres will reopen.

on quarterly figures published by the Care Inspectorate for 2018/19⁷ in relation to the number of complaints received as compared to the number of registered care services. However, not all complaints would lead to a further investigation by inspectors and so on this basis the Scottish Government estimates that five contact centre complaints a year may lead to a further visit, resulting in 50 additional inspection days a year.

490 inspection days in the first year would require three FTE inspectors that year (on the basis that once weekends, holiday entitlement of 30 days and public holidays amounting to 10 days are taken into account, an inspector could be expected to work for 220 days a year). Since routine inspections would be carried out every three years after the initial inspection of each contact centre there would be 195 inspection days a year from the second year of regulation onwards (on the basis that two inspectors would have 145 inspection days each year plus 50 additional inspection days for complaints). This would mean two FTE inspectors would be sufficient from year two. On this basis one of three FTE inspectors in the first year could be recruited on a fixed term basis for that period only.

⁷ <https://www.careinspectorate.com/index.php/publications-statistics>

ANNEX B

Timings for regulation of contact centres

NB these are indicative only and may change.

Timing	Activity	Justification for timings
Autumn 2020	Children (Scotland) Bill gained Royal Assent	Royal Assent 1 October 2020.
Autumn 2020 – Spring 2021	Consideration of accommodation standards and training requirements for contact centres.	Need time to fully consider what will be the required standards, draft consultation documents and Impact Assessments, obtain clearance etc.
Spring 2021	Consultation on: Accommodation standards and training requirements for contact centres.	Full 12 week consultation period.
Summer 2021	Analysis of consultation responses and drafting regulations.	Need to fully analyse consultation responses and draft regulations.
By April 2022	Regulations laid in Parliament in relation to: Accommodation standards and training requirements for child contact centres.	
Spring 2021 – Spring 2022	Consideration of body to oversee regulation of child contact centres including the functions to be conferred under the regulations.	This work could be done in parallel to work on regulations.
Winter 2021 /Spring 2022	Regulations drafted and laid in Parliament appointing body to oversee regulation of child contact centres.	It is preferred for the appointment to start at the beginning of a financial year.

Winter 2021/ Spring 2022 - Winter 2022/Spring 2023	Set up time for new body appointed to oversee regulation of child contact centres.	We would need a year for the body appointed to oversee contact centres to set up undertake an initial inspections on the centres.
Spring 2023	Regulation of contact centres started	



Title:	MONITORING OUR PERFORMANCE 2020/21 – QUARTER 3 REPORT				
Authors:	<i>Ingrid Gilray, Intelligence and Analysis Manager</i> <i>Al Scougal, Senior Intelligence Analyst</i> <i>Kaisha Wallace, Intelligence Researcher</i>				
Appendices:	1. Technical notes				
Consultation:	N/A				
Resource Implications:	None				
EXECUTIVE SUMMARY					
<p>This report presents the 2020/21 Quarter 3 summary report on our performance. Our work has continued to be impacted by the ongoing COVID-19 pandemic and the critical importance of adhering to specific measures to reduce the risk of spreading COVID-19. The prevalence of COVID-19 reduced over the summer period however there was a resurgence during quarter 3. This report demonstrates how we have continued to provide critical and significant scrutiny, assurance and improvement support to the social care sector during this extremely challenging and unprecedented time.</p> <p>As we adapted the way that we worked during the pandemic, in order to keep people safe, we also revised some of our measures with the agreement of the Board. Therefore, the way we now report on our measures reflects this. The main measures that required revision were those dependent on frequent on-site visits to care services or on the use of paper questionnaires, both of which present a risk of spreading COVID-19 in the care sector. Those measures that have been revised are highlighted in the detail of this report.</p>					
The Board is invited to:					
1. Discuss and note the report.					

Links:	Corporate Plan Outcome	1,2,3	Risk Register - Y/N	Y	Equality Impact Assessment - Y/N	N
For Noting	x	For Discussion	x	For Assurance	For Decision	

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

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

MONITORING OUR PERFORMANCE 2020/21 – QUARTER 3 REPORT**1.0 INTRODUCTION****Impact of COVID-19 on this report and on our work**

As part of our response to the pandemic we quickly adapted our operating model, and this is reflected in the way that we are now reporting on our performance. Advice from Public Health partners was that onsite inspections poses a significant risk of spreading COVID-19. Following agreement with Scottish Government and our Board, we took the decision to refocus much of our work to mitigate that risk. In order to carry out our duties while restricting our physical presence in services and our offices to limit the spread of the virus, we quickly adapted our way of working and as part of that intensified our oversight of services in a number of ways, this included the following:

- We continue to make regular contact with services and our inspectors made just over 13,000 contacts during Q3 to carry out checks. For care homes in particular, this contact was weekly and sometimes daily depending on individual risk, notifications received, intelligence and support needs.
- We use “Near-me” video consultation. This has enabled us to use technology to virtually view aspects of services that we would usually only see through a site visit.
- We worked with Directors of Public Health and partner agencies in each health and social care partnership area to ensure that services were supported, and that we were aware of any emerging concerns.
- We continue to base all our scrutiny activity on risk and intelligence. We have an intelligence pathway that takes account of a high-level data scan by the intelligence team, the assessment of directors of public health of care homes, and local intelligence from daily huddles and multi-agency meetings.
- Where our intelligence indicates sufficient concern about a service, we continued to undertake on-site inspections, some of which were accompanied by colleagues from Healthcare Improvement Scotland and at times Public Health. We continued to meet our new reporting obligations under the Coronavirus (Scotland) (No2) Act 2020 by publishing fortnightly reports outlining our findings of these inspections including the quality of care. Once we decide to inspect, the process of inspection through to sharing findings in the fortnightly report is rapid, with each report containing details of all inspections undertaken in the previous two weeks.
- We are members of all oversight groups in health and social care partnerships who oversee and support care homes. These meetings are daily with a longer meeting each week. We attend all of these across Scotland.
- Throughout, we have released regular communications to providers via our daily Provider Update newsletters, making sure services are aware of the latest guidance and support from the Care Inspectorate, Scottish Government and other national agencies, to help them manage in the pandemic.
- We have membership on all relevant national groups to ensure we retain strategic oversight of the social care sector and remain connected with partners at the national level.
- We continually review the information that services routinely report to us about any outbreaks of infectious diseases and deaths to ensure that we monitor the impact of the pandemic, and share that information with Scottish Government, Public Health teams and other partners to help coordinate continued support for frontline services.

The above is not an exhaustive list but gives an overview of our rapid, targeted and ongoing response to the pandemic.

Structure of this report

As in previous reports, under each of the three strategic outcomes in our Corporate Plan, we have set out our performance against our agreed measures and highlighted key areas of work delivered or progressed in the last quarter. The director with lead responsibility for action is noted under each measure.

Types of performance measure

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

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

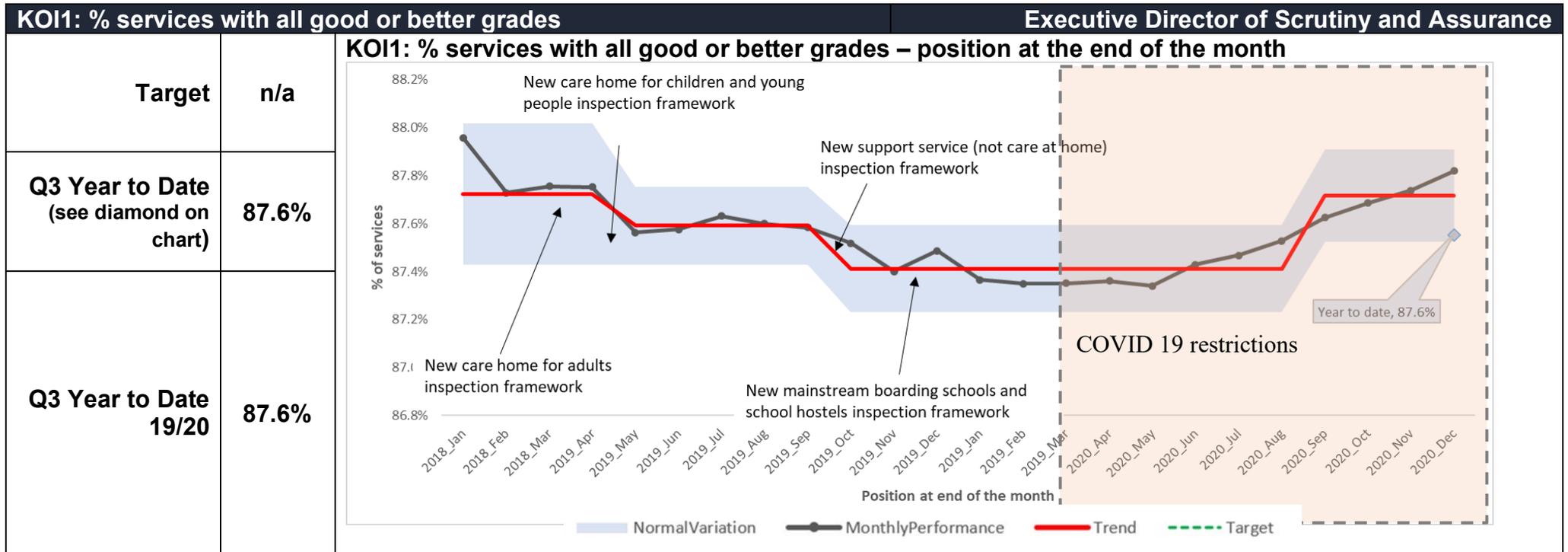
2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 DECEMBER 2020

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

Key Performance Indicator (KPI) Overview

Strategic Outcome 1: People experience high-quality care	Strategic Outcome 2: People experience positive outcomes	Strategic Outcome 3: People's rights are respected
<p>KPI1: % of people telling us that our scrutiny will improve care</p> <p>KPI2: % of statutory inspections completed</p> <p>KPI 3(a): % of complaints about care that were investigated within the relevant timescales (full investigation only)</p> <p>KPI 3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)</p> <p>91.9% [Target 80%]</p> <p>KPI4: % staff absence</p> <p>3.8% [Target 3.8%: Range 2.4% to 5.7%]</p>	<p>KPI5: % of registration applications completed within timescales</p> <p>83% [Target 80%]</p> <p>KPI6: Level of investment in learning and development for our workforce</p> <p>4.1 hours on average per employee (2,422 hours per 590 employees) [Benchmark 4.6 hours]</p> <p>KPI7: % of inspection hours spent in high and medium risk services</p> <p>90.6% [Target 25%]</p>	<p>KPI8: Days per quarter that inspection volunteers and care experienced people are involved in our work</p> <p>50 days (average per quarter) [Benchmark 65 days]</p> <p>Colour code</p> <p>Target achieved</p> <p>Slightly below target</p> <p>Significantly below target</p> <p>Target to be set</p> <p>Affected by pandemic response</p>

Strategic outcome 1: People experience high-quality care



Notes: The % of services with good or better grades remains high with over 87% of registered services having all grades of good or better at the end of Q3. Within that context, the above chart highlights this is the same as Q3 last year. Please note, the scale of the above chart has been adjusted to highlight the small but definite differences in the percentage of services with good or better grades; the proportion had been very slightly decreasing, however since Q2 the proportion of services with all grades of good or better has been starting to increase very slightly.

Reasons for Difference: The slight increase in performance is due to a higher proportion of services with poorer grades cancelling. This has led to the % of services with good or better grades increasing very slightly. The COVID-19 pandemic has and will continue to affect this measure. In order to reduce the risk of spreading the coronavirus infection, we adapted the way that we worked, prioritising inspections where we had assessed an on-site inspection was essential to do because of the level of risk we had identified. As the number of inspections we have completed this year to date is therefore lower than normal then the overall % of services with good

grades is likely to change more slowly than it would otherwise. Additionally, services which had previously been graded lower will have improved following re-gradings after any requirements have been met.

Actions: In order to limit the spread of the virus and taking account of the advice from Government and Public Health colleagues, we will continue to focus our inspection activities on high risk services through a rigorous risk assessment process and using our intelligence. In the short term, while we inspect fewer services, we expect this KOI will remain relatively stable all other things remaining equal. However, increases in cancellations of services may have an unexpected impact on this trend, as demonstrated by the impact of cancellations of some poorer quality services this quarter.

KPI1: % of people telling us that our scrutiny will improve care

Executive Director of Scrutiny and Assurance

We are not currently reporting on this measure due to less frequent on site inspections taking place during this time because of the increased risk of spreading COVID-19 and, because paper questionnaires would also present an infection risk, no paper questionnaires have been used since the onset of the pandemic. This measure uses data captured from paper questionnaires at and following our inspections. This is a temporary position and will be kept under review.

Actions: We are actively giving careful consideration to how we capture this type of feedback in future. As part of our digital transformation programme and phase 2 of the registration app, we are working on a questionnaire to get feedback from applicants that we can integrate into this measure. This questionnaire functionality will be added after phase 2 has launched.

KPI2: % of statutory inspections completed

Executive Director of Scrutiny and Assurance

We are not currently reporting on this measure. However, the following sets out the range and scale of our scrutiny, assurance and improvement support work, the ongoing oversight, and the different and innovative ways of working we have adopted over this unprecedented period.

In order to limit the spread COVID-19, and with agreement from Scottish Government and our Board, since the outset of the pandemic we restricted our presence in our offices and in services. Advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes. As a consequence, from then we intensified our oversight using a range of remote and virtual approaches as outlined below.

We continue to base all our scrutiny activity on risk and intelligence. We have an intelligence pathway that takes account of a high-level data scan by the intelligence team, the assessment of directors of Public Health of care homes, and local intelligence from daily huddles and multi-agency meetings.

From May, we carried out on-site inspections of services focussing on those that were of particular concern based on the intelligence available to us and following careful risk assessment. From the 1 April 2020 to the end of Q3 this year we completed 523 inspections with 299 (57%) of these completed in Q3 alone. Over the year to date, 75% of completed inspections have been in care homes for older people.

As of 31 December, as well as completing 523 inspections we also carried out 123 follow-up visits to ensure improvements had been made, and we took robust action including enforcement where we deemed it necessary to do so based on the evidence available. These consisted of:

- 523 completed inspection visits in 374 services (this included inspections of services that have since cancelled)
 - 413 in care homes for older people and adults
 - 64 in daycare of children services
 - 46 across other service types
- 123 completed follow ups (included in the 523 completed inspections)
- 103 continuation visits and 23 monitoring visits (included in the 523 completed inspections)
- 55 Serious Concerns letters have been issued to date
- 20 Improvement notice enforcements
- 2 proposal to cancel and 2 decision to cancel enforcements - for the same service
- 1 emergency cancellation notice

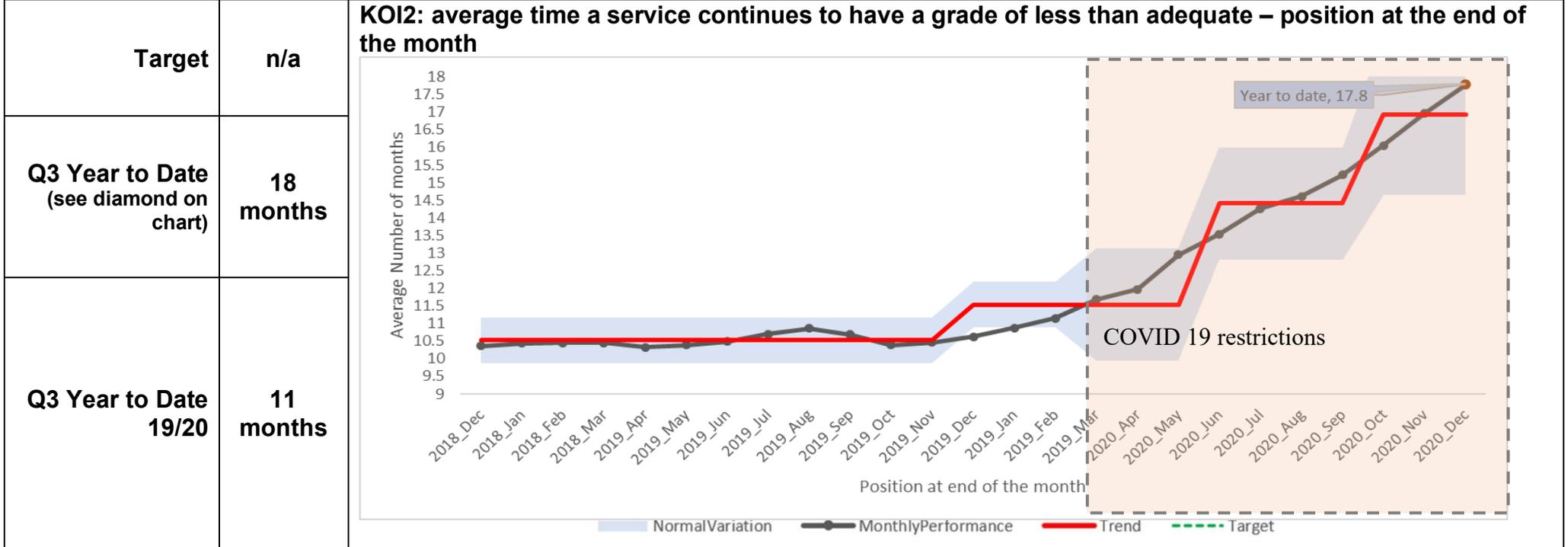
- We continued to make regular contact with services by phone and video conferencing to: carry out checks and ensure we were aware of and could support any emerging concerns; ensure that services had access to information, guidance and any additional support including signposting to resources such as Health Protection Scotland Guidance, Personal Protective Equipment (PPE) and staffing portals. For

most of the services that would be included in our statutory inspections, this contact was at least weekly, and in some cases more frequently. We recorded just over 13,000 contacts during the quarter.

- We continued the use of Near-me video consultation in care homes, which enabled us to view aspects of the service online in real time. It enabled us to virtually visit services and to meet with staff.
- We developed virtual scrutiny in adult services and have used this to inspect services.
- For inspections of children and young people services we reviewed the risk assessments which guide inspection planning. We are continuing with the inspections planned but a greater proportion are now being undertaken using remote means.
- We reviewed, revised and made full use of the information that services routinely provide to us, as well as capturing intelligence from partners, to ensure that we could identify and target services that were in particular need of support.
- We worked with partner agencies locally and nationally, sharing expertise and information focussed on supporting the care sector during this pandemic.
- The Improvement Support Team worked collaboratively with colleagues from Scrutiny and Assurance and the COVID Flexible Response Team to deliver the first two phases of a three-phase package of support to the sector around COVID-19 response and winter preparedness. This was delivered through series of 10 webinars across Scotland.
- Our staff achieved this through continuously adapting to new ways of working including adjusting to cover a seven-day week over some of this period and working over the period between Christmas and New Year.

Actions: As previously noted, our response to the pandemic has meant we have adapted the way that we carry out our work. Under this measure we will continue to report on the range and scale of the scrutiny, assurance and improvement support work we have undertaken and the ongoing and significant oversight and innovative ways of working during the pandemic.

KOI2: average time a service continues to have a grade of less than adequate **Executive Director of Scrutiny and Assurance**



Notes: The average time a service continues to have a grade of less than adequate is steadily increasing. The average time a service had a grade less than adequate has increased from Q4 last year to a point significantly higher than the average. This statistically significant increase is shown by the red line in the chart above, which shifted from an average of 14.4 in Q2 to 16.9 during Q3.

Reasons for Difference: The reduction in on-site inspections and the temporary closure of some services such as childminders and daycare services for children and adults, all to reduce the risk of spreading COVID-19, means that some services with a grade of less than adequate have not been inspected and have therefore not had the opportunity to be graded higher.

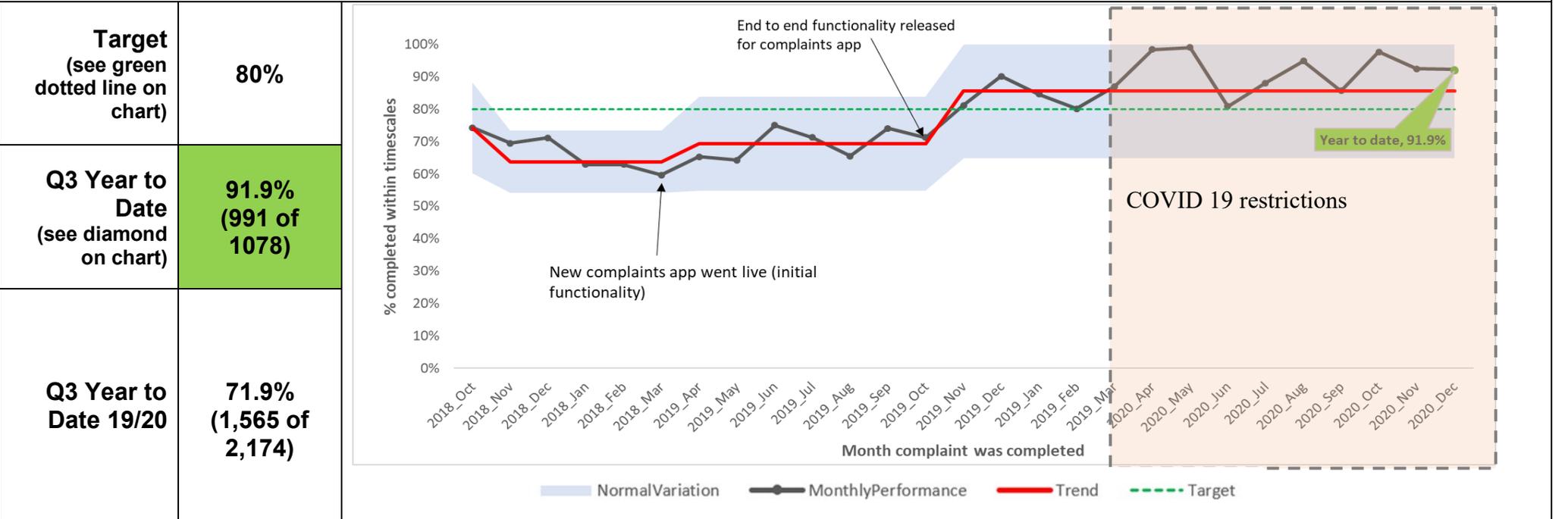
Actions: This increase will continue while the number of graded inspections remains lower. Currently our inspections are focused on services which are assessed as high risk and that our intelligence indicates are of most concern. We are not proposing to make any changes to this measure and will continue to monitor it.

KPI3: complaints resolved within the relevant timescales **Executive Director of Scrutiny and Assurance**

KPI3(a): % of complaints about care that were investigated within the relevant timescales (full Care Inspectorate investigation only)

We are not currently reporting on this measure. During the pandemic we have adapted the way we work in order to restrict our physical presence in services based on a rigorous risk assessment process to prevent the spread of COVID-19. This includes how we resolve and address complaints- see below under 3a Reasons for difference. We will keep this position continually under review.

KPI3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)



Notes: Throughout the pandemic, we continued to receive complaints about services and resolved them quickly. Over the year to 31 December, 91.9% of all complaints we resolved were completed within 40 days – a 20 %-point increase from Q3 last year. This performance is above the target of 80% and is a statistically significant improvement from last year. This improvement started in Q3 2019/20 and has continued assisted by the majority of complaints being dealt with directly by services throughout the pandemic. Our response to the pandemic has affected both KPI3 measures: both through our work to increase the early resolution of complaints not requiring on-site investigation and also due to the reduction in complaint investigations, which have been taken forward as inspections instead. Further detail on both of these aspects is set out below.

Reasons for Difference: Under KPI3a, we would, under normal circumstances, report about complaint inspections completed. However, during the pandemic where a complaint was serious, the complaint inspector would assess where an onsite visit was essential through a risk assessment process, these were then prioritised for an inspection focusing on Question 7 of our quality framework which includes wellbeing, infection prevention and control, and staffing. As such we are not reporting on this KPI until such time as on-site complaint investigations resume fully. In Q2 the complaints team commenced a limited number of on-site complaint investigations with a focus on older people's care. By the end of Q3:

- 135 complaints were investigated onsite
- 62 of these investigations were completed and of these, 49 were upheld.

KPI3b shows that we resolved complaints quickly, and to achieve this we assigned more staff to support people raising concerns, assess complaints, support resolution by providers and ensure we made relevant authorities aware of complaints. We continued to make adult and child protection referrals and to make referrals to police. Our complaints team has worked with people and providers to resolve complaints and escalated issues for resolution, such as getting services access to PPE.

COVID-19 impacted on the operating hours of many services contributing to the overall number of complaints received decreasing by 819 from Q3 last year (down 19%). For service types such as childminding, daycare of children and adult daycare many services closed or ran at lower capacity due to COVID-19. Childminder complaints fell by 45% compared to the same time last year and daycare of children by 55%.

While there has been a drop in number of complaints received overall, there has been an increase in complaints about care homes. Complaints about all types of care homes increased by just over 2% compared to the same period last year with care homes for older people having a 5% increase. Additionally, in those services that were open, visitors were not always allowed to visit due to the risk of spreading COVID-19. While the largest proportion of complaints are still made by relatives or carers, this has decreased by almost a third (31%) compared to Q3 last year. These factors will have contributed to the fall in overall complaints received.

Complaints provide us with important intelligence about services, and we used this in a number of ways as well as to inform us about those requiring an inspection. All complaints about COVID-19 that were related to PPE or staffing were referred to the case holding inspector who contacted the service to undertake a telephone interview or a Near Me video consultation. We shared information about complaints with the local partnership meetings which included directors of public health and health and social care partnerships to inform risk assessments of services.

Actions: Until the normal level of complaint investigation activity resumes, we will focus on KPI3b as a more comprehensive reflection of the experience of those that make a complaint to the Care Inspectorate. We have increased the volume of complaints resolved directly

between complainants and providers including making use of Near Me, and we are exploring how to better capture these for future reporting. Note that if the proportion of complaints resolved via methods other than investigation remains high, performance against this KPI will remain high.

During on-site complaint investigations in care homes, we also assess the service against Key Indicator 7.2 which relates to Infection Prevention and Control, ensuring we have completed this assessment in as many services as possible, in line with our winter plan for scrutiny and assurance. The complaints team have put in place a virtual complaints process ensuring that concerns raised by people who experience care are listened to and acted on while reducing footfall in services.

We are reviewing our complaint function to capture the learning from COVID 19 including an enhanced triage function to support complainants to make complaints to services and ensuring action is taken by services to resolve these concerns.

KPI4: % staff absence		Executive Director of Corporate and Customer Services																																																																										
Target (see green dotted line on chart)	3.8% Range 2.4% to 5.7%	KPI4: % staff absence by month of absence <p>The chart displays monthly staff absence percentages from January 2018 to December 2020. A red trend line shows an increase from 2.9% in Q1 2019 to 5.4% in Q2 2019. A shaded area from March 2020 to December 2020 is labeled 'COVID 19 restrictions'. A green callout points to the 3.8% year-to-date value for Q3 2020.</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>% Staff Absence</th> </tr> </thead> <tbody> <tr><td>2018_Jan</td><td>5.4%</td></tr> <tr><td>2018_Feb</td><td>5.5%</td></tr> <tr><td>2018_Mar</td><td>4.4%</td></tr> <tr><td>2018_Apr</td><td>5.0%</td></tr> <tr><td>2018_May</td><td>4.9%</td></tr> <tr><td>2018_Jun</td><td>6.4%</td></tr> <tr><td>2018_Jul</td><td>6.1%</td></tr> <tr><td>2018_Aug</td><td>5.6%</td></tr> <tr><td>2018_Sep</td><td>5.2%</td></tr> <tr><td>2018_Oct</td><td>5.7%</td></tr> <tr><td>2018_Nov</td><td>5.8%</td></tr> <tr><td>2018_Dec</td><td>4.6%</td></tr> <tr><td>2019_Jan</td><td>5.5%</td></tr> <tr><td>2019_Feb</td><td>4.4%</td></tr> <tr><td>2019_Mar</td><td>3.3%</td></tr> <tr><td>2019_Apr</td><td>2.2%</td></tr> <tr><td>2019_May</td><td>2.5%</td></tr> <tr><td>2019_Jun</td><td>2.4%</td></tr> <tr><td>2019_Jul</td><td>2.5%</td></tr> <tr><td>2019_Aug</td><td>2.4%</td></tr> <tr><td>2019_Sep</td><td>4.9%</td></tr> <tr><td>2019_Oct</td><td>5.2%</td></tr> <tr><td>2019_Nov</td><td>6.3%</td></tr> <tr><td>2019_Dec</td><td>5.5%</td></tr> <tr><td>2020_Jan</td><td>5.5%</td></tr> <tr><td>2020_Feb</td><td>5.5%</td></tr> <tr><td>2020_Mar</td><td>3.3%</td></tr> <tr><td>2020_Apr</td><td>2.2%</td></tr> <tr><td>2020_May</td><td>2.5%</td></tr> <tr><td>2020_Jun</td><td>2.4%</td></tr> <tr><td>2020_Jul</td><td>2.5%</td></tr> <tr><td>2020_Aug</td><td>2.4%</td></tr> <tr><td>2020_Sep</td><td>4.9%</td></tr> <tr><td>2020_Oct</td><td>5.2%</td></tr> <tr><td>2020_Nov</td><td>6.3%</td></tr> <tr><td>2020_Dec</td><td>5.5%</td></tr> </tbody> </table>	Month	% Staff Absence	2018_Jan	5.4%	2018_Feb	5.5%	2018_Mar	4.4%	2018_Apr	5.0%	2018_May	4.9%	2018_Jun	6.4%	2018_Jul	6.1%	2018_Aug	5.6%	2018_Sep	5.2%	2018_Oct	5.7%	2018_Nov	5.8%	2018_Dec	4.6%	2019_Jan	5.5%	2019_Feb	4.4%	2019_Mar	3.3%	2019_Apr	2.2%	2019_May	2.5%	2019_Jun	2.4%	2019_Jul	2.5%	2019_Aug	2.4%	2019_Sep	4.9%	2019_Oct	5.2%	2019_Nov	6.3%	2019_Dec	5.5%	2020_Jan	5.5%	2020_Feb	5.5%	2020_Mar	3.3%	2020_Apr	2.2%	2020_May	2.5%	2020_Jun	2.4%	2020_Jul	2.5%	2020_Aug	2.4%	2020_Sep	4.9%	2020_Oct	5.2%	2020_Nov	6.3%	2020_Dec	5.5%
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<p>Notes: The percentage of our staff absent has since Q1 and Q2. Staff absence increased with a statistically significant rise in the average (red line on chart) from 2.9% to 5.4%, however this is in line with absence levels prior to COVID-19. The low level of staff absence in Q1 and Q2 has meant that the year to date staff absence is at target level of 3.8%.</p> <p>Reasons for Difference: The % of staff absence seen through Q3 was in line with the absence levels seen before the COVID-19 pandemic started. Absence is up across all types of absence (short, medium and long term); with short term absence increasing the most up 105% from 553 hours in Q2 to 1,135 hours in Q3. This increase coincided as the second wave of COVID-19 started and was at its peak across Scotland.</p> <p>Actions: We will monitor whether this recent increase continues to rise or whether it drops as we pass through the COVID-19 pandemic. The organisation is actively promoting staff health and wellbeing and how we can support people to remain healthy and well at work and at home during the pandemic.</p>																																																																												

Total scrutiny and improvement interventions completed up to 31 December 2020

	Number completed up to 31 December 2019	Number completed up to 31 December 2020	Comparison of 2020/21 vs 2019/20 year to date
New registrations completed	576	393	▼
Inspections completed	4,352	523	▼
Complaints received	4,336	3,517	▼
Number of variations to registration completed (not including typographical changes to certificates).	2,504	1,873	▼
Total scrutiny interventions completed	11,768	6,306	▼

New registrations completed: The number of registrations completed fell from Q3 last year (down 183 new registrations) as due to COVID-19 restrictions staff were unable to undertake site visits to conclude registrations. Additionally, construction work was halted during Q1 which meant in some cases registrations could not progress. Site visits re-commenced in Q2 and onwards (although still only where we could not assess these remotely), and as restrictions have eased and building works have progressed, we have been dealing with the 'backlog' of work that had been put on hold. Part one of our new digital registration app launched in Q3 and colleagues spent time testing and preparing for its launch as well getting accustomed to using it, which may have resulted in slightly longer timescales to conclude our assessments.

Inspections completed: In order to limit the spread of COVID-19 our routine inspection plans had to be adapted to focus on high risk services where an on site inspection was deemed necessary. We intensified our oversight and support to care services and up to the end of Q3 there were 103 additional continuation visits and 23 monitoring visits made to services and almost 63,000 contacts with services including 332 'Near Me' calls.

Complaints received: COVID-19 impacted on the operating hours of many services contributing to the overall number of complaints received decreasing by 819 from Q3 last year (down 19%). Service types such as childminding, daycare of children and adult daycare were mainly closed or with capacity reduced due to COVID-19. Childminder complaints fell by 45% compared to the same time last year and day care of children by 55%. There has been a drop in number of complaints received overall, there has been an increase in complaints about care home services. Complaints about care homes increased by just over 2% compared to the same period last year and in care homes for older people alone there was a 5% increase. Additionally, in those services that were open, visitors were not allowed to visit. Complaints from relatives or carers continue to make up the greatest proportion of complainants but this has decreased by almost a third (31%) compared to Q3 last year. These factors will have contributed to the decline in complaints received.

Variations to registration completed: The number of variations completed decreased 631 from Q3 last year largely due to increased numbers in Q1 19/20 following a project to implement new ways of managing conditions of registration. We have continued with adapted practice during the pandemic to make it easier for services to adapt to meet peoples' needs. For example, adult day care services adapting to provide home care support to people by introducing a service update notification when previously a variation would have been required. Again, the registration team were involved in the testing and implementation of the new registration app which had a significant impact on workload this quarter.

Summary of key achievements and work progressed in Q3 2020/21

Joint Self-evaluation

The children's strategic team supported community planning partners in Orkney to implement a revised approach to joint self-evaluation of the impact of their services on children in need of care and protection. This forms an important part of the partnership's action plan to take forward improvements following a joint inspection last year which found significant weaknesses.

Self-Evaluation

Due to the limitations on visiting settings during the pandemic the early learning and childcare inspection teams developed a self-evaluation document for the sector called "Operating an early learning and childcare setting (including out of school care and childminders) during COVID-19". We requested that settings submit a self-evaluation which facilitates the inspectors' assessment of the service provision including children's health and wellbeing, responsive care, safeguarding, infection prevention and control and staffing arrangements. To date we have completed 494 assessments, and these are now available on our website as part of the setting's regulatory history.

Virtual Scrutiny

The adults team developed and introduced virtual inspections to ensure that we could inspect some remote services and evaluate services during COVID 19. This included ensuring we had robust feedback on services from visiting professionals, people who used services, staff and relatives. This model has enabled us to also do hybrid inspection where we do a site visit but also make contact virtually with people to triangulate evidence and outcomes for people.

Local Health and Social Care Partnership (HSCP) Care Home Huddle Groups and Multi Agency Support Groups for Care Homes

Team managers in the adult teams continue to attend daily care home huddles in HSCP areas and weekly multi-agency support groups for care homes, helping to ensure early identification of concerns and targeting support for services. We are obtaining more intelligence on services as members of the group include directors of public health who have up to date testing and outbreak information. The groups identify the best action to be taken to support services in response to outbreaks and they discuss and agree support/scrutiny actions in homes where there are concerns.

Improvement Support Team

An improvement advisor recently undertook and completed an improvement project focused on medication management with 10 care homes, with input from Scottish Care. Most of the homes reduced their medicines issues by a significant amount.

Customer Focussed

The chief inspector (adults) met with the care homes family action group, and subsequently with all inspectors, to discuss the importance of keeping in touch and visiting for people. The chief inspector then attended a meeting chaired by the cabinet secretary and attended by the family action group to hear their experiences during the pandemic.

Strategic outcome 2: People experience positive outcomes

KOI3: % of services with all good or better grades at first inspection following registration	Executive Director of Scrutiny and Assurance
------------------------------------------------------------------------------------------------------	-----------------------------------------------------

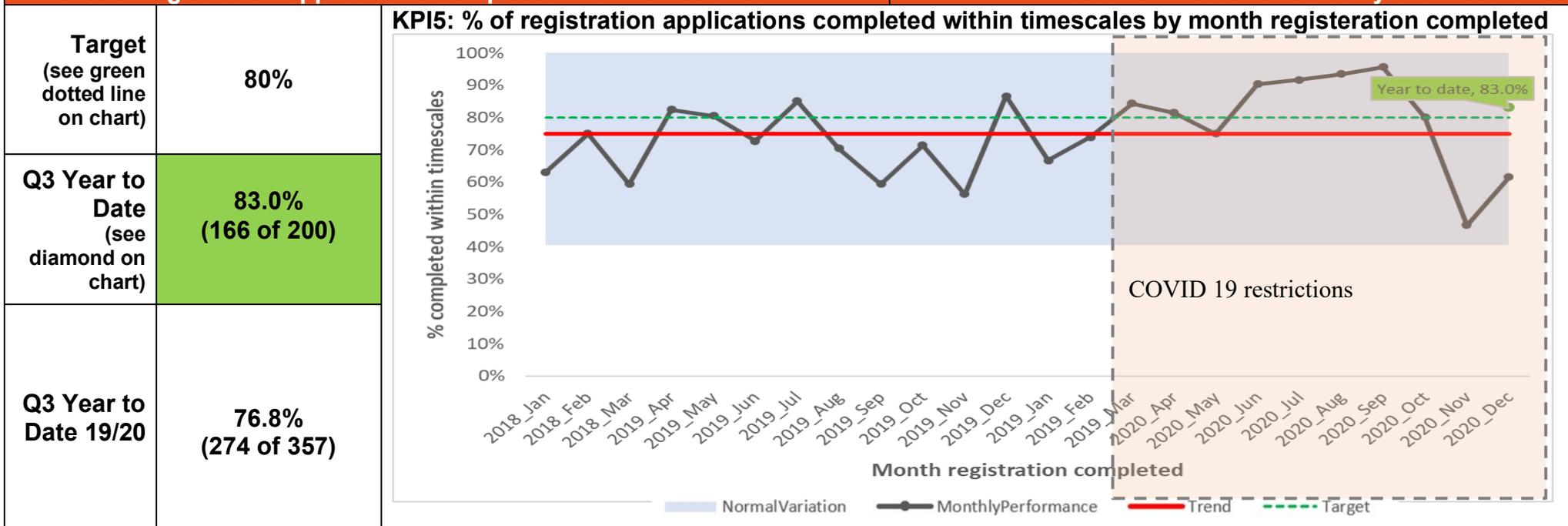
Target	n/a	<p>KOI3: % of services with all good or better grades at first inspection following registration by month inspection report published</p> <p style="text-align: right;">Year to date, 66.2%</p>
Q3 Year to Date (see diamond on chart)	66.2% (49 of 74)	
Q3 Year to Date 19/20	73.9% (306 of 414)	

Notes: Due to COVID-19 restrictions, fewer newly registered services were inspected. The % of services with good or better grades at first inspection fell 7.7 %-points to 66.2% of services. 74 services had their first inspection report published up to the end of Q3; a reduction of 340 services from Q3 last year. The chart above illustrates how variable the performance has become especially throughout the COVID pandemic period due to the low number of services qualifying for the measure.

Reasons for Difference: Due to the reduction in inspections, the number of qualifying services for this KOI remains low. This low number of qualifying services means percentages can vary greatly (as seen in the shaded area of the chart above).

Actions: We do not propose to change this measure but will continue to remind readers that this increased variability due to low number of services will continue while the number of inspections is low.

KPI5: % of registration applications completed within timescales **Executive Director of Scrutiny and Assurance**



Notes: Year to date performance is above target and up 6.2 %-points on Q3 last year. Performance improved overall in Q1 and Q2, however, finished in December below the previous average trend and target. There continues to be wide variation in performance on this KPI as illustrated by the shaded area in the chart, mainly due to the small number of applications completed every month.

Reasons for Difference: The number of applicable registrations was down 157 applications from Q3 last year (200 compared to 357 applications). The number of applications in Q3 (48 applications) was lower than Q2 (78 applications). 63% applications were completed within timescales in Q3 compared to 94% in Q2. There was some impact on capacity to complete this work due to the preparation for and launch of the registration app – as colleagues get accustomed to using it and work through any issues. This has meant it has taken slightly longer to conclude our assessments. The registration team were also required to take part user testing and business preparedness, which has had an impact on capacity.

Actions: We are undertaking work to use some of our learning, including during the COVID-19 pandemic, to consider what services should be registered in the future. The senior leadership team requested a delay to the launch of the register and registration functionality due to the operational impact of the pandemic. As a result, the release date for the next stage is now scheduled for March 16, 2021. At present registration staff are working across both the previous system and the new App. Contingency planning is underway to ensure

any application to register which will be granted within the 3-month KPI still happens but is processed in the old system given the delay to the next stage. This enables the registration work to meet KPIs and ensures the focus on the customer is retained.

KPI6: level of investment in learning & development for our workforce		Executive Director of Strategy and Improvement
Benchmark	4.6 hours on average per quarter	
Q3 Year to Date	4.1 on average per quarter	
Q3 Year to Date 19/20	n/a (reporting commenced in 2020/21)	

Notes: In Q3 employees on average had 3.9 hours of learning and development up from 3.7 recorded in Q2 – resulting in 4.1 hours on average for Q3 year to date.

During Q3, there were 1,351 attendances from employees across 38 learning events. A broad range of learning and development events and resources were offered to support employees to effectively transition to working from home. Webinars to support mental health and wellbeing continued to be popular and were well evaluated by staff. Learning topics included:

- ICT – Office 365 webinars. Based on the results of an ICT training needs analysis completed in this quarter, we continue to monitor and respond to the evolving ICT training requirements for our staff.
- Online resources and webinars to support mental health and wellbeing and working from home included: awareness of bereavement, trauma and grief within the workplace, loneliness and isolation, managing emotional wellbeing (for managers), managing our emotions, managing remote workers, mental health awareness, mindfulness, parenting and remote working, resilience and transitions, sleep and working from home – psychological impact.
- We have developed a learning and development programme for staff on COVID 19, Infection prevention and control (IPC), Care Home Resident Wellbeing, Death & Dying, Medication for adult and complaints staff and provided regular refresher training as guidance is updated. We have trained all Health Improvement Scotland (HIS) inspectors who work with us on these areas.
- Adults development week. This focussed week was designed to update our inspectors on a range of essential topics to support them to feel skilled and confident to undertake scrutiny and improvement support work during the pandemic. Topics included: virtual scrutiny, living well and keeping well in care homes (which included infection prevention and control), quality frameworks for care at home and report writing.

- COVID-19 training for early learning and childcare (ELC) and children and young people (CYP) inspectors. Update training on infection prevention and control and PPE requirements was provided to all ELC and CYP inspectors. Additional training was also offered on self-evaluation.

Reasons for Difference: As we returned to more regular working there was less opportunity than in Q1 for training and investment. With a focus on our ongoing response to COVID-19 the majority of development in Q3 continued to be related to our COVID-19 response including inspector training for COVID-19, ICT refresher training, PPE sessions and supporting colleagues to work at home effectively and healthily.

Actions: Following the outbreak of COVID 19, we continued to offer a range of online learning and development activities. In order to maximise the effectiveness of our virtual model we have adapted the way our learning and development activities are structured and delivered. Key changes include:

- Fully blended learning format – activities are structured to include learning undertaken independently by employees (e-learning and guidance), online training sessions and, where relevant, peer learning.
- Bitesize online training sessions – where training is delivered, we use a bitesize format. This provides focussed time to explore more complex topics, to support understanding and respond to questions raised by learners. Wherever possible online training sessions are limited to 2 hours to support effective learning and reduce fatigue associated with virtual learning and meetings.
- Additional support and training for facilitators to deliver training and support learning within a virtual environment. Training on using MS Teams and facilitating virtual events has been well attended and evaluated.
- Increased opportunities for staff to connect with each other to support their learning. Breakout rooms in teams have helped to ensure sessions are participative and new peer learning activities within our induction programme and COVID-19 training programmes for inspectors support shared learning.

KPI7: % inspection hours spent in high and medium risk services		Executive Director of Scrutiny and Assurance																																																		
<p>Target (see green dotted line on chart)</p> <p>25%</p>	<p>KPI7: % inspection hours spent in high and medium risk services by month inspection completed</p> <table border="1"> <caption>Approximate data from the KPI7 chart</caption> <thead> <tr> <th>Month</th> <th>% of inspection hours</th> </tr> </thead> <tbody> <tr><td>2018_Jan</td><td>25%</td></tr> <tr><td>2018_Feb</td><td>25%</td></tr> <tr><td>2018_Mar</td><td>28%</td></tr> <tr><td>2019_Apr</td><td>32%</td></tr> <tr><td>2019_May</td><td>28%</td></tr> <tr><td>2019_Jun</td><td>28%</td></tr> <tr><td>2019_Jul</td><td>35%</td></tr> <tr><td>2019_Aug</td><td>32%</td></tr> <tr><td>2019_Sep</td><td>30%</td></tr> <tr><td>2019_Oct</td><td>30%</td></tr> <tr><td>2019_Nov</td><td>25%</td></tr> <tr><td>2019_Dec</td><td>28%</td></tr> <tr><td>2020_Jan</td><td>28%</td></tr> <tr><td>2020_Feb</td><td>28%</td></tr> <tr><td>2020_Mar</td><td>25%</td></tr> <tr><td>2020_Apr</td><td>50%</td></tr> <tr><td>2020_May</td><td>80%</td></tr> <tr><td>2020_Jun</td><td>100%</td></tr> <tr><td>2020_Jul</td><td>100%</td></tr> <tr><td>2020_Aug</td><td>100%</td></tr> <tr><td>2020_Sep</td><td>100%</td></tr> <tr><td>2020_Oct</td><td>95%</td></tr> <tr><td>2020_Nov</td><td>95%</td></tr> <tr><td>2020_Dec</td><td>90.6%</td></tr> </tbody> </table>		Month	% of inspection hours	2018_Jan	25%	2018_Feb	25%	2018_Mar	28%	2019_Apr	32%	2019_May	28%	2019_Jun	28%	2019_Jul	35%	2019_Aug	32%	2019_Sep	30%	2019_Oct	30%	2019_Nov	25%	2019_Dec	28%	2020_Jan	28%	2020_Feb	28%	2020_Mar	25%	2020_Apr	50%	2020_May	80%	2020_Jun	100%	2020_Jul	100%	2020_Aug	100%	2020_Sep	100%	2020_Oct	95%	2020_Nov	95%	2020_Dec	90.6%
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<p>Q3 Year to Date (see diamond on chart)</p> <p>90.6% (6,948 of 7,672 hours)</p>																																																				
<p>Q3 Year to Date 19/20 (30,111 of 103,959 hours)</p>																																																				
<p>Notes: Up to the end of Q3 we recorded 7,672 hours on inspection. Of these hours, 90.6% were spent in high or medium risk services, in line with our aim to target our resources where risk is highest - an increase of 61.6% points from last year.</p>																																																				
<p>Reasons for Difference: Up to the end of Q3, in care homes for older people 97% of inspection hours were spent in high/medium risk services. In other care homes for adults 100% of inspection hours were spent in high/medium risk services.</p> <p>In Q3 alone, almost all (94%) inspection hours recorded were in high/medium risk services. Care homes for older people accounted for most of the hours spent in high/medium risk services in Q3 (2,345 hours; 47% of total high/medium hours). Daycare of children services had the largest increase in inspection hours from Q2 after virtual inspections recommenced (up from 0 hours to 1,406 hours; 28% of total high/medium hours). The increase in inspection hours in Early Learning and Childcare settings resulted in a slight drop in the % of inspection hours in high or medium risk services in Q3.</p>																																																				
<p>Actions: We will continue to highlight that performance in this measure will remain high if inspections are prioritised on a risk-based intelligence led approach and we do not undertake inspections of low-risk services.</p>																																																				

Summary of key achievements and work progressed in Q3 2020/21

Early Learning Childcare (ELC) Improvement Team

The ELC improvement programme have delivered a virtual work programme, to support quality improvement within the Early Learning and Childcare sector. We achieved this through collaboration with internal and national stakeholders. We have continued to meet with ELC leads at Government to ensure synergy in our approach to national developments and restarting of the sector. Approximately 95% of identified ELC settings have voluntarily engaged with the improvement programme. In partnership with national and local area ELC leads, the programme has connected with 17 local authority areas to offer quality improvement support to ELC settings. We released 3 bitesize resources between October and December which have reached approximately 85,000 individuals.

Registration App

The launch of the first part of the registration app – covering internal registration assessment and decision - went live on 2 December 2020. This means applications are now being processed in the app, almost up to the point of registration. At this stage the register remains within our Practice Management System (PMS). The senior leadership team requested a delay to the launch of part 2 of the app – covering the register and the full registration functionality, due to the operational impact of the pandemic. Originally planned for January 2021, this is due to go live in March 2021.

Registration Guidance

The Registration team have worked collaboratively with a number of internal teams and external partners to continue our review of Building Better Care Homes the design guidance for care homes for adults. The review of the guidance takes account of the learning from the pandemic to provide environments that mitigate the spread of infection wherever possible but still ensure people are cared for in a homely environment. The next step in the development of the guidance is to consult widely with the sector. The Registration team have also commenced a review of Registration Guidance for Staff, and Registration Report Writing Guidance, to support colleagues with the launch of the registration app.

Staff Development and Wellbeing

Chief Inspector Adult's Wellbeing Charter has been shared with managers internally and a blog written about how this was rolled out and implemented. In November, the adult's directorate had a development week to enable staff to stop, refresh and update knowledge. We provided updated infection prevention and control (IPC) training, virtual inspections, report-writing and all teams organised their own wellbeing session. In addition, checking on peoples' wellbeing is on all meeting agendas and this has been adopted in the organisation as good practice.

Strategic outcome 3: People's rights are respected

KOI4: % of services with >90% of people telling us they are happy with the quality of care and support they receive	Executive Director of Scrutiny and Assurance
KOI5: % of services with majority of people telling us they make decisions about their own care	Executive Director of Strategy and Improvement
<p>We are not currently reporting on these measures as both rely on use of paper questionnaires which we are unable to use due to the risk of spreading COVID-19. This position will be kept under review.</p>	
<p>Actions: We will carefully consider use of paper questionnaires in future and whether we might do this more routinely online instead. Initial scoping discussions have started around the creation of an online questionnaire which would be suitable to capture feedback for all service types.</p>	

KPI8: days per quarter that inspection volunteers and care experienced people are involved in our work		Executive Director of Strategy and Improvement
Benchmark	65 days per quarter	
Q3 Year to Date	50 days – (no on-site inspection activity possible)	
Q3 Year to Date 19/20	154 days	
<p>Notes: During Q3, care experienced people took part in Care Inspectorate involvement activity on 21.5 days across different activities including:</p> <ul style="list-style-type: none"> • Two inspection volunteers took part in recruitment campaigns for new posts - service manager ELC assessment centre and selection day for service manager (strategic scrutiny) post. • Inspection volunteers were provided with Microsoft Teams training and mobile phones to support virtual and telephone inspections. • Re-started supporting inspections. 5 telephone inspections supported by inspection volunteers. • Members of the Care Inspectorate's Care Homes for Older People Reference Group supported NHS National Services Scotland's COVID 19 vaccinations consultation for the sector. <p>Our volunteers have been heavily involved in supporting the work to gain re-accreditation of our Investing in Volunteers award. We were successful in re-accreditation of the award during Q3.</p>		
<p>Reasons for Difference: Compared to Q3 19/20 the number of volunteer days was reduced as inspection volunteers were not involved in a lot of inspection activity during Q3 20/21 due to COVID-19. They have now re-started supporting inspections and 5 telephone inspections were supported by inspection volunteers in Q3. There were a number of other activities where our volunteers made a valuable contribution over the quarter.</p>		
<p>Actions: The involvement team is actively seeking appropriate opportunities for our volunteers to be involved with our work remotely during this unprecedented time. The involvement team continues to be in touch with the adult and young inspection volunteers during the COVID-19 restrictions to provide support where required. A number of appropriate projects are continuing with our volunteers but we recognise that some of our volunteers have caring responsibilities at this time.</p>		

Summary of key achievements and work progressed in Q3 2020/21

Whistleblowing policies

Work was carried out to improve our policy and practice with regard to whistleblowing, in particular the steps taken to enhance the support and protection we provide for external whistleblowers. A working group chaired by the Head of Professional Standards and Practice completed the following actions.

For external complaints:

- A leaflet for care staff has been jointly produced with SSSC.
- A new section regarding whistleblowing has been created on our website.
- Whistleblowers are now being informed verbally and in writing of their rights under the Public Interest Disclosure Act (PIDA) and how they can access support.
- As a 'prescribed person' under PIDA with an annual public reporting duty, we have made plans to record which complaints about services fall within the definition of whistleblowing and the impact that they make on the quality of services.
- The Chief Executive provided evidence to the All-Party Parliamentary Group on Whistleblowing at Westminster and has given advice on potential changes to PIDA. We are working closely with the Scottish Public Services Ombudsman (SPSO) on improving the support for whistleblowers across care, including health and social work.

For internal complaints:

- Staff guidance has been amended.
- Code of Practice has been updated.

Freedom of Information (Scotland) Act (FOISA) Requests

In the Information Governance Team, this quarter has continued to be dominated by FOISA requests. This quarter we have had a total of 41 FOISA requests taking on average 6.6 hours. Q3 last year we had a total of 21 FOISA requests which took an average of 1.9 hours. This shows how both the volume and complexity of these requests has changed, and not all requests were COVID -19 related. The team worked diligently and only two requests for review were received and 88% of the responses were still returned within the statutory deadline as compared to 95% for the same period last financial year.

Fraud Prevention

We have reviewed the Northern Ireland Audit Office (NIAO) Procurement Fraud report against the mitigating controls we have in place to help prevent procurement fraud. We have added further internal controls to strengthen this area following this review.

Pay and Grading

We awarded a contract to Consultancy plus to undertake a joint scoping exercise with the SSSC on our pay and grading structure, including our total reward package. The scoping exercise and outcome report should be available by March at which point we will be able to determine the scope of a Pay and Grading review going forward. We are committed to undertaking a full pay and grading review as part of our Strategic Workforce Plan. We have been in negotiations with the trade unions regarding the pay remit for 2020/21 following the interim pay award of 3% which applied from April.

Shared Services

Shared Services has set up an Office 365 user group, with representation from each shared service function. This group will look to implement best practice across shared services and champion system developments. This will include reviewing our business processes to ensure they are as lean as possible and will look to implement a process to improve customer experience, where our customers 'tell us once'.

Recruitment

Recruitment remains high with a number of campaigns ongoing to fill both new and established posts. Following new funding agreed by the Scottish Government we have commenced recruitment to 9 new Team Manager posts within our Scrutiny and Assurance management teams. We have successfully filled 6 posts at this time however due to changes in the workforce there remains a further 4 posts to fill and a live advert is out now. Other posts that have been successfully appointed to include a Chief Nurse and we have ongoing campaigns for a Head of Strategic Policy and Comms and a Head of HR Shared Services

Contact Centre

The Contact Centre handled a total of 8,220 enquiries in Q3, of these 4,237 were calls and 3,983 were emails. The most common theme continues to be in relation to COVID-19 and queries regarding new COVID-19 guidance issued to different service types.

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 Policy

As a public body, we are expected to consider our contribution to Scotland's National Performance Framework. The National Performance Framework is designed to shape how the actions of the public sector will improve the quality of life for people in Scotland. A new National Performance Framework was launched in 2018, consisting of 11 National Outcomes and 81 National Indicators. We seek to deliver our strategic outcomes in the context of a complex policy landscape, in which the Care Inspectorate has and will continue to have a key role in supporting the successful delivery of many policy drivers, including continued developments around health and social care integration, self-directed support, workforce planning, human rights promotion, early learning and childcare expansion, as well as reform of both adult and children's social care.

Most notably in Q3, the COVID-19 outbreak continued to have a significant impact on current and future policy development. Emergency legislation was introduced earlier in the pandemic, including provisions relating to care homes and duties for the Care Inspectorate that continue to apply. The independent review into adult social care, announced during the pandemic and due to report by January 2021, continued its engagement during Q3. It should be noted that 'Regulation, scrutiny, quality assessment and quality improvement capacity and capability' are included within the remit of the review. We have engaged fully with the review, as well as the Health and Sport Committee's ongoing Social Care Inquiry, and will continue to do so.

A range of other work continues in response to the pandemic. During Q3, the Scottish Government published a root cause analysis of outbreaks in care homes, as well as a Winter Preparedness in Social Care Plan. The Health and Sport Committee at the Scottish Parliament published a survey report on the

impact of COVID-19 on care and support at home, and continues to carry out related scrutiny alongside its wider social care work.

Other relevant developments in Q3 included:

- The appointment of Mairi Gougeon as Minister for Public Health as part of a mini-reshuffle following the resignation of Joe FitzPatrick
- Confirmation that the statutory duty for the expansion of funded early learning and childcare to 1,140 hours will commence in August 2021.

3.4 People who experience care

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2019-22. This evidences the performance of the organisation in delivering strategic outcomes and as such provides assurance and protection for people who experience care.

3.5 Customers (Internal and/or External)

This report includes a number of measures of customer satisfaction.

4.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note and discuss this report.

TECHNICAL NOTES

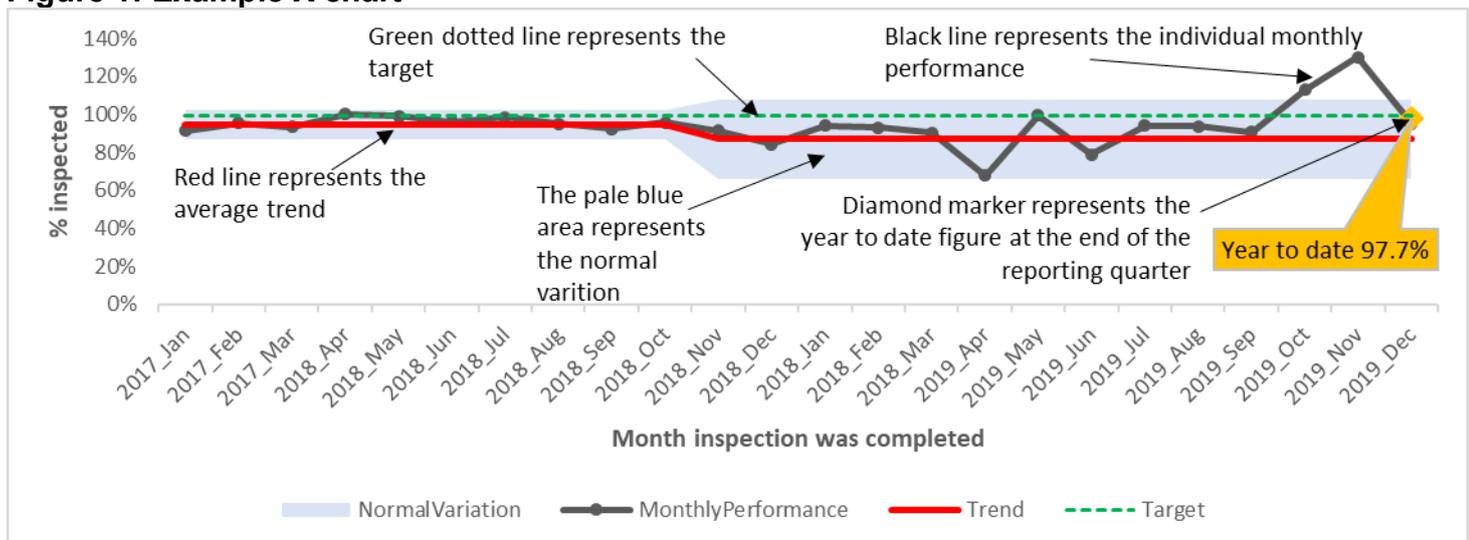
Types of performance measure

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

Notes on presentation

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

Figure 1: Example X chart



The black line with markers shows a measure’s performance over time whilst the red solid line shows the average performance for that measure for the first six 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 (eight consecutive time periods, 10 out of 12 or 12 out of 14 etc.) or it is near/outwith the control limits for 4 consecutive points then we can be confident there has been a real change in performance. The average line and control limits are then recalculated from the first period the change in performance started to show the new level of performance. Note also that, while we would usually follow good practice and start all vertical axes on charts at 0, in some cases we have not done this in order to focus on small but significant changes. Please be aware that this can make small changes appear much bigger visually than they actually are.

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



Title:	CARE INSPECTORATE CORPORATE PARENTING REPORT AND CORPORATE PARENTING PLAN								
Author:	<i>Sean Byrne, Strategic Inspector, Strategic Scrutiny, Children and Young People (Interim Chair of the Corporate Parenting Group)</i>								
Appendices:	<table border="1"> <tr> <td>1</td> <td>Corporate Parenting Report 2017-2020</td> </tr> <tr> <td>2</td> <td>Corporate Parenting Report 2017-2020 (Children and Young People Version)</td> </tr> <tr> <td>3</td> <td>Corporate Parenting Plan 2021-2023</td> </tr> <tr> <td>4</td> <td>Corporate Parenting Plan 2021-2023 (Children and Young People Version)</td> </tr> </table>	1	Corporate Parenting Report 2017-2020	2	Corporate Parenting Report 2017-2020 (Children and Young People Version)	3	Corporate Parenting Plan 2021-2023	4	Corporate Parenting Plan 2021-2023 (Children and Young People Version)
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3	Corporate Parenting Plan 2021-2023								
4	Corporate Parenting Plan 2021-2023 (Children and Young People Version)								
Consultation:	<p>Our corporate parenting report has not been subject to external consultation. The following people and groups have had the opportunity to comment on the report and/or have been involved in its development:</p> <ul style="list-style-type: none"> - Corporate parenting group - Young Inspection Volunteers - Executive Director of Strategy and Improvement (Deputy Chief Executive) (executive sponsor for corporate parenting) - Interim Head of Improvement Support - Chief Inspector, Strategic Scrutiny (children and young people) - Organisation Leadership Team <p>Our corporate parenting plan has not been subject to external consultation. The following people and groups have had the opportunity to comment on the plan and/or have been involved in its development:</p> <ul style="list-style-type: none"> - Corporate parenting group - Young Inspection Volunteers - Executive Director of Strategy and Improvement (Deputy Chief Executive) (executive sponsor for corporate parenting) - Interim Head of Improvement Support - Chief Inspector, Strategic Scrutiny (children and young people) - Those with lead responsibility for actions within the plan. - Organisation Leadership Team 								
Resource Implications:	*Yes/No								

Agenda item 12
Report No: B-06-2021

EXECUTIVE SUMMARY

[Part 9 of the Children and Young People \(Scotland\) Act, 2014](#) relates to corporate parenting. The Care Inspectorate (Social Care and Social Work Improvement Scotland) is named as a corporate parent. Corporate parenting is a whole organisation responsibility. As officers of the Care Inspectorate, we are all corporate parents.

Our corporate parenting report 2017-2020 outlines our achievements and progress against our previous corporate parenting plan.

Our corporate parenting plan (2021-2023) demonstrates how we intend to continue to meet our statutory duties and responsibilities to be the best corporate parents we can be.

We are mindful that our corporate parenting plan and our corporate parenting report must be accessible to our care experienced young people. With the support of our young inspection volunteers, we have produced abridged versions of both documents, to be published alongside the full versions.

Our corporate parenting report (2017-2020) and our corporate parenting plan (2021-2023) are to be submitted to the Scottish Government by 31 March 2021.

The Board is invited to:

- | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | discuss and note the content of our corporate parenting report 2017-2020, which outlines our achievements and progress against our previous corporate parenting plan and to comment as considered necessary. |
| 2. | discuss and agree the content of our corporate parenting plan 2021-2023 and to note the recommendation to support the implementation of the plan. |

Links:	Corporate Plan Outcome	1. People experience high-quality care, 2 People experience positive outcomes 3 People's rights are respected.	Risk Register - Y/N	N	Equality Impact Assessment - Y/N	Y	
For Noting	X	For Discussion	X	For Assurance		For Decision	X

BOARD MEETING 25 MARCH 2021

Agenda item 12
Report No: B-06-2021

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.

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

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

Care Inspectorate Corporate Parenting Report (2017-2020) and Corporate Parenting Plan (2021-2023)**1. INTRODUCTION**

A wide range of legislation, regulation and guidance provides the framework within which we take action to support children and young people who are looked after in Scotland. However, many of our looked after children and care leavers continue to experience the poorest outcomes of any group in Scotland, including low levels of educational engagement and achievement, high levels of poverty, homelessness and poor mental health. Rates of suicide and self-harm are higher for those who have experienced care than of the general population.

Corporate parenting represents the principles and duties on which improvements can be made for care experienced young people. Corporate parenting refers to an organisation's actions to uphold the rights of care experienced young people, secure their wellbeing and promote their physical, emotional, spiritual, social and educational development.

2. OUR ROLES, RESPONSIBILITIES AND DUTIES AS CORPORATE PARENTS

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

“As corporate parenting is a corporate responsibility, an organisation’s most senior corporate management will be held responsible for ensuring that the duties set out in Part 9 are met. Moreover, senior corporate management will be held accountable for an organisation’s performance in respect to corporate parenting. Individuals involved in the governance of organisations (i.e. councillors and independent Board members) have an important role in scrutinising the activity of senior management”¹

As corporate parents, we are expected to carry out many of the roles any parent should. Section 60 of the [Children and Young People \(Scotland\) Act, 2014](#) sets out our duty to collaborate with other corporate parents, to best meet our collective responsibilities to promote the wellbeing of our children and young people and to help keep them safe from harm. This may include funding activities jointly, sharing responsibilities to support our children and young people, providing opportunities for education and employment, and providing advice and assistance.

¹ [\(s.44 Children and Young People \(Scotland\) Act 2014: Statutory Guidance on part 9, Corporate Parenting\).](#)

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In recognition of our corporate values and our duties, responsibilities and commitments as corporate parents, we refer to care experienced children and young people as “our children and young people”.

3. CORPORATE PARENTING REPORT (2017-2020)

Appendices 1 and 2, which accompany this report provide the board with a clear overview of our achievements as corporate parents during the last three years. Our corporate parenting report is designed to provide a level of assurance to the Scottish Government and the public that we are meeting our responsibilities as a corporate parent.

4. CORPORATE PARENTING PLAN (2021-2023)

We still have much to achieve in becoming the best corporate parents we can be. Appendices 3 and 4 provide our corporate parenting plan. This is set out under our six high level commitments, supplemented by four areas of focus, informing a detailed action plan. Our corporate parenting plan is aspirational, but achievable. It demonstrates our whole-organisation commitment to children and young people and that we take our statutory duties and responsibilities as corporate parents seriously.

Our young inspection volunteers have been involved in the development of our corporate parenting plan and they will help hold us accountable for the actions within it.

In meeting our statutory duties as corporate parents, whilst keeping us aligned with [The Promise](#)² and our [corporate plan](#) outcomes, the delivery of our corporate parenting plan will require commitment, involvement, resource and a growing recognition of our collective responsibilities to our children and young people.

5. CONCLUSION AND RECOMMENDATIONS

The board is asked to discuss and note the content of our corporate parenting report 2017-2020 and to comment as considered necessary.

It is recognised that our corporate parenting plan 2021-2023 will require a recalibration of how as an organisation, we approach our statutory duties to corporate parenting. Our resource requirements are broadly illustrated in the plan, with buy-in required from across our organisation. Most aspects of our corporate parenting plan are achievable with a reframing of our existing resource. However, we may find that additional resource or capacity is required

² The Promise is responsible for driving the work of change demanded by the findings of the Independent Care Review.

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in key areas, or at times of high service pressure, as we continue to meet on our six commitments.

It is recommended that a corporate parenting working group, with primary representation from the Organisation Leadership Team, is formed to fully consider how we meet our statutory duties in fulfilling our commitments within our corporate parenting plan. The tasks of this group will include identifying anticipated resource gaps, with representations made through the organisational leadership team to the strategic leadership team and, if appropriate, to the board

The board is asked to discuss and agree our corporate parenting plan 2021-2023 and to note the related recommendation to support the implementation of the plan.

6. IMPLICATIONS AND/OR DIRECT BENEFITS

6.1 Resources

Please refer to section 5 (above).

6.2 Sustainability

Environmental

There are no known direct environmental implications arising from this report.

Social considerations

We are committed corporate parents who will meet our statutory duties and responsibilities. Our corporate parenting plan is explicit in how we aim to reduce discrimination, promote rights, support opportunities and help improve the life chances of our children and young people.

Employment opportunities

Our corporate parenting plan provides consideration of employment opportunities for our children and young people under commitment 5: *We will improve opportunities for our children and young people to develop skills, experience, and confidence to achieve their employment and career ambitions.*

Employment opportunities as relevant to delivery of this plan will be subject to consideration as noted above.

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Equality and Human Rights

Our corporate parenting report and our corporate parenting plan both give full cognisance to the [United Nations Convention on the Rights of the Child](#) and the [Care Inspectorate UNCRC report \(2017-2020\)](#).

Health and Safety

There are no known direct health and safety implications arising from this report.

Fair Work Practice

Full cognisance will be given to the Fair Work Convention and in particular, the [Fair Work Framework](#) where relevant within our corporate parenting plan. This is particularly relevant to commitment 5: *We will improve opportunities for our children and young people to develop skills, experience, and confidence to achieve their employment and career ambitions.*

6.3 Policy

There are several areas of legislation, statutory guidance and policy, which have informed our corporate parenting plan and report, including.

[Children and Young People \(Scotland\) Act, 2014](#)

[Children and Young People \(Scotland\) Act 2014: Statutory Guidance on part 9, Corporate Parenting](#)).

[The Promise](#)

[Getting it Right for Every Child \(GIRFEC\)](#)

[The United Nations Convention on the Rights of the Child](#)

The [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Bill](#) is currently making its way through parliament and will inform our corporate parenting agenda.

Due diligence will continue to be given to developing areas of policy, guidance and legislation throughout the life of our corporate parenting plan

6.4 People Who Experience Care

Our children and young people (children and young people who experience care) are integral to our corporate parenting plan and our corporate parenting report. They are the primary subjects of both documents. Our statutory duties, responsibilities and commitments to them are fully articulated.

6.5 Customers (Internal and/or External)

As corporate parenting is a whole organisation responsibility, all internal customers are corporate parents. We must engage with them on that basis.

We will continue to engage with our external customers as highlighted in our corporate parenting plan, with a close focus on our children and young people and the organisations who support them. We will continue to fulfil our duty to collaborate with other corporate parents to safeguard and promote the wellbeing of our children and young people.

7. NEXT STEPS

Further to the discussions and agreement at the board, our corporate parenting plan and our corporate parenting report will be revised if necessary.

Our corporate parenting plan and corporate parenting report will then be submitted to the Scottish Government by 31 March. Our report will be used to inform the national corporate parenting report, which will be laid before parliament later this year.

It is anticipated that both versions of our corporate parenting plan and corporate parenting report will be published on the Care Inspectorate website by 16 April. External notification of publication will be issued via our newsletters to the care sector.

Our senior leadership team and board ultimately hold governance responsibility for this plan as noted in section 2 of this report. The corporate parenting group retain responsibility for its implementation, monitoring and review. The corporate parenting group will provide progress updates to the board at the end of each fiscal year as a minimum.

CORPORATE PARENTING REPORT 2017-20



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FOREWORD

I am delighted to present our corporate parenting report. Within this, we show progress in our developing areas of work. These focus on scrutiny, assurance and improvement support functions, participation and research.

It is important that, as the public body that looks at the quality of care in Scotland, we also reflect on how we deliver our core functions. We hold a responsible position as corporate parents and we regulate and report on the quality of support for young people by other corporate parents. We must also demonstrate what it means to be a good corporate parent.

This report provides assurance that we meet our responsibilities as corporate parents. It is important to us that the report is meaningful to our care experienced young people. To achieve this, we have created an accessible, universal version alongside this one. It sets out the high-level outcomes in our 2017-2020 corporate parenting plan and how we have met them.

This report aligns with the United Nations Convention on the Rights of the Child UNCRC report 2017-2020. It demonstrates how we protect and support the rights of children and young people.

We are very aware of the impact that the COVID-19 pandemic has had upon our care experienced young people. This includes limited family contact, isolation and reduced face-to-face interaction. During the pandemic last year, we continued to make progress, and we will take our learnings from this forward.

With that in mind, we have produced an aspirational corporate parenting plan for 2021-23. Our plan reflects [‘The Promise’](#) and will continue to align with its implementation. We recognise that our care experienced community need to be at the heart of our commitment. They will continue to inform the plan and hold us accountable for the delivery of it.

I would like to take this opportunity to thank our young inspection volunteers, many of whom are care experienced. They have contributed heavily to this report and to our corporate parenting plan. They continue to bring important contributions and perspectives to our work.

Throughout this report we refer to care experienced young people as ‘our children and young people’. This reflects our values, responsibilities and commitments as corporate parents.



A handwritten signature in black ink that reads "Peter Macleod". The signature is fluid and cursive, written over a light grey background.

Peter Macleod
Chief Executive

INTRODUCTION

Children and young people who are care experienced have among the poorest outcomes of all children and young people in Scotland. It is our job as corporate parents to improve these outcomes.

[Part 9 of the Children and Young People \(Scotland\) Act, 2014](#) relates to corporate parenting. This applies to every child who is looked after by a local authority, and every young person under the age of 26, who was looked after on their 16th birthday.

As a corporate parent, we carry out many of the roles a parent would. Section 60 of the [Children and Young People \(Scotland\) Act, 2014](#) sets out our duty. This is to collaborate with other corporate parents and promote the wellbeing of our children and young people.

This may include :

- jointly funding activities,
- sharing responsibilities for any actions to support our children and young people,
- providing opportunities for education and employment
- providing advice and assistance.

It is important that in fulfilling our roles as corporate parents we enable our children and young people to have as much of a say as possible.

This report reflects how, from 1st January 2017 to 1st January 2021, we fulfilled our duties to complement and support the actions of parents, families and carers to deliver positive change for our children and young people.

To help us do this we are:

- **alert** to all matters that affect the wellbeing of our children and young people
- **strong** when challenging the disadvantages that our children and young people face
- **leaders** by driving improvements and working with other corporate parents to raise society's expectations for our children and young people
- **responsive** in how we assess the needs of our children and young people or any service or support provided
- **active** in providing our children and young people with real opportunities within our organisation, so that they grow and develop skills for the future.

OUR COMMITMENT TO OUR CHILDREN AND YOUNG PEOPLE

The Care Inspectorate Corporate Plan 2019-2022 shows that we take our role seriously. We work with our children and young people to create opportunities to support them to gain valuable experience – leading to further study and paid employment.

It is important for people who experience care, their families, carers and local communities to be involved in the planning and delivery of services. We ask for and listen to people's experiences and promote and share these to help achieve positive outcomes. Our 'working together group' (previously known as involving people group) and our inspection volunteers, continue to influence and shape what we do. As well as being involved in regulated care and strategic inspections, they make valuable contributions. For example, in developing new methodologies and policies, and in shaping improvement support interventions.

We are responsible for inspecting standards of care and supporting improvement in social work and social care services in Scotland. That means we regulate and inspect care services to make sure they meet high standards. We want young people to feel loved and secure in whatever setting they are in and to have meaningful connections. When these standards are not met, we can support services to improve. This is with full consideration of the impact services can have on a child or young person's life, in helping them to improve their life chances and become happy, healthy, safe and secure adults. We also carry out joint inspections with other scrutiny bodies to examine how well different organisations in local areas are working to support children and young people, improve their wellbeing and keep them safe from harm.

We play an important role in supporting improvements in the quality of care and reducing health and social inequalities in Scotland. The findings from our inspections and other work helps inform and influence local and national policy.

All of our work is informed by the [Health and Social Care Standards: My Support, My Life](#). We apply these standards in every element of our work.

These are the standards of care any person can expect, based around five main outcomes.

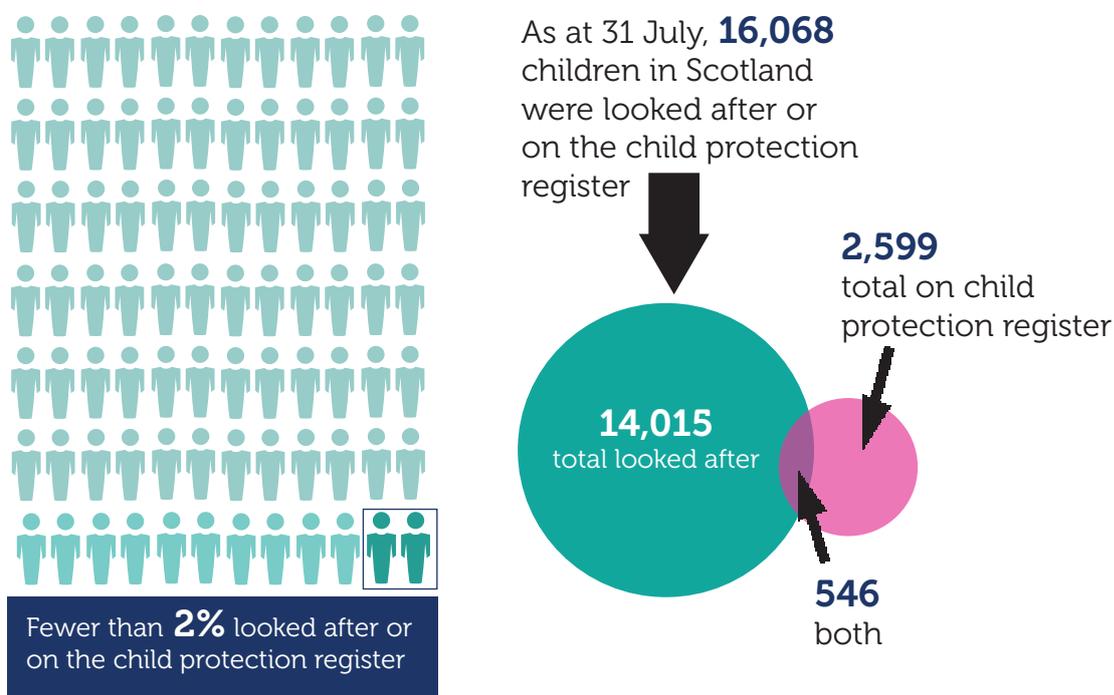
1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high-quality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

WHY OUR CHILDREN AND YOUNG PEOPLE ARE IMPORTANT

Many of our children and young people have complex needs, reflecting backgrounds of trauma, loss and instability.

The [Scottish Government Children's Social Work Statistics Scotland, 2018-2019](#) provide us with recent data on the number of young people. Figure 1 provides data for those looked after at the 2019 reporting year end.

Figure 1: taken from Children's Social Work Statistics 2018-19



As at 31 July 2019, 14,015 of our children and young people in Scotland were looked after; 84 of whom were in secure accommodation.

Scottish local authorities have a duty to provide 'aftercare' support to all eligible care leavers up to the age of 26 years of age. The local authority must undertake an assessment. If the care leaver is assessed as having eligible needs which cannot be met by other means, the local authority must provide them with such advice, guidance and assistance as it considers necessary. Eligible needs include financial support to meet essential accommodation and maintenance costs. Or other support in the form of information or advice to help the young person access education, training, employment, leisure opportunities or for the person's wellbeing ¹. The majority of those over the age of 21 years do not receive aftercare.

¹ Children and Young People (Scotland) Act 2014

As at 31 July 2019, 3,868 (58%) of our children and young people eligible for aftercare services received them, whilst 2,782 people who were eligible did not take up these services (42%). Of the latter, 1,206 were over the age of 22. The [Scottish Government](#) suggests that may be expected as many of those in this age group may have moved onto adult services where required.

Continuing Care is the continued provision of accommodation and other assistance that was being provided by the local authority. Continuing Care enables eligible young people aged 16 or older to stay in the same kinship, foster or residential care placements.

As at 31 July 2019, only 162 of our children and young people who ceased to be looked after in the previous year received Continuing Care². In April 2020, to better support our children and young people into adulthood, Continuing Care allowed for all eligible care leavers to remain in their care setting from age 16 until their 21st birthday. These numbers should rise considerably over the coming years. Better informing our children and young people of their rights to continuing care and supporting them to access it is a priority within our corporate parenting plan 2021-23.



²This only includes those aged between 16 and 20.

WHAT WE HAVE DONE SO FAR

In our corporate parenting plan 2017-20, we set ourselves seven outcomes:

1

Understand the needs and ambitions of young people.

2

Raise awareness within our organisation about the needs and challenges that care experienced young people face.

3

Raise our expectations of better outcomes for young people through our registration, inspection, and complaints work.

4

Communicate effectively with, and about, care experienced young people.

5

Increase the voices of care experienced young people in how we plan and carry out our work.

6

Improve opportunities for care experienced young people to develop skills, experience, and confidence to achieve their employment and career ambitions.

7

Work effectively with other corporate parents.

OUR PROGRESS

We present our progress under different themes, stating collectively what we said we would do and how we have delivered during the last three years. Where we still have some work to do, we recognise this, and will take it forward in our corporate parenting plan 2021-23.

We said we would:

Embed our responsibilities to our children and young people in our plans, our work and our staff. We said we would work in partnership with other corporate parents and public bodies to understand their needs and ambitions and help improve their experiences.

We have supported care services across Scotland to embed a rights-based approach which reflects the Health and Social Care Standards. We have produced new inspection frameworks that are based on the experiences of our children and young people. These frameworks help care services to identify good practice and areas for improvement.

During the last three years we have:

- **inspected** services for 10,245 children and young people to help ensure that they are safe, healthy, and happy
- **led** on eight joint inspections for children and young people in need of care and protection and three joint inspections of services for children and young people, with our young inspection volunteers, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary
- **met** over 3,000 of our children and young people to find out about their care experiences and what was important to them. Young people were able to tell us about the issues that affected them. Such as how they have a say in their personal plans, contact with people who are important to them, education and relationships in their care settings. We were able to highlight the impact on their outcomes in inspection reports. We have consulted widely with care experienced young people in the development of the Health and Social Care Standards and in the review of our complaint functions.
- **investigated** 3,549 complaints about all regulated children and young people's services. This includes 315 complaints concerning residential care services, 56 complaints about fostering services, 22 complaints regarding secure care and 171 complaints regarding care received in residential schools. We recognise that only 36 complaints about foster care and residential settings were made directly by our children and young people. We are now looking at ways to reach more young people and make it easier to complain.

We continue to support work to improve children and young people's services. We know there is still a lot to do. We learn from and apply research findings and we regularly contribute to national policy, legislative and guidance review and development.

Secure Care Pathway Standards Scotland

We were involved in a programme of co-production of the **Secure Care Pathway and Standards Scotland**. We worked with care experienced young people who had stayed in secure care to take account of their lived experience. The standards are important. They provide a vision to drive forward transformational change to improve the experiences and outcomes for children who are in, or on, the edges of secure care in Scotland.

Personal care planning guidance

Children and young people have personal plans, which demonstrate how their needs, wishes and choices should be met. We met and spoke with 120 of our children and young people to inform guidance for care services to help them develop high quality personal plans.

During the last three years, we have published a range of new, or updated guidance to help services deliver high-quality care, including:

- [Matching Looked After Children and Young People: Admissions Guidance for Residential Services](#)
- [Guidance for services on the provision of continuing care](#)

Barnahus Standards

Together with Healthcare Improvement Scotland, we are developing Barnahus standards for the Scottish Government. Barnahus is an Icelandic word for '**children's house**' or '**bairn's hoose**'. It is a child-friendly way to support children and young people with experience of harm or abuse. Barnahus is about building safe relationships with the police and other professionals, so that children and young people can feel confident about talking about what happened to them in a comfortable and safe place. Having Barnahus in Scotland will mean that their story does not have to be told repeatedly.

Helping our staff understand their role in being a good corporate parent

Over the past three years the corporate parenting group have led on work to raise awareness of corporate parenting in our organisation.

We have worked with Who Cares? Scotland and our young inspection volunteers to develop and deliver training for all board members, executive group members and senior managers. The most recent development session took place with the Board in November 2020 on Microsoft Teams. Overall, this was very well received and we will continue to adapt content and methods of delivery in future.

Collaboration with other corporate parents

We have signed the pledge to become a [Friend of Who Cares? Scotland](#). This means that we have made a commitment to work with others to raise awareness and to help end discrimination that our children and young people face.

We are members of the [Scottish Care Leavers Covenant](#). This supports corporate parents to bridge the gap between policy and practice. It aims to create consistency across Scotland and help deliver the changes to address the disadvantages that often results from our children and young people's care experiences.

We are members of the Corporate Parent Collaborative, chaired by the Children and Young People's Commissioner Scotland and the participation network chaired by the Centre of Excellence for Looked After Children in Scotland (CELCIS). Through our involvement in these forums, we share learning and opportunities for our children and young people. We include them in delivering presentations and workshop sessions and in supporting the planning, content, and delivery of events.

We have continued to undertake our joint strategic inspections of services for children in need of care and protection, along with scrutiny partners who are also corporate parents. Our young inspection volunteers have informed the development of our methodology and become a key ally in our scrutiny activities.

We said we would:

Provide opportunities for our children and young people to develop their skills, experience and confidence to help them find employment and develop

Young inspection volunteers

We currently work with 15 young inspection volunteers. Our young inspection volunteers visit children and young people's services with us when we inspect and they support a range of our strategic scrutiny activities, including speaking with senior managers in partnerships. They are aged between 18-26 years old.

When young inspection volunteers join us, they spend five days together learning what happens during an inspection and they take part in training before they go out to a service. Then, four times a year, they come back together to share learning and develop their skills, such as preparing for inspection, communication and interviewing. This has helped to build the confidence of our young inspection volunteers. It helps them to work effectively in listening to our children and young people and helping to improve the services that support them.

We aim to involve more of our children and young people in a range of work through our organisation. This is a feature of our corporate parenting plan 2021-23.



One of our young inspection volunteers, Toni Twigg, was chosen to be First Minister Nicola Sturgeon's Mentee of the Year. She had meetings with the First Minister and shared what it was like to be a young person with experience of care.

Our young inspection volunteers were involved in designing resources and delivering workshops to staff at the Scottish Institute for Residential Childcare (SIRCC) conference and the Scottish Care Leavers Covenant Conferences in 2018 and 2019. These events covered topics important to our young inspection volunteers. They also covered subjects our children and young people have highlighted as important, such as the separation of siblings who are in care. The contribution of our young inspection volunteers was significant, enabling the voices of our children and young people to be heard.

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

"Our work keeps us focused and on the right path."

"In our roles we feel safe, cared for and well looked after."

"It helps us to feel better about ourselves."

"We feel like a family and are supported through our volunteering work."

"We get to attend conferences and award ceremonies."

"We get the opportunity to see Scotland and other countries."

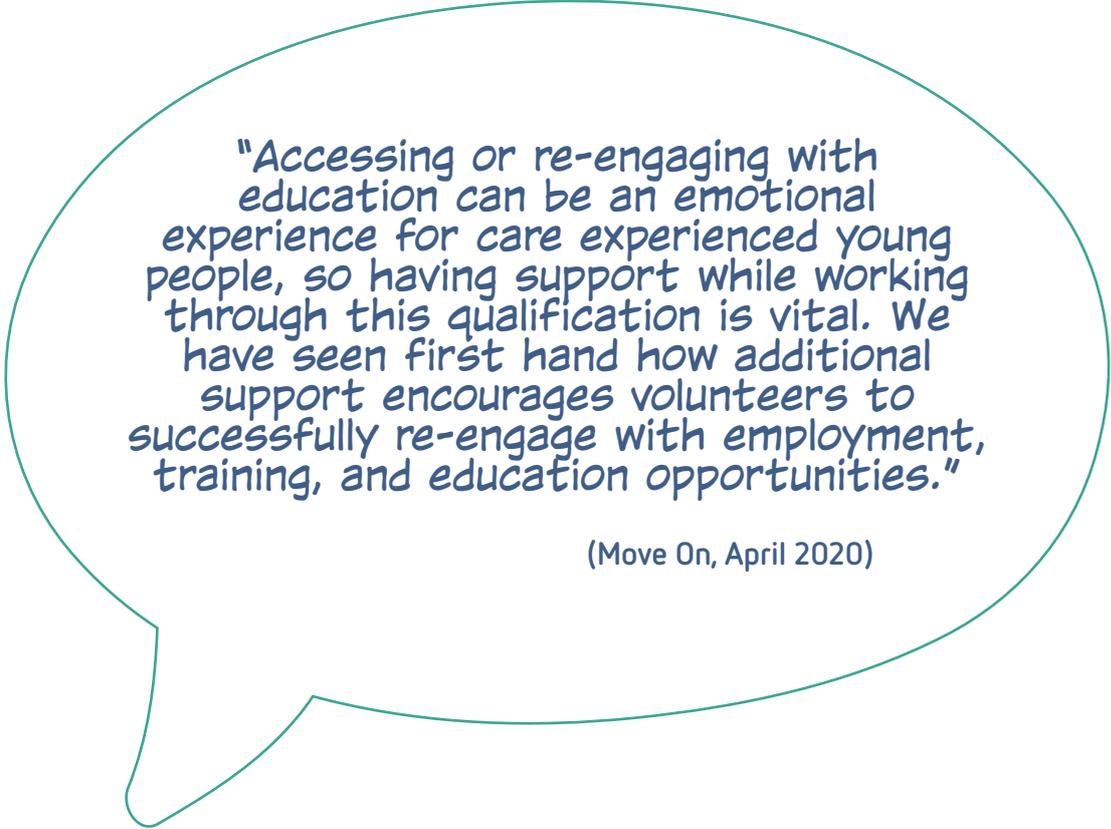
"Children and young people share more information with us, so information about care services is better as they feel more comfortable."

"We feel trusted and important."

We are part of an exciting partnership with Aberlour, Includem and CELCIS called Love Inc, funded by the Life Changes Trust. Love Inc has two care experienced participation assistants. The project lead supports them to undertake most of the direct work engaging with a range of young people and staff. We helped with the recruitment and induction of the participation assistants and have provided opportunities for them to engage directly with our inspectors. The participation assistants have been involved in contributing to the development of the Professional Development Award for inspectors.

Supporting a return to education

We have worked with Glasgow Kelvin College and Move On Scotland to support six of our young inspection volunteers to return to education. This has been very successful with five of them achieving their level six community achievement award in 2019. Three more young inspection volunteers were scheduled to start the level six award this year. However, due to COVID-19 restrictions, this has been delayed. All of our young inspection volunteers will be supported with 1:1 mentoring by the Move On Scotland team. This will help ensure that they are well supported in other areas of their lives including benefit support, literacy skills and emotional wellbeing before hopefully moving on to further education or employment.



"Accessing or re-engaging with education can be an emotional experience for care experienced young people, so having support while working through this qualification is vital. We have seen first hand how additional support encourages volunteers to successfully re-engage with employment, training, and education opportunities."

(Move On, April 2020)

Recruitment and selection

We have a responsibility to ensure that our staff recruitment and selection processes follow laws on equality. We were scheduled to review our processes during 2020, including how we recruit and place our modern apprentices. This is to ensure we do not present barriers to the employment of our children and young people. However, this work has been limited during the pandemic and will be carried forward into our corporate parenting plan 2021-23. This work will be undertaken collaboratively with our young inspection volunteers to help us understand what would make our jobs attractive and ensure that we do not discriminate against our children and young people in any way.

Our young inspection volunteers have taken an active part in interview panels for senior roles. An extension to this work was planned for this year, however, due to the pandemic, this has been carried forward into 2021. We anticipate that we will include young inspection volunteers in the selection process for more of our posts from late 2021. Our children and young people will also support our staff induction. This will ensure that the voices of our people are heard from the very start of everyone's career with our organisation.

Development of improvement support resources to help staff who work with children and young people

We created a range of improvement support resources to help staff work more effectively with children and young people. These are two pieces of work, which our children and young people celebrate.

Animal Magic is an online resource, which was published in September 2018. The short videos show how being around and caring for animals can make a big difference to children and young people's lives. Two of our children and young people who feature in the resource, Millie and Amber helped co-present the workshop. Carrie-Ann and Toni, two of our young inspection volunteers, were involved too. Carrie-Ann brought along her dog, Tally, who was a huge hit with everyone. They were all involved in pulling the workshop together and shared photographs. Our young people told us that they like and enjoy being around and caring for animals. Animals can help people to relax and encourage them to be more active. More care services now have pets, so that young people can spend more time with animals.





Our young inspection volunteers made a [short film](#) about the importance of promoting sibling relationships for young people who come into care. The film is about how important family life is for everyone and how important it is for young brothers and sisters to stay together whenever possible. The film supports the work of **Stand up for Siblings**, a partnership which our organisation is part of. This partnership project won a Herald Society award in November 2019.

Year of Young People

The Scottish Government designated 2018 to be the Year of Young People. It wanted to inspire Scotland through its young people by celebrating their achievements, valuing their contributions to communities and creating new opportunities for them to shine locally, nationally and on the international stage.

Melissa Young, one of our young inspection volunteers spoke at international conferences about her work. This included the European Social Services Conference in Seville and the International Regulators Conference in Glasgow. Our young inspection volunteers were invited to represent our organisation at the prestigious Young Scot Awards in 2018. They joined many other young people across the country to celebrate their success and achievements. They were shortlisted for **'Improving Children's Lives'**, a Herald Society Award and attended the award ceremony in Glasgow.



We said we would:

Communicate effectively with our children and young people, about our children and young people and make sure our children and young people can communicate effectively with us and others.

The delivery of this report and our Corporate Parenting Plan 2021-23

Our young inspection volunteers have been instrumental in the development and production of this report. As is clear throughout, they have contributed to a range of activities.

Our young inspection volunteers helped frame our priority outcomes and actions in the form of six high-level commitments in our Corporate Parenting Plan 2021-23. The plan ensures the continued involvement of our children and young people in a highly aspirational, but achievable plan, reflecting our commitments as proud corporate parents.

"I have been a young inspection volunteer since 2015 and really enjoy my volunteering role with the Care Inspectorate. I was nominated to attend the Royal Garden Party at Holyrood Palace in Edinburgh on the 4th July 2018 and I was absolutely delighted!"

Toni Twigg, young inspection volunteer



Involvement in shaping inspections

Our young inspection volunteers shape our methodology for our joint strategic inspections of community planning partnerships. They meet children, young people and the staff who work with them, helping us to understand the impact of services through the eyes of a young person. Our young inspection volunteers also meet with leaders. They look at how they work together and how they demonstrate the difference they are making to the lives of children in need of protection and for whom they are corporate parents.

Our involving people group met regularly throughout 2017 and 2018. The group was concerned with giving feedback, suggestions and ideas on important areas of our work such as complaints, business transformation and inspection methodologies. The group informed [Involving You!](#) - our 2018-2021 involvement strategy. Following feedback from our volunteers during 2019 we worked with volunteers to design and develop the new working together group. Members of this will work with staff on a range of longer-term projects. More short-term work and consultation opportunities will be formed through a new consultation network planned for 2021.

Creative communication

We have continued to work with our children and young people to develop ways to communicate that work for everyone. With our young inspection volunteers we use email, phone, virtual meetings and a WhatsApp group, depending on what we need to communicate and when. Up until the COVID-19 restrictions, we regularly met our young inspection volunteers face-to-face about their work and to provide social and personal support where required. We continue to maintain contact in the virtual environment as we find our way through new and innovative ways of working.

We already communicate with children and young people more widely through social media and our partners. We recognise digital engagement is an area for improvement and one which is carried forward into our Corporate Parenting Plan 2021-23.

We have developed and launched a corporate parenting page on our intranet. This will help all our staff and board members to keep up to date with corporate parenting work across the organisation.

A more accessible complaints process

If our children and young people feel they are not receiving good care, it is important for us to provide easy ways for them to tell us. In 2018, we reviewed the number of complaints received and found that only a small number of young people had used our complaints function. Our young inspection volunteers have helped us make some changes so that young people have more user-friendly ways to make a complaint.

We had planned to launch the text complaints service in April 2020,, but this was impacted by the pandemic. It is now scheduled for early 2021. In the meantime, we have been able to use technology to meet with advocacy groups and raise awareness about our complaint functions.

Our young inspection volunteers have produced leaflets and posters so that our children and young people and those who support them are aware of their rights. We will review the steps we have taken and monitor their impact on the number of complaints we receive.

More accessible inspection reports

During the last three years, our young inspection volunteers have worked with strategic inspectors to produce questions and activities to involve children and young people in our inspection work. We have run a competition in each local authority area inspected between 2018 and 2020, for children and young people to design the cover of our joint inspection reports. This is to help make the reports appeal to a child or young person and their families.

Our communications team supported our young inspection volunteers to record videos of key findings from strategic inspections. These are available on our You Tube channel. This also makes it easier for children, young people and their families to learn about and understand the findings from joint strategic inspections. We will continue to develop this work in our 2021-23 plan.



WHAT WE HAVE LEARNED

We are pleased with what we have achieved during 2017-2020. However, we know that we still have more to do to become the best corporate parent we can be.

Our learning concludes that:

- we are in a position of strength to influence and support improvements in the care experienced by children and young people
- corporate parenting is not just something we do - it is who we collectively are as an organisation.
- we celebrate successes in how we work with young people on our inspections and projects
- we listen to the views of young people and use their ideas to support improvement
- there is a commitment in our organisation to support opportunities for our children and young people to show their skills and experiences as well as to learn new skills and build confidence.

"Being a young inspection volunteer takes me all over Scotland talking to children and young people. I have also been involved in training staff on corporate parenting to make sure everyone knows how important it is to be a good corporate parent. The Care Inspectorate listens to us and makes changes when we say things need to improve. I feel valued and know I make a difference, it is the reason I have been stayed for so long.

Carrie Ann, Young Inspection Volunteer



OUR SIX NEW COMMITMENTS

There are still areas in which we know we need to improve. These are covered in our **Corporate Parenting Plan 2021-23** under six new high-level commitments. These reflect [The Promise](#) and are our pledge to our children and young people. We will listen to them, act on what they say and do our very best to help improve their life chances. Our action plan is based on these commitments and demonstrates how we will meet them. Our children and young people have informed the plan and will hold us accountable for the delivery of our commitments within it.

1

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

2

We will listen to our children and young people and we will learn how their experiences of the 'care system' can best shape our approach to scrutiny, engagement and improvement support to help improve the lives of others.

3

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

4

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

5

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

6

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

Want to know more?

We hope you have found this report about our corporate parenting activities useful. If you would like to find out more, please email us at getinvolved@careinspectorate.com or call Patricia Smith on 01382 207100.

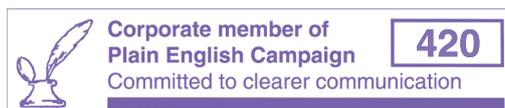
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CORPORATE
PARENTING REPORT
2017-20

FOREWORD

I AM DELIGHTED TO PUBLISH OUR CORPORATE PARENTING REPORT FOR YOUNG PEOPLE.

WE PUBLISHED OUR FIRST THREE-YEAR CORPORATE PARENTING PLAN IN 2017. IN THAT PLAN WE SET OUT SEVEN OUTCOMES. THESE INTENDED TO MEET OUR RESPONSIBILITIES AS CORPORATE PARENTS AND IMPROVE THE LIVES OF CARE EXPERIENCED YOUNG PEOPLE.



Peter Macleod
Chief Executive

This report summarises what we have done to achieve the outcomes of that plan and what our learnings were.

We know that during the last year, the impact of COVID-19 caused particular challenges, including limited family contact, isolation and reduced face-to-face communication with some staff. During this time, we have continued to work hard as corporate parents to achieve all that we can.

We have learned a lot as corporate parents, but we still have a lot to do. We show in our new corporate parenting plan how we will meet our new commitments. Our plan reflects **'The Promise'**. We recognise that our care experienced community need to be at the heart of our commitment as corporate parents.

I would like to take this opportunity to thank our young inspection volunteers, many of whom are care experienced. They have contributed heavily to this report and to our corporate parenting plan. They continue to bring important contributions and perspectives to our work.

Throughout, we refer to care experienced young people as "our children and young people". This follows feedback from our children and young people and reflects our values, responsibilities and commitments as corporate parents.

Along with this report, we have published a detailed, full version on how we have met the outcomes of our plan, which you can access [here](#).

OUR OUTCOMES FOR 2017-2020

1

Understand the needs and ambitions of our children and young people.

2

Raise awareness within our organisation of the needs and challenges that our children and young people face.

3

Raise expectations of better outcomes for young people through our registration, inspection, and complaints work.

4

Communicate effectively with, and about, our children and young people.

5

Increase the voices of our children and young people in how we plan and carry out our work.

6

Improve opportunities for our children and young people to develop skills, experience, and confidence to achieve their employment and career ambitions.

7

Work effectively with other corporate parents.



OUR PROGRESS

HERE WE DETAIL THE THINGS THAT WE SAID WE WOULD DO, AND WHAT WE HAVE DONE, THROUGH DIFFERENT PARTS OF OUR WORK.

We have supported care services across Scotland to take a rights-based approach. We have produced new inspection frameworks based on the experiences of our children and young people. These help care services to identify what works well and what needs to improve.

During the last three years we have:

- **inspected** services for 10,245 children and young people to help make sure that they are safe, healthy, and happy
- **led** on eight joint inspections for children and young people in need of care and protection and three joint inspections of services for children and young people. We did this with our young inspection volunteers, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary
- **met** over 3,000 of our children and young people to find out about their care experiences and what was important to them. Young people were able to tell us about the things that affected them like:
 - having a say in their personal plans
 - contact with people who are important to them.
 - their education
 - relationships in their care settings.

We were able to highlight the impact of these in inspection reports.

- **Investigated** 3,549 complaints about children and young people's services, including 315 complaints about residential care services, 56 complaints about fostering services, 22 complaints about secure care and 171 complaints about the care received in residential schools.

Personal care planning guidance

Our children and young people have personal plans. These give guidance to care services on how to meet their needs, wishes and choices. We met 120 of our children and young people to help them develop these to a high standard.

Barnahus Standards

We are working with Healthcare Improvement Scotland to develop Barnahus standards for the Scottish Government. Barnahus, an Icelandic word for 'children's house' or 'bairn's hoose', is a way to support children who have experienced harm or abuse.

*We said we would:
Embed our responsibilities to you in our plans, our work, and our staff. We said we would work in partnership with other corporate parents and public bodies. This is to understand your needs and ambitions and help improve your experiences.*

It is about building safe relationships with the police and other professionals; creating a safe place to help children and young people talk about their experiences. Having Barnahus in Scotland will mean that young people do not have to keep telling their story repeatedly.

How we work with other corporate parents

We have signed the pledge to become a [Friend of Who Cares? Scotland](#). We have committed to working with others to end discrimination that our children and young people face.

We are members of the [Scottish Care Leavers Covenant](#). Together, we work to recognise and deal with disadvantages that our children and young people experience.

We are members of the Corporate Parent Collaborative, chaired by the Children and Young People's Commissioner Scotland and the participation network chaired by the Centre of Excellence for Looked After Children in Scotland (CELCIS). Through our involvement in these forums, we share learning and opportunities for our children and young people. We include them in delivering presentations and workshop sessions and in supporting the planning, content, and delivery of events.

*We said we would:
Provide opportunities for
our children and young
people to develop their
skills, experience and
confidence to help them
find employment and
develop their career.*

Young inspection volunteers

We work with 15 young inspection volunteers who visit children and young people's services with us. They are between 18-26 years old. They take part in training before they go out to a service to learn about what happens during an inspection. They meet regularly to share learning and develop their skills such as in preparing for inspection, communication and interviewing. This builds the confidence of our young inspection volunteers. It helps them to listen to our children and young people and improve the services that support them.

Our young inspection volunteers have delivered workshops to staff. These have included the Scottish Institute for Residential Childcare (SIRCC) conference in 2018. And the Scottish Care Leavers Covenant Conferences in 2019.

These events covered topics which are important to our children and young people, such as the separation of siblings who are in care.

Our young inspection volunteers say this about volunteering with us:

"Our work keeps us focused and on the right path."

"In our roles we feel safe, cared for and well looked after".

"We get to attend conferences and award ceremonies."

"We feel like a family and are supported through our volunteering work."

"Children and young people share more information with us, so information about care services is better as they feel more comfortable."

"We get the opportunity to see Scotland and other countries."

"We feel trusted and important."

in

One of our young inspection volunteers, Melissa Young, presented at an international conference - the European Social Services Conference in Seville. She also attended the International Regulators Conference in Glasgow.

Development of resources to help staff who work with children and young people

We created a range of resources to help our staff work well with children and young people. One piece of work, which our children and young people celebrate is **Stand Up for Siblings**. Our young inspection volunteers made this [short film](#). It is about the importance of sibling relationships for young people in care and how important family life is for everyone. And how important it is for young brothers and sisters to stay together where possible.

The delivery of this report and our Corporate Parenting Plan 2021-23

We have involved our young inspection volunteers in the development of this report. It shows they have contributed to a wide range of activities with us.

They have helped us set out our priorities for the Corporate Parenting Plan 2021-2023. It shows six ambitious commitments where we will involve our children and young people.

Involvement in shaping inspections

Our young inspection volunteers have helped shape our joint strategic inspections. They met children, young people and the staff who work with them. They helped us to understand the impact of services through the eyes of a young person. Our young inspection volunteers also met leaders. They looked at how they worked together and how they showed the difference they are making to the lives of children in need of protection or those for whom they are corporate parents.



We said we would:
Communicate effectively
with, and about our children
and young people.

A more accessible complaints process

In 2018 we reviewed the number of complaints we had received. We found that only a small number of young people had used our complaints function. Our young inspection volunteers helped us make some changes. This is so that young people find it easier to make a complaint.

Our inspection reports are now more accessible

Our young inspection volunteers have worked with our strategic inspectors to design activities to involve children and young people in inspection work.

We ran a competition in each local authority area that we inspected between 2018 and 2020. This was for children and young people to design the cover of our joint inspection reports. Our children and young people recorded videos of their findings from strategic inspections. Our communications team helped them to do this.

These are now on our You Tube channel to make it easier for children, young people and their families to access them.



WHAT WE HAVE LEARNED

WE ARE PLEASED WITH WHAT WE HAVE ACHIEVED DURING 2017-2020. HOWEVER, WE KNOW THAT WE STILL HAVE MORE TO DO TO BECOME THE BEST CORPORATE PARENT WE CAN BE.

Our learning is that:

- we are in a good place and support improvements in the care experienced by children and young people.
- we celebrate successes in how we work with young people on our inspections and projects.
- we listen to the views of young people and use their ideas to support improvement; and
- there is a commitment in our organisation to support our children and young people to show their skills and experiences and learn new ones to build confidence.

Our **corporate parenting plan for 2021-23** shows our six new commitments to our children and young people which still reflect **'The Promise'**. Our children and young people have been involved in developing the plan and will help hold us to account for its delivery.

These commitments are our pledge that we will listen to them, act on what they say and do our very best to help improve their life chances.

Want to know more?

We hope you have found this report about our corporate parenting activities useful. If you would like to find out more, please email us at getinvolved@careinspectorate.com or call **Patricia Smith** on **01382 207100**.

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CORPORATE PARENTING PLAN 2021-23



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I am pleased to present our Corporate Parenting Plan. It is essential that we involve children and young people who experience care in the planning and delivery of care services. It is also important that they help shape how we meet our responsibilities as corporate parents.

Our young inspection volunteers have contributed to this plan. It states how corporate parenting is central to the work of our whole organisation.

This plan reflects [‘The Promise’](#) and we will continue to align with it. We recognise that our care experienced young people need to be at the heart of our commitment as corporate parents. They will continue to inform this plan and hold us to account for the delivery of it.

We have produced a summary version to make it accessible for young people.

The corporate parenting plan has six high level commitments with four areas of focus and a set of detailed actions. It aims to provide assurance to the Scottish Government and the wider public, and clarity on how we will meet our responsibilities as corporate parents. This will remain a dynamic working document, subject to ongoing monitoring and review.

Who Cares? Scotland have published [The Seven Elements of a Good Corporate Parenting Plan](#). Our corporate parenting plan reflects these principles, and we hope you agree, clearly outlines our aspirations.

I would like to take this opportunity to thank our young inspection volunteers, many of whom are care experienced. They have contributed heavily to this plan and to our corporate parenting report. They continue to bring important contributions and perspectives to our work.

Throughout this report we refer to care experienced young people as ‘our children and young people’ to reflect our values, responsibilities and commitments as corporate parents.



Peter Macleod
Chief Executive

WHY BEING A CORPORATE PARENT IS IMPORTANT

Our Corporate Parenting Report sets out who our children and young people are and why they are important. As at 31 July 2019, 14,015 of our children and young people in Scotland were looked after; 84 of whom were in secure care.

Many of our children and young people have complex needs. These reflect backgrounds of trauma, loss and instability. They are at risk of experiencing some of the poorest personal outcomes such as low educational attainment or high levels of poverty, homelessness and poor mental health. This is why they may need extra help and why we must do better for them as corporate parents.

Corporate parents are public bodies with legal duties and responsibilities. The Children and Young People (Scotland) Act, 2014 mentions 24 public bodies. Our organisation is one of them.

We have signed up to support the [Scottish Care Leavers Covenant](#). The covenant is a bold and committed promise to young people who have experience of the care system.

As a corporate parent we are expected to carry out many of the roles a parent would. Section 60 of the Children and Young People (Scotland) Act, 2014 sets out our duty to collaborate with other corporate parents to best meet our collective responsibilities and to promote the wellbeing of our children and young people. This may include jointly funding activities, sharing responsibilities for any actions to support our children and young people, providing opportunities for education and employment and providing advice and assistance. It is important that, in fulfilling our roles as corporate parents, we enable our children and young people to have as much of a say as possible.

[Part 9 of the Children and Young People \(Scotland\) Act, 2014](#) relates to corporate parenting. This applies to every child who is looked after by a local authority and every young person under the age of 26, who was looked after on their 16th birthday.

Our work complements and supports the actions of parents, families, and carers to deliver positive change for our children and young people.

To help us do this and to meet our statutory duties we are:

- **alert** to all matters that affect the wellbeing of our children and young people
- **strong** when challenging the disadvantages that our children and young people face
- **leaders** by driving improvements and working with other corporate parents to raise society's expectations for our children and young people
- **responsive** in how we assess the needs of our children and young people or any service or support provided
- **active** in providing our children and young people with real opportunities within our organisation, so that they grow and develop skills for the future.

"Care experienced young people often don't have a reliable family. So we need the professionals in our lives to act as parents. They should be there for you when your parents should be. To help you with your own circumstances when it comes to education and health among other things. They should provide for us and make sure we have the opportunities that every young person should have."

One of our children and young people, aged 15 years



HOW WE WILL CONTINUE TO BE A GOOD CORPORATE PARENT

As corporate parents, we have a responsibility to review if we are doing a good job in supporting our children and young people. We have to acknowledge, that like all other parents, we do not always get that right. However, we commit to being the best corporate parents we can be.

Our **Corporate Parenting Report** accounts for some of our contacts with and for our children and young people during the last three years. This includes over 10,000 inspections of children and young people services, the investigation of nearly 3,600 complaints about services provided for children and young people and over 3,000 recorded formal contacts with children and young people to learn about their experiences of care. There have been many more contacts not recorded in a reportable format. These are all illustrations of our commitment to the care, welfare and safety of our children and young people; a commitment which we will continue to build upon through the life of this plan.

During the lifetime of this plan, we will work to achieve six high level commitments. They are our pledge that we will listen to our children and young people. We will take action and do our best to improve their life chances. We frame our action plan around these commitments and show how we will meet them.



OUR SIX NEW COMMITMENTS

1

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

2

We will listen to our children and young people. We will learn how their experiences of the 'care system' can best shape our approach to our work.

3

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

4

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

5

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

6

We will work with other corporate parents to make sure that together we do our best for our children and young people.

To help us deliver on our six high-level areas of commitment, we will focus on the following areas.

- Improve how we **communicate** and engage with children and young people across the whole of Scotland. This is to help us better understand the aspirations, needs, and challenges they face and their experiences of care.
- Ensure that everyone in our organisation **understands** what corporate parenting means. Support them to become the best corporate parents they can be.
- We will **involve** our children and young people in reviewing the young inspection volunteer programme to understand where it has been successful and where we can improve.
- We will seek to expand **opportunities** for our children and young people to receive training, development and employment with us.

OUR YOUNG INSPECTION VOLUNTEERS

We currently work with 15 young inspection volunteers. They visit children and young people's services with us when we inspect. They also support a range of our strategic scrutiny activities. They are between 18-26 years old.

Our young inspection volunteers talk with children and young people who use services. They meet managers to find out how well they involve children and young people in developing services and how well partnerships are fulfilling their responsibilities and duties as corporate parents.

Our young inspection volunteers have contributed to the development of this plan. They will help keep us accountable for the actions within it.



LEADERSHIP AND GOVERNANCE OF OUR PLAN

The Executive Director of Strategy and Improvement (Deputy Chief Executive) is our executive sponsor for corporate parenting. This supports the strategic leadership of the plan. They are our designated senior leader and they champion corporate parenting as a whole organisation responsibility.

Our executive team and board hold governance responsibility for this plan. The corporate parenting group have responsibility for its implementation, monitoring and review.

The corporate parenting group will raise awareness of the plan across our organisation. The group will meet at an agreed level of frequency. They will seek progress updates and exception reports on a timetabled basis. The corporate parenting group will provide updates on progress to the board on an annual basis as a minimum. The final statutory report to the Scottish Government will be in December 2023.

"We aspire to be the best corporate parent we can be - really listening to and learning from children and young people, involving them in all we do and focusing our quality improvement work on what matters most to them."



Edith Macintosh
Executive Director of Strategy and Improvement and
Deputy Chief Executive

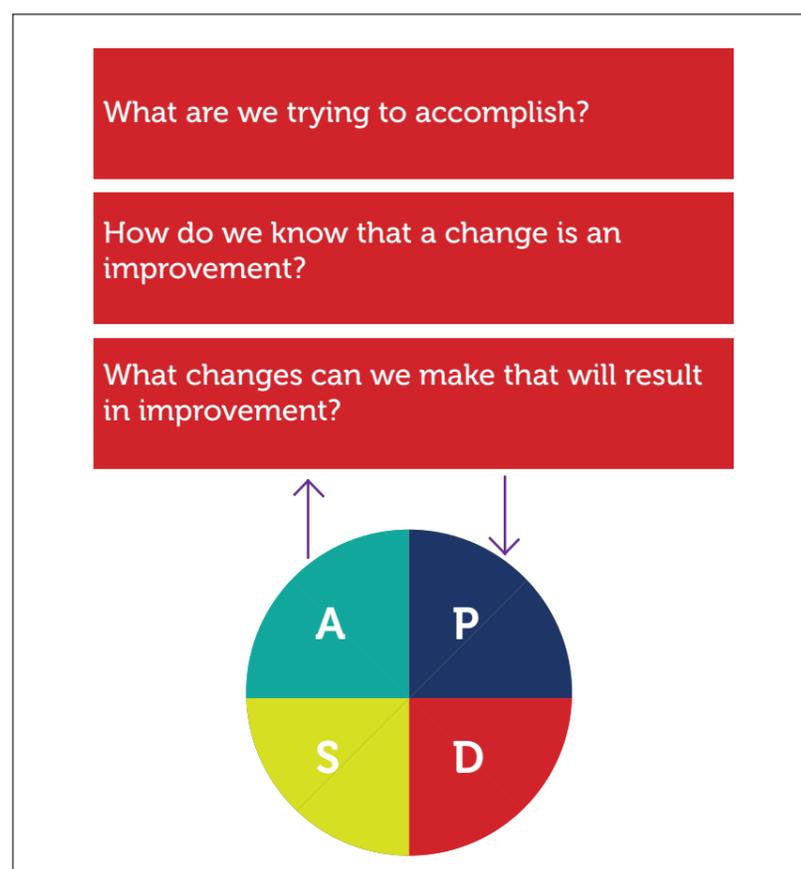
OUR ACTION PLAN

Our corporate parenting group, including young inspection volunteers, have developed this action plan. It sets out our commitments over the next three years to being the best corporate parents we can be.

Our plan complements [Involving You!](#), our 2018-2021 involvement strategy. It also takes into account our [UNCRC report \(2020\)](#), research, and our learning from inspections and our previous corporate parenting plan.

We have applied the Model for Improvement (Figure 1), to help us deliver on our commitments. This consists of three fundamental improvement questions, promoting efficient, effective and sustainable change. The model also directs learning, supporting organisations to build further improvement interventions.

Figure 1: Model for Improvement



© Institute for Healthcare Improvement, Boston

Corporate Parenting Action Plan 2021 – 2023

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

What are we trying to accomplish	What change can we make that will result in improvement	How will we know that a change is an improvement	Lead	Resource required	Timescale	RAG state
Our children and young people are aware of their rights and know what they can expect from us to help promote and uphold them.	In line with our ongoing commitments to the UNCRC, we will involve our children and young people to develop and promote communication on children's rights via media channels that work for them.	Every one of our children and young people will receive information about their rights and what they can do if their rights are not met.	Senior equalities adviser	Corporate communications support to help identify and develop accessible means of communication. ICT support to advise on appropriate technology and media channels	31 March 2022	●
	We will set a baseline measure of our children and young people's awareness of their rights and expectations from us.	At least 80% of our children and young people are able to articulate their rights when spoken to during inspection. More of our children and young people will tell us that they feel confident to complain when their rights are not being met. (Of the 3,359 complaints made to us between 2017 and 2020, only 36 were directly from children and young people).	Involvement and equalities team manager		31 March 2023	●

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

What are we trying to accomplish	What change can we make that will result in improvement	How will we know that a change is an improvement	Lead	Resource required	Timescale	RAG state
	Our young inspection volunteers contribute to the development of our new involvement strategy (2021-2023).	We will increase the influence of our children and young people in the development of the involvement strategy.	Involvement and equalities team manager	Involvement adviser – children and young people support. Young inspection volunteer capacity.	31 December 2021	
We celebrate the achievements and successes of our children and young people and they know that we are proud of them as corporate parents.	We will develop, implement and review a corporate parenting communications plan with our children and young people to improve how we visibly celebrate our children and young people's successes and achievements. This will be on our website and in our newsletters. Our young inspection volunteers will celebrate and showcase the support and opportunities we provide.	Our website, and My News are updated quarterly to reflect our commitment as proud corporate parents and provide illustrations of our children and young people's achievements. At least six-monthly, our chief executive newsletters reflect some of the achievements and success of our children and young people.	Communications lead Chair, corporate parenting group	Corporate communications support. Involvement adviser – children and young people support. Inspectors to help encourage our children and young people to share their success stories.	31 December 2023	

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

What are we trying to accomplish	What change can we make that will result in improvement	How will we know that a change is an improvement	Lead	Resource required	Timescale	RAG state
To involve our children and young people in helping us to be the best corporate parents we can be.	We provide the opportunity for at least one young inspection volunteer to sit as a member of the corporate parenting group. They will take responsibility for contributing to the work of the group as an equal stakeholder.	Along with the agenda and records of meetings of the corporate parenting group and this plan, we can see where our young inspection volunteer(s) has helped shape our work and accountability for it.	Chair, corporate parenting group	Young inspection volunteer time. Inclusion in the young inspection volunteer programme of work.	31 December 2021	
	To enable an exchange of skills, knowledge and understanding, one of our children and young people will mentor a member of our senior leadership team.	The member of our senior leadership team will articulate a good understanding of their duties and responsibilities as a corporate parent. They will champion corporate parenting within the senior leadership team and beyond.	Executive director of strategy and improvement (Deputy chief executive)	Senior leader resource. Young inspection volunteer time. Inclusion in the young inspection volunteer programme of work.	30 June 2021	

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

What are we trying to accomplish	What change can we make that will result in improvement	How will we know that a change is an improvement	Lead	Resource required	Timescale	RAG state
To involve our children and young people in helping us to be the best corporate parents we can be.	To support our staff to better understand their role as corporate parents, we will deliver a minimum of three training sessions and a minimum of two briefings per year.	The staff who participate will achieve clear learning outcomes. They will be asked to complete a short pre- and post-course questionnaire to gauge the level of understanding of their roles and responsibilities as corporate parents. This will include a question to gauge how training may influence their work in future.	Involvement adviser – children and young people	Young inspection volunteer time. Inclusion in the young inspection volunteer programme of work.	31 December 2023	
	Review our young inspection volunteer programme to ensure that it is inclusive, effective and impactful.	Our young inspection volunteers have a clear annual programme of work, which contributes to our vision and strategic outcomes. We will explore how we can involve more younger people under 18 as part of our volunteer programme.	Involvement and equalities team manager service manager, strategic scrutiny service manager, regulation and inspection children and young people	OWD officer time. Young inspection volunteer time.	31 March 2022.	
Include our children and young people in the development of our approaches to scrutiny, engagement and improvement.	Involve our young inspection volunteers in the development and revision of our quality improvement frameworks, guidance and inspection methodologies.	Align our commitment to ‘The Promise’, so we can clearly demonstrate how our children and young people influence our approach to inspection, scrutiny and improvement support.	Service manager, strategic scrutiny Service manager, regulation and inspection children and young people Service manager, methodology.	Young inspection volunteer time. Inclusion in the young inspection volunteer programme of work.	31 December 2023.	

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

What are we trying to accomplish	What change can we make that will result in improvement	How will we know that a change is an improvement	Lead	Resource required	Timescale	RAG state
We can demonstrate that we support care services to help our children and young people get the support they need when they need it.	We will access intelligence on how local authorities or health and social care partnerships are fulfilling their corporate parenting responsibilities through activities including scrutiny, link inspector and relationship managers contacts.	We will use this intelligence to shape improvement conversations with individual services, local authorities and health and social care partnerships. Use intelligence to inform future scrutiny activity.	Service manager, regulation and inspection children and young people Service manager, strategic scrutiny, children and young people		31 December 2022	
	We will review how we can form and sustain contributory relationships with local champion’s boards.	We will make contact with every champion’s board across the country to hear how they involve children and young people. We will use their voices to change or influence our activities beyond inspection.	Chair, corporate parenting group Coordination support. Young inspection volunteer time. Inclusion in the young inspection volunteer programme of work. Corporate parenting group officer time.		31 March 2023	

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

What are we trying to accomplish	What change can we make that will result in improvement	How will we know that a change is an improvement	Lead	Resource required	Timescale	RAG state
	Reflect our commitment to 'The Promise', in our approach to scrutiny and improvement.	<p>We promote and assess meaningful sibling contact when placing our children and young people apart.</p> <p>We evaluate recognition of the importance and promotion of loving relationships for children and young people.</p> <p>Our corporate parenting plan and work of the corporate parenting group reflects young inspection volunteers' involvement.</p> <p>We fully engage young inspection volunteers in our implementation of 'The Promise' and that their voices are heard. We will continue to reflect 'The Promise' in the publication of inspection reports and thematic overview reports.</p>	Team manager, children services		31 March 2022	

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

What are we trying to accomplish	What change can we make that will result in improvement	How will we know that a change is an improvement	Lead	Resource required	Timescale	RAG state
Deal with complaints made by our children and young people efficiently and effectively.	We will undertake awareness raising activities on the 'text to complain' service.	We can evidence that, at least 75% of our children and young people in care settings are aware of the service and how to access it.	Complaint inspector		31 March 2022	
	We will report on the number of complaints from children and young people, the nature of complaint, resolution reached and satisfaction rates in our annual complaints report.	80% of our children and young people who rate report satisfaction with complaint handling, even if they do not agree on the outcome.	Complaint inspector		31 March 2022	
	We will use the intelligence from complaints to support our approach to the scrutiny and improvement of care services.	Our complaints team follow up on all requirements made following complaint investigations. This will inform our intelligence-led scrutiny and improvement.	Service manager, strategic scrutiny Service manager, regulation and inspection children and young people	Intelligence support Improvement support	31 December 2023	

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

What are we trying to accomplish	What change can we make that will result in improvement	How will we know that a change is an improvement	Lead	Resource required	Timescale	RAG state
Improve opportunities and life chances for our children and young people who volunteer or work with us in any capacity as a direct result of our support.	We will develop the 'family firm' concept. This will support our children and young people to access more employment and volunteering opportunities with us, which can extend beyond their 26th birthday.	We are clear in encouraging applications from our children and young people, for appropriate employment opportunities and we provide support to sustain employment. We increase the current number of 15 young inspection volunteers to a pool of 20 (as not all young inspection volunteers can be available due to other commitments).	Strategic leadership team		31 December 2023	
	We will support our young inspection volunteers who transition from their current roles to access other opportunities and make use of services and supports available to them. This may include volunteering, education or employment.	Our children and young people who volunteer or work with us will have greater access to relevant support and assistance when they need it and more help to move into other positive destinations of further employment or education.	Involvement adviser – children and young people Senior human resources adviser		31 December 2023	
	We will ensure that our children and young people who work with us in any capacity can access available learning and development opportunities, which meets their areas of personal and professional development.	Our young inspection volunteers will access at least 75% of the development opportunities available within the organisation and requested by them.	Organisational workforce development manager	Access to our workforce development resources Access to IT equipment	31 December 2023	

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

What are we trying to accomplish	What change can we make that will result in improvement	How will we know that a change is an improvement	Lead	Resource required	Timescale	RAG state
Contribute to the national dialogue about the term 'corporate parent', and involve our children and young people and other corporate parents. This is because some of our children and young people tell us that the term "corporate parent" is vague and not meaningful.	Along with our young inspection volunteers, we will raise this at the Corporate Parent Collaborative.	We will be able to evidence that we have generated further national discussion and have reviewed terminology like corporate parenting.	Involvement adviser – children and young people		31 March 2023	
To work purposefully with other corporate parents to improve the life chances and experiences of our children and young people.	We will attend and contribute to the Scottish Corporate Parents Collaborative.	We attend their meetings, contribute to the agenda, meaningfully participate in meetings and collaborate with other corporate parents.	Chair, corporate parenting group Involvement adviser – children and young people	Young inspection volunteer time. Inclusion in the young inspection volunteer programme of work.	31 December 2023 (quarterly review)	
	We will continue to work with the care sector through our regulation, inspection, scrutiny and improvement activity. This is to explore ways to reduce the criminalisation of our children and young people. This is in line with 'The Promise' and follows the work led by Police Scotland and Who Cares? Scotland	We will be able to inform our support and interventions with research (such as WhoCares?, 2018). We and others will be alert to factors which help reduce the criminalisation of our children and young people (building relationships, improving understanding, supporting cultural change and upholding young people's rights).	Team manager, children services			31 March 2023

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

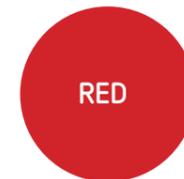
What are we trying to accomplish	What change can we make that will result in improvement	How will we know that a change is an improvement	Lead	Resource required	Timescale	RAG state
To work purposefully with other corporate parents to improve the life chances and experiences of our children and young people.	We will work with Disclosure Scotland to help our children and young people, other corporate parents and organisations understand that criminal convictions do not limit preferred employment and education opportunities.	We will have improved education and awareness of recent legislative changes which introduced amendments to the age a child can have a criminal record.	Chair, corporate parenting group		31 March 2023	
	We will work with the Scottish Social Services Council to ensure that relevant aspects of our corporate parenting plans align. We will maximise benefit from our shared human resources team to meet commitment 5.	There is relevant alignment between the SSSC and our corporate parenting plans. Continue to deploy shared resources as part of our corporate parenting duties and responsibilities	Chair, corporate parenting group		31 December 2023 (quarterly review)	

RAG status definition

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



means that the action has been fully completed



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



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



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

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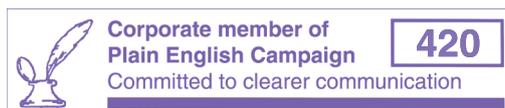
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CORPORATE
PARENTING PLAN
2021-23

FOREWORD

I AM DELIGHTED TO PUBLISH THIS VERSION OF OUR CORPORATE PARENTING PLAN FOR CHILDREN AND YOUNG PEOPLE.
WE HAVE JUST WRITTEN OUR CORPORATE PARENTING REPORT, WHICH SETS HOW WE ACHIEVED THE OUTCOMES IN OUR CORPORATE PARENTING PLAN 2017-2020.



Peter Macleod
Chief Executive

It shows how corporate parenting is important to the work of our whole organisation.

We recognise that our children and young people need to be at the heart of our commitment as corporate parents. They will continue to inform this plan and we will involve them in holding us accountable for the delivery it.

This plan reflects [‘The Promise’](#) and will continue to develop in line with it.

I would like to thank our young inspection volunteers, many of whom are care experienced. They have contributed heavily to this plan and to our corporate parenting report. They continue to bring important contributions and perspectives to our work.

Throughout our plan, we refer to care experienced young people as “our children and young people”. This reflects our values, responsibilities and commitments as corporate parents.

Along with this summary, there is a full, detailed action plan on how we will meet our commitments from 2021-2023. You can access it [here](#).



WHY BEING A PARENT IS IMPORTANT

"Care experienced young people often don't have a reliable family. So we need the professionals in our lives to act as parents. They should be there for you when your parents should be. To help you with your own circumstances when it comes to education and health among other things. They should provide for us and make sure we have the opportunities that every young person should have."

One of our children and young people, aged 15

As a corporate parent, we expect to carry out many of the roles any parent should.

We have a duty to work with other corporate parents, to best meet our shared responsibilities, promote the wellbeing of our children and young people and keep them safe from harm.

It is important that as corporate parents we enable our children and young people to have as much of a say as possible.

Our full [Corporate Parenting Report](#) shows our contact with and for our children and young people during the last three years.

This includes:



These are some examples of our commitment to the care, welfare and safety of our children and young people.

OUR SIX NEW COMMITMENTS

We pledge to listen to our children and young people, take action and do our best to improve their life chances. Our action plan is set around these commitments and will show in detail how we will meet them:

- 1** We will strive to meet the needs of our young people and promote their rights.
- 2** We will listen to our young people and we will learn how their experiences of the 'care system' can best shape our approach to scrutiny, engagement and improvement to help improve the lives of others.
- 3** We will continue to inspect different services and partnerships and report on how well they work together. We will help services share what works well and learn from what needs to improve, to help make sure that our young people get the right support at the right time.
- 4** When one of our young people makes a complaint about the care they receive, we will take that complaint seriously and we will respond in a timely, thorough and proportionate way. We will always provide feedback to the person who made the complaint in a way that they will understand.
- 5** We will improve opportunities for our young people to develop skills, experience, and confidence to achieve their personal, employment and career ambitions.
- 6** We will work with other corporate parents to make sure that together we can do our best for our young people.

To deliver our plan, we will focus on four areas.

- 1** Improve how we communicate and engage with young people across Scotland. This is to help us better understand their aspirations, needs, and challenges.
- 2** Ensure that everyone in our organisation understands what corporate parenting means. Support them to become the best corporate parents they can be.
- 3** We will involve our children and young people in reviewing the young inspection volunteer programme to understand where it has been successful and where we can improve.
- 4** We will expand opportunities for our children and young people to receive training, development and employment with us.

Our young inspection volunteers

We currently work with 15 young inspection volunteers. They visit children and young people's services with us when we inspect and support a range of our scrutiny activities. They are between 18-26 years old.

Our young inspection volunteers talk with children and young people who use services and listen to their views. They meet managers to find out how well they involve children and young people in developing and improving services and they hear how well partnerships are fulfilling their responsibilities and duties as corporate parents.

Our action plan

Our corporate parenting group and our young inspection volunteers have developed the action plan.

It sets out our commitment to being the best corporate parents we can be. Our plan sits alongside [Involving You!](#), our 2018-2021 involvement strategy. We also used information from our [UNCRC report \(2020\)](#), research, lessons from inspections and our previous learning to create it.

Our corporate parenting plan is a whole organisation responsibility. That means that every member of staff in our organisation has a part to play in delivering it.

Our corporate parenting group and our young inspection volunteers developed the action plan which you can access [here](#).



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BOARD MEETING 25 MARCH 2021

Agenda item 13
Report No: B-07-2021



Title:	THE EQUALITIES MAINSTREAMING REPORT 2021 AND THE EQUALITY, DIVERSITY AND INCLUSION STRATEGY 2021-2025
Author:	<i>Jacqui Duncan, Senior OD Adviser-Equalities Louise Kelly, Improvement Support Lead Heather Edwards, AHP Consultant</i>
Appendices:	<ol style="list-style-type: none"> 1. The Equalities Mainstreaming Report 2021 (Final Draft) 2. The Equalities Mainstreaming Report 2021 (Final Draft) Appendix 1 Equality information by protected characteristic 3. The Equalities Mainstreaming Report 2021 (Final Publication Design Mock-Up) 4. The Equality, Diversity & Inclusion Strategy 2021-2025 (Final Draft) 5. The Equality, Diversity & Inclusion Strategy 2021-2025 (Final Publication Design Mock-Up)
Consultation:	<p>The report has been contributed to by all departments and specifically reviewed by the Strategic Leadership Team (SLT) and the Operational Leadership Team (OLT).</p> <p>The new equalities outcomes for 2021- 2025 were written following consultation with:</p> <ul style="list-style-type: none"> • Corporate Equality Group • Corporate Parenting Group • Partnership Forum • Operational Leadership Team • Strategic Leadership Team • Board member • External equality groups and partners • Managers from care services • All staff via staff survey
Resource Implications:	There are no resource implications.

BOARD MEETING 25 MARCH 2021

Agenda item 13
Report No: B-07-2021**EXECUTIVE SUMMARY**

As a values-driven organisation, we strive to put equality and diversity at the heart of all we do and to embed and integrate this approach in our day-to-day work. These values are clearly articulated in the Equalities Mainstreaming Report and the new Equality, Diversity, and Inclusion Strategy.

The Care Inspectorate has an obligation to report progress on mainstreaming the public sector equality duty under The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the specific duties) as amended.

These duties include publishing a mainstreaming report on the progress the Care Inspectorate has made in integrating the general equality duty into the exercise of its functions, to better perform that duty. These reports are published at intervals of not more than two years. The previous report was published in April 2019. The responsibilities of the Care Inspectorate as a public body are outlined in section 2.0 of this covering report.

Appendix 1 presents the final draft of the 2021 Equalities Mainstreaming Report. The report demonstrates our commitment to contributing towards a fair and just society and progress against 23 specific actions since April 2019. These relate to the organisational equality outcomes that were determined in April 2017 and agreed with the Board. Appendix 2 contains the equality information by protected characteristic.

The report provides evidence of how the general equality duty has been mainstreamed into the Care Inspectorate work and across directorates since 2019. This includes how the Care Inspectorate has mainstreamed equality as a scrutiny and improvement support body, an employer, and in our work with external partners. The report also provides information required under the specific duties of the Act including workforce information, our equal pay statement and our gender, disability and ethnicity pay gaps.

The report concludes with a table outlining new equality outcomes for the period 2021-2025 together with an associated action plan

Appendix 3 provides a mock-up of the design for the final publication of the 2021 Equalities Mainstreaming Report for the Board.

Appendix 4 outlines the final draft of the Care Inspectorate's first Equality, Diversity, and Inclusion Strategy 2021-2025. Consultation with colleagues, external equality groups and partners has helped to identify the main equality issues to focus on and shaped this strategy.

Appendix 5 provides a mock-up of the design for the publication of the Equality, Diversity and Inclusion Strategy for the Board.

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This important work is integral to delivering our Corporate Plan 2019 -22, Strategic Workforce Plan, Improvement Strategy, and Involvement Strategy.

We will build on our current achievements reporting to the Board annually through the Annual Equalities Progress Report and reporting publicly on our progress in our next Equalities Mainstreaming Report in April 2023.

The Board is invited to:

1. Note progress made in mainstreaming equalities in all aspects of Care Inspectorate work since 2019.
2. Discuss the actions and outputs planned to support achievement of the new equalities outcomes for the period 2021-2015.
3. Discuss the final draft Equality, Diversity and Inclusion Strategy 2021-2025.

Links:	Corporate Plan Outcome	1,2,3	Risk Register	N	Equality Impact Assessment	N
For Noting	X	For Discussion	X	For Assurance	For Decision	

If the report is marked Private/Confidential please complete section overleaf to comply with the Data Protection Act 1998 and General Data Protection

Regulation 2016/679.

Reason for Confidentiality/Private Report: <i>(see Reasons for Exclusion)</i> - Not applicable – this is a public Board Report
Disclosure after: N/A

BOARD MEETING 25 MARCH 2021

Agenda item 13
Report No: B-07-2021

THE EQUALITIES MAINSTREAMING REPORT 2021 AND THE EQUALITY, DIVERSITY AND INCLUSION STRATEGY

1.0 INTRODUCTION

1.1 The Scottish Government's National Performance Framework includes the ambition that "*We respect, protect and fulfil human rights and live free from discrimination.*"

The Scottish Government is committed to all citizens living a life where rights are respected, protected, enabled, and fulfilled across our public services and society as a whole.

To support this work we are required, as a public body, to publish a report on how our work supports the mainstreaming of equality and diversity.

Evidence of the work completed, and outcomes achieved were gathered from across the organisation. All colleagues across the organisation were fully involved in developing the new Equality Outcomes that are presented for the first time in the Equalities Mainstreaming Report 2021 on page 25.

Our first Equality, Diversity & Inclusion Strategy sets out our commitment for our future work in this area. This can be found at appendix 5.

2.0 OUR RESPONSIBILITIES AS A PUBLIC BODY

2.1 The General Equality Duty (Section 149) of the Equality Act 2010, requires public authorities, including the Care Inspectorate, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 helps public bodies in Scotland, including the Care Inspectorate, to support the better performance of the General Equality Duty. The Specific Duties require us to:

- publish equality outcomes and report progress
- equality impact assess all new and existing policies
- gather and use employee information
- use information on the protected characteristics of members (board and management)
- publish gender pay gap information
- publish statements on equal pay

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- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible.

Appendix 1 sets out the final draft Equalities Mainstreaming Report 2021 for publication in April . This outlines how the Care Inspectorate has met its responsibilities as a public body.

4.0 OUR RESPONSIBILITIES AS AN EMPLOYER OF CHOICE

4.1 Our Strategic Workforce Plan published in December 2019 sets out our clear ambition for the Care Inspectorate to be an inclusive employer of choice. This Equalities Mainstreaming Report demonstrates progress against our equality outcomes including:

- workforce equality information containing our pay gap information
- our equal pay statement
- equality information related to protected characteristics.

5.0 PROGRESS ACHIEVED

5.1 The Equalities Mainstreaming Report 2021 outlines the key areas of progress since the previous report published in 2019.

Highlights include:

- completing/ progressing all 23 actions in the above report (for our equality outcomes 2017-2021)
- creating new equality outcomes 2021-2025
- embedding the Standards in our scrutiny and improvement work and new inspection quality frameworks have a human rights focus
- working with external partners to promote equalities and human rights including the Scottish Human Rights Commission
- the new children and young people complaint text service supports equity of access to our services
- designing and implementing the equalities training for our Board, managers, workforce and new employees
- revising the equality impact assessment process
- improving the new equalities questions on My View which resulted in an increase of 85% staff disclosures (check with HR)
- signing up to become a Stonewall Diversity Champion
- being shortlisted for the Proud Scot Employer Award Large Business
- pledging our support to the First Minister's National Advisory Council on Women and Girls and holding our first 'wee circle' discussion
- LGBT Youth Scotland confirmed we are making good progress and have recommended that when we apply for re-accreditation, we aim for the gold award.

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- 5.2** We will report progress to the Board annually through our annual equalities progress report and will publish our next Equalities Mainstreaming Report in line with the two-year reporting cycle. The next Equalities Mainstreaming Report will evidence progress for the period April 2021 to April 2023.

6.0 IMPLICATIONS AND/OR DIRECT BENEFITS**6.1 Resources**

We do not anticipate additional resources above and beyond the current resources deployed in support of this work.

6.2 Sustainability

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

6.3 Policy

This paper should be considered in the context of a range of national policy drivers and initiatives aimed at improving equality and human rights outcomes for people across Scotland. For example, the National Taskforce for Human Rights Leadership was established in 2019 and is working with a range of stakeholders to develop a human rights framework, while action plans for race equality, disabled people's employment and fair work continue to be implemented.

It is important to acknowledge the impact of the COVID-19 pandemic on policy development and the associated increase in focus on human rights.

Furthermore, a human rights approach is embedded in the recommendations of the Independent Review of Adult Social Care, published in February 2021, which are likely to have a direct impact on the Care Inspectorate's role and functions as the proposals are developed, debated and implemented in the coming years. Other ongoing developments include the ongoing passage of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill through Parliament, while the Gender Representation on Public Boards (Scotland) Act set a statutory objective for equal representation of women on public sector non-executive boards by 2022. Beyond government, we await a second National Action Plan for Human Rights in Scotland (SNAP2) following a period of consultation.

6.4 People Who Experience Care

By investing in our workforce and organisation, staff are well equipped to support the rights of people experiencing care and to champion and seek evidence of equality, diversity, and human rights. The Care Inspectorate's focus on equality

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and diversity promotes equality of opportunity for all, giving every individual the chance to achieve their potential, free from prejudice and discrimination.

The impact for people of all ages who experience care will be the assurance that their rights are at the heart of what we do and clarity that we work proactively to uphold these rights.

6.5 Customers (Internal and/or External)

Staff have a variety of ways to specifically get involved with and influence the Care Inspectorate's equality and diversity work including:

- Corporate Equality Group
- LGBT Charter Champions Group
- Wee Circles First Ministers National Advisory for Women and Girls (NACWG)
- Interfaith Group
- Corporate Parenting Group
- Learning Disability Group
- Human Rights Working Group
- UNCRC Working Group

These groups and the visible embedding of equality and diversity across different departments and workstreams contribute to giving each staff member the assurance that we are committed to colleagues achieving professional and personal potential, free from prejudice and discrimination.

7.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note and discuss the positive actions and achievements in the Equalities Mainstreaming Report 2021 and the plans going forward. The report will be finalised by our communications team and published on our intranet and website 30 April 2021.

The Board is invited to note and discuss the first Equality, Diversity & Inclusion Strategy 2021 – 2025. The strategy will be published on our intranet and website 30 April 2021. We will raise awareness of our strategy and its importance for our workforce through a variety of planned communication and engagement activities.

Care Inspectorate

Equalities Mainstreaming Report April 2019-March 2021

Our Equality Outcomes 2021-2025

Contents

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About us

Our Specific Duties in relation to mainstreaming equality

Progress in achieving our equality outcomes April 2017 – March 2021

Mainstreaming against our legal responsibilities under the Equality Act (2010)

Mainstreaming equality as a scrutiny and improvement support body

Mainstreaming equality as an employer

Equality work with external partners

Looking forward equality outcomes April 2021- March 2025

Appendix 1: Equality information by protected characteristic

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 or calling 0345 600 9527. This report is available in alternative formats on request.

Introduction

This is the Care Inspectorate's Equality Outcomes, Mainstreaming Report and Action Plan. Mainstreaming equality means integrating equality into our day-to-day working and the exercising of our functions. In other words, equality is a component of everything we do. This report contains our:

- progress against our equality outcomes from April 2019 to March 2021
- equality outcomes for April 2021 to March 2025
- workforce equality information including our pay gap information (appendix 1)
- equal pay statement (appendix 1).

About us

Every person in Scotland has the right to high-quality, safe and compassionate social care and social work services which makes a real and positive difference to their lives. The Care Inspectorate is the national agency responsible for regulating social care services including services for adults, early learning and childcare, children's services, and community justice. This includes registration, inspection, complaints, enforcement and improvement support.

We also support services to improve the quality of care where that is needed. This means we work with services, signposting them to guidance, improvement support resources and we share good practice, supporting them to develop and deliver improved care. If we find that care is not good enough, we take action.

We influence and shape social care policy both nationally and internationally, sharing our learning with others and our work can enable transformation of social care in Scotland. We contributed to developing the Health and Social Care Standards and we use them in every element of our scrutiny and improvement work. The Standards are clearly focused on human rights and wellbeing. To find out more about us and what we do please click [here](#).

“At the Care Inspectorate we play an important role in supporting improvements in the quality of care that people experience and reducing health and social inequalities in Scotland. Encouraging the care sector to build on the work they are doing to respect dignity and rights in health and social care. We believe that equality improves and enriches people's experience of care and we want to further embed equality into everything we do. There is still more to be done and we will proactively promote the rights of all people, everyone matters, and everyone counts.” (Quote from Peter & a photo)

Our Specific Duties in relation to mainstreaming equality

The Equality Act 2010 came into effect in October 2010. The Act covers the following nine equality strands which are called '[protected characteristics](#)'. The General Equality Duty (Section 149) of the Equality Act 2010, requires public authorities, including the Care Inspectorate, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation

- advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 helps public bodies in Scotland, including the Care Inspectorate, to support the better performance of the General Equality Duty. The Specific Duties require us to:

- publish equality outcomes and report progress
- equality impact assess all new and existing policies
- gather and use employee information to identify and support improvements
- use information on the protected characteristics of members (board and management)
- publish gender pay gap information
- publish statements on equal pay
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible.

Responding positively to this legislation and going beyond it accelerates our progress towards equality.

Progress in achieving our equality outcomes April 2017 – March 2021

We continue to make significant progress with our four equality outcomes that were first published in our [Equality Outcomes, Mainstreaming Report and Action Plan](#) (April 2017 – March 2021). The table provides an update on the 23 actions that were published in our interim report [Equality Outcomes, Mainstreaming Report and Action Plan](#) (April 2019).

Equality Outcome 1: People from across all protected characteristics find us accessible, have opportunities to get involved and influence our work by telling us about the care and social work services they experience in the future.	
Actions	Progress
1. Develop more links with community groups and equality organisations to provide information on our Inspection Volunteer programme and Involving People Group and encourage wider and deeper involvement for a range of people.	Achieved <ul style="list-style-type: none"> We consulted widely with equality organisations on our new outcomes. We are working with around 12 external agencies and community groups. The newly designed Working Together Group will consult and engage on issues that concern care experienced people both internally and externally ensuring the voice of the care experienced person is heard in all of our work. The group will be launched in mid-2021.
2. Uphold our existing relationships with equality organisations and expand further to encompass other protected characteristic and minority groups.	Achieved <ul style="list-style-type: none"> We now work with Stonewall, LGBT Health & Wellbeing, Age Scotland, the First Ministers National Advisory Group for Women and Girls.
3. Ensure our new approach to collecting views from people experiencing care is built into digital systems and accessible for people with all protected characteristics.	Achieved <ul style="list-style-type: none"> Our complaints and registrations apps meet the Digital First Standards for accessibility and usability. We involved people with dyslexia and epilepsy in the testing. In 2019 we developed and piloted the online Care Survey for Older People in Care Homes.

	<ul style="list-style-type: none"> We have developed a questionnaire to gather feedback on our registration process this will be built into our digital systems in 2021.
4. Review the website, printed materials, and communication channels and consult with our stakeholders to ensure that all members of the community can access information.	<p>Achieved</p> <ul style="list-style-type: none"> The website has been reviewed and meets with Web Content Accessibility Guidelines (WCAG) 2.1 Level A compliance and we introduced Recite Me We were awarded a Certificate of Recognition by Happy to Translate. We delivered our 'Registered by the Care Inspectorate' widget which takes the user directly to that service's information on our website. We offer alternative formats for printed material and a range of communicate channels including augmentative and alternative communication resources.
5. Continue and expand the use of the Short Observational Framework for Inspectors as part of our scrutiny work, which supports inspectors to consider the perspectives of people with limited communication abilities.	<p>Achieved</p> <ul style="list-style-type: none"> As well as using this in adults, we now use this in early learning and childcare teams.
Equality Outcome 2: We work with the care service providers we register and regulate to improve awareness and understanding of equality issues for people using care services.	
Actions	Progress
6. Use the Hub to develop regular briefings for care providers on equality issues as they arise and share with all service	<p>Achieved</p> <ul style="list-style-type: none"> We highlight the lived experience of excluded people with protected characteristics and promote improvement in the quality of care.
7. Consider how we can provide equalities improvement support to care services as part of our overall improvement strategy for the care sector- including signposting, information sharing and other approaches.	<p>Achieved. Highlights include:</p> <ul style="list-style-type: none"> The Care about Physical Activity (CAPA) project promoted equality of opportunity so that no matter what service an older person experienced, they had opportunities to move more often, and this positively impacted on their physical and mental health.

	<ul style="list-style-type: none"> • The improvement support team, working with Public Health Scotland, added a question into the team’s project charter about whether the project is inclusive of those affected by health or social inequalities. This was to: <ul style="list-style-type: none"> ○ promote equality of opportunity ○ encourage participation. • At the start of the pandemic all care homes for adults and older people were introduced to Near Me video conferencing. This enabled care home residents (many of whom are older and/ or disabled) to attend clinical appointments. Near Me is designed to be digitally inclusive. • We deliver the Professional Development Award in Scrutiny and Improvement for inspectors from the Care Inspectorate and Healthcare Improvement Scotland. The curriculum includes specific learning and development content on equalities, diversity and inclusion and relates this to professional practice. • We supplied information to help the Scottish Government improve and share equality data gathering for the care sector across the public sector.
8. Use quality conversations and other proactive ways of engaging with care providers to highlight any areas of concern, discuss equality issues and feedback what people who use care services are telling us about their experiences.	<p>Achieved</p> <ul style="list-style-type: none"> • We have held four quality conversations with care services on the agenda topic ‘A Welcome for All: Equality, Diversity and Inclusion in Care’.
Equality Outcome 3: Our workforce is well informed and engaged around equality issues and are representative of Scotland’s diverse population.	
Actions	Progress
9. Ensure that equalities issues are fully considered and incorporated as part of our on-going review of Strategy & Improvement Support.	<p>Achieved</p> <p>We have refocused the Involvement and Equalities Team Manager role and increased the hours of the Equality Adviser to promote equality and deliver on the equality outcomes and Equality, Diversity and Inclusion Strategy.</p>

<p>10. Ensure that equality issues are linked into the overarching Strategic Workforce plan, for example cultural change, workforce planning, with a blend of learning and awareness opportunities for staff and emphasis on the internal and external customer experience.</p>	<p>In progress</p> <ul style="list-style-type: none"> • Despite the current pandemic and refocused priorities, work continues around leadership development and career pathway roles to attract different skills, experience and backgrounds. Wellbeing has been prioritised during the pandemic.
<p>11. Identify training opportunities for staff in relation to particular equality issues and provide on a regular basis. Plan for more specific and targeted equalities training on particular protected characteristics, for example disability awareness and LGBT issues.</p>	<p>Achieved</p> <ul style="list-style-type: none"> • All new staff, existing staff, managers and leaders have been assigned role specific equalities training. So far, 47% staff and 23% of managers have completed this mandatory training. We expect numbers to rise once other essential training linked to the pandemic is completed.
<p>12. Progress actions within the British Sign Language (BSL) plan and work internally to raise awareness of our responsibilities regarding BSL with all colleagues.</p>	<p>Achieved</p> <p>As an authority we do not have to develop a British Sign Language plan under The British Sign Language (Scotland) Act 2015, however, we have:</p> <ul style="list-style-type: none"> • sponsored the Connect Us Too Mental Health Summit, to raise awareness of mental health and deafness. • included subtitles on short films on our intranet. • arranged a staff webinar with Contact Scotland on the online sign language video relay service. • tested Personal Protective Equipment to meet the needs of people who lip read.
<p>13. Develop an action plan to promote job opportunities to under-represented groups and ensure that the current review of recruitment takes into account equalities issues.</p>	<p>In progress</p> <p>It is being addressed on an ongoing basis as part of our Strategic Workforce Plan and is also supported with our new equality outcomes.</p>
<p>14. Develop and work with internal protected characteristic support groups and promote other equality initiatives to make staff aware and engaged in our equality agenda.</p>	<p>Achieved</p> <ul style="list-style-type: none"> • Corporate Equality Group • LGBT Champion Charter Group • The Interfaith Group

	<ul style="list-style-type: none"> • Targeted communication & engagement with our workforce
15. Review progression opportunities, ensuring that there is a fair, equal and positive experience for all employees.	<p>In progress It is being addressed on an ongoing basis as part of our Strategic Workforce Plan:</p> <ul style="list-style-type: none"> • developing our mentoring scheme to support induction • competency frameworks • new leadership career pathway • focus on internal recruitment (secondments, placements and promotions).
16. Continue to work within Close the Gap frameworks to identify any actions to help reduce the Gender Pay Gap.	<p>Achieved</p> <ul style="list-style-type: none"> • Attended Close the Gap event to learn about impact on women due to the pandemic, information on violence at work provided to our workforce, continuing to use their research to inform our pay gap information, policies, procedures and processes.
17. Review findings from staff survey primarily focussing on employment experience of female staff.	<p>Achieved</p> <ul style="list-style-type: none"> • 77% of respondents who completed the survey were female. Follow up focus groups were arranged to understand the specific issues. • Workforce information shows that 92% of Care Inspectorate employees who work part time are female. We will consult with staff when we review our Flexible Working and Home Working policies. • Our female workforce will be supported with their careers through the Employee Development Model detailed in our Strategic Workforce Plan.
18. Review policies for dignity at work, flexible working, homeworking, career breaks, equal pay statement, equality and diversity, fostering leave, ordinary paternity leave, carers leave, maternity leave, shared parental leave, attendance & absenteeism (“maximising attendance”) and the menopause.	<p>In progress</p> <ul style="list-style-type: none"> • We are taking our learning from the pandemic forward to inform the current flexible working and home working policy reviews.

<p>19. Review recruitment and selection strategy to attract a more gender and ethnically diverse applicant pool across all roles including reviewing how we offer, promote and publicise the full range of flexible working options open to our staff to identify any barriers to their take up for particular levels of our workforce.</p>	<p>In progress</p> <ul style="list-style-type: none"> It is being addressed on an ongoing basis as part of our Strategic Workforce Plan.
<p>Equality Outcome 4: We work in collaboration with external networks and equality organisations to promote awareness of equality issues in care and social work services and raise awareness in these areas.</p>	
<p>Actions</p>	<p>Progress</p>
<p>20. Establish stronger links with community groups and organisations to provide information on the role of the Care Inspectorate and how people can contact us.</p>	<p>In progress</p> <ul style="list-style-type: none"> We have links with many community groups and organisations which is evidenced throughout this report which we will continue to build on.
<p>21. We will identify and work with external equality organisations and networks where appropriate to develop information guides and training opportunities for staff, ensuring staff are confident about their improvement role around equalities in the workplace.</p>	<p>Achieved</p> <ul style="list-style-type: none"> We have developed many resources that are available via our Hub We worked with external organisation LGBT Health & Wellbeing on a toolkit which is complete and to be published in 2021.
<p>22. Work with the SSSC to consider equalities issues in the care sector more widely.</p>	<p>Achieved</p> <ul style="list-style-type: none"> We produce the SSSC workforce data. We work with SSSC on the Non-Departmental Equality Forum, and they are on our corporate equality group
<p>23. We will undertake actions to meet the requirements of the LGBT charter mark in conjunction with LGBT Youth Scotland working towards bronze.</p>	<p>Achieved</p> <ul style="list-style-type: none"> LGBT Youth Scotland confirmed we are making good progress and have recommended that when we apply for re-accreditation, we aim for the gold award.

Any continuing work on these 23 actions will be taken forward through existing workplans or our equality outcome action plan for April 2021-March 2025.

DRAFT

Mainstreaming against our legal responsibilities under the Equality Act (2010)

This outlines progress made against our specific legal responsibilities.

Equality impact assessments

In September 2020, we launched our new and improved equality impact assessment process which we have developed as a toolkit of support to help improve knowledge and skills to increase individual's confidence levels. The toolkit includes a How To Guide, A Frequently Asked Question, the Scottish Government 'Mountains for All' Animation and 'Understanding Equality Impact Assessment' e-learning that can be accessed through our learning management system. Our approach is intentional in ensuring that our workforce know that as well as eliminating unlawful discrimination we use impact assessments as a tool for improvement to advance equality of opportunity and to foster good relations. This has resulted in an increase in the amount of equality impact screening forms completed. Completed equality impact assessments are available on our website using our improved equality impact assessment process.

Public procurement

We have a new Procurement Strategy (2020-2023) which fully addresses equalities.

Publishing public information in accessible formats

We continue to offer translations, alternative formats, interpreters and translators on request. Our website meets our duties for disabled people under Equality Act (2010).

Our facilities

We ensure that our buildings and any event spaces are safe and accessible for staff, volunteers, and members of the public. During the pandemic staff were provided with equipment to safely work from home and an all-staff survey has ensured that individual needs continue to be met. For people who identify as trans we have gender neutral toilets in one office, and we discuss options for gender-neutral toilets when renewing office leases.

Mainstreaming equality as a scrutiny and improvement support body

Leadership, governance and decision making

Our [Corporate Plan 2019-2022](#) shows our commitment to maintain a focus on people's rights, choices and individual outcomes. We are a values driven organisation and equality and diversity is a key principle of our Corporate Plan. **insert infographic of our values.**

We believe in a society that is fair, inclusive and equal. This is articulated in our Equality, Diversity and Inclusion Strategy 2021-2025 **add hyperlink once ready.**

We continue to work in partnership with the trade unions. Our [Partnership Agreement](#) outlines our commitment to equality and diversity which references the values of the Fair Work Framework.

Involvement and investors in volunteers

[‘Involving You!’](#), our Involvement Strategy, outlines how we involve people who have experienced care and those who care for them in our work.

“All Care Inspectorate volunteers get equalities training as part of our induction ... We learn about the protected characteristics and why they are important. ... It is important that I am careful about the language I use and always treat people with respect. In 2019 the Young Inspection Volunteers asked the Care Inspectorate for some further LGBT ...awareness training. We wanted to be sure that we were being respectful and using the right language and pronouns when we meet LGBT young people on inspection. ... it really helped me to feel more confident in understanding the different sexual orientations and some of the appropriate language I should use. The Care Inspectorate listens when we identify that we need some more training on equalities.” Bronwyn, Young Inspection Volunteer.

In 2020 we:

- achieved our re-accreditation for ‘Investing in Volunteers’
- updated our Volunteer Policy, other associated policies, guidance and frequently asked questions including easy read versions
- we revised our recruitment pack to positively encourage applications from those under-represented in our volunteer group particularly:
 - minority ethnic communities
 - younger people
 - men
 - disabled people
 - people who are care experienced.

Scrutiny and assurance

All of our work is informed by the [Health and Social Care Standards: My Support, My Life](#). The Standards are our main vehicle for bringing human rights, equalities, diversity and inclusion into our scrutiny assurance and improvement support work.

We produced supporting information, publications, toolkits and videos:

- New inspection quality frameworks that have a human rights focus to help services’ self-evaluate.
- Additional questions about disability, communication needs and age to increase the ways we engage with carers and young people on strategic joint inspections.
- Young inspection volunteers videos on our [You Tube channel](#) make it easier for children, young people and families to understand strategic inspections findings
- [Guidance](#) to support older people with dementia in care homes.
- Dementia bitesize learning modules in collaboration with NHS Education for Scotland.
- Enriched model of psychological needs for people living with dementia [poster](#) that promotes LGBT inclusion.

- Best practice guide for inspectors when visiting autism services
- Promoted internal awareness of learning disabilities through our Learning Disability Group
- The launch of a new children and young person friendly complaint text service, supported with a leaflet, posters and pocket rights information for young people.
- Supported improvement in the Early Learning and Childcare sector in respect of the roll out of the National Standard, 'funding follows the child' approach.

Mainstreaming equality as an employer

Our first ever [Strategic Workforce Plan](#) was launched in December 2019. It sets out our clear ambition for the Care Inspectorate to be an inclusive employer of choice.

'We want to attract, retain and develop the best talent and give every individual in our workforce the opportunity to progress...Increasing the diversity of our people will ensure that we have best practice from across all sectors and improve the quality of all our work to support world class care. This will also support us to achieve a more representative balance in our workforce profile in terms of all protected characteristics....'

Policies, procedures and processes

Since 2019 we have reviewed 22 policies, including:

- Dignity at Work Policy specifically in terms of bullying, harassment, discrimination and victimisation.
- Carers Policy to give carers up to five days leave paid.

We drafted Menopause Guidance that we are currently consulting on.

We asked Stonewall to review our family friendly policies to ensure they are LGBT inclusive and to identify any heteronormative language. We are now developing a Trans Inclusion Policy and Transitioning at Work Guidance.

During COVID-19 we supported staff to work flexibly including flexible work patterns and encouraging additional breaks to allow for; childcare, caring, home-schooling and to look after their health and wellbeing.

"Having two kids here with me and a husband who is a key worker. I feel extremely supported in finding a good work life balance in these unprecedented times."
Employee

Experiences from how we responded to the pandemic will be carried forward to inform the current review of Flexible Working and Home Working policy in 2021. This will support existing and future employees from across all protected characteristics. Our workforce is predominantly female, and we will work with Close the Gap on our equality impact assessment for the new Flexible Working Policy.

We are encouraging more applications from the LGBT community and disabled people. We used the Proud Employer's website to advertise recent inspector roles. We are listed on the Careers with Disabilities employer directory.

We will:

- Monitor success of LGBT and disabled people recruitment approaches.
- Amend our website so that equality, diversity and inclusion accreditations are more clearly visible to try and attract talent from under-represented groups.
- Include video clips and testimonials to encourage applications

Learning and development

In June 2020 we launched our equalities and diversity mandatory learning and development programme. Managers are required to complete six and other staff four programmes such as 'Working Effectively with the Equality Act'. Our Leaders are required to complete 'Inclusive Leadership'.

"This made me think about my experiences and what I have observed at work. We chatted through as a team afterwards and this felt good." Manager

"Very useful training certainly, makes you think of how you and others act in the workplace and how this can impact on people." Employee

Further optional training includes Unconscious Bias; Understanding and Tackling Gender Bias at Work; Maternity and Paternity; Race; Sexual Orientation; Trans and Non- binary e-learning.

Over the next few months we will work with colleagues to identify and deliver further training.

Culture and employee engagement survey

Our Culture Strategy "Achieving an empowered and engaged culture" 2019-2020 sets out our clear vision for an empowering, engaging and inclusive culture. We conducted an employee engagement survey in 2019 that measured inclusion and fair treatment.

We acted on this feedback when procuring training and developing our Equality, Diversity and Inclusion Strategy and we will measure progress with a further employee engagement survey in 2021.

Communication and engagement with our workforce

The Equality Adviser presents regular updates to the Directorate Management Teams. We also

- developed a new intranet that is accessible for everyone
- celebrate equality dates together **Insert photos from International Women's Day**
- created an intranet page for equality and diversity
- use yammer to share practice, ideas, comments, and experiences.

Employee health & wellbeing

We support colleagues to have wellbeing conversations as part of our employee appraisal process.

Additional ways we support employee health:

- Maximising Attendance Policy
- Occupational Health Provider
- Employee Assistance Programme
- Human Resource & Health & Safety Teams
- Healthy Working Lives action plan that includes promotions and awareness days.

During the pandemic, our staff have been affected, with some needing to shield because of their own physical health, and many others have childcare and/or caring responsibilities. A wellbeing group was set up to promote awareness, understanding and provide coping strategies for positive mental health and wellbeing.

The group have produced a range of resources including:

- regular blogs, webinars and short videos. The Scottish Government National Wellbeing Hub asked us to share our burnout video with them.
- 1 to 1 listening sessions with an external chaplain and interfaith support, delivered by Faith in Older People
- rolling out the 'Unmind' self-help app to all staff and volunteers.

Image 1: Health and Wellbeing Videos for Care Inspectorate Staff (to be inserted)

Image 2: Burnout Video with Dr Lynne Taylor (to be inserted)

Staff equality groups

The Corporate Equality Group steers the delivery and progress of the actions from our Equality Outcomes.

"The group members are passionate about our values, particularly fairness and respect, and improving outcomes for people who experience care. They also care deeply about equality and want to ensure that no-one is left behind. We have rich, open and honest discussions that help us to make recommendations that result in improved decisions and outcomes." Jacqui Duncan, Chair of the Corporate Equality Group.

The LGBT Charter Champion Group **Insert photo: The LGBT Group with Peter** deliver the LGBT Youth Scotland Charter and support our work as a Stonewall Diversity Champion. Achievements include:

- being the first Scottish regulator to achieve the LGBT Youth Scotland Foundation Award
- being shortlisted for the Proud Scot Employer Award Large Business award
- attending 10 Pride events in 2019 **Insert photos from Pride/ Peter and Edith.**

Pride provides opportunities to have good conversations with the public about LGBT equality in social care services. This helps to dispel myths, for instance, that individuals need to hide their sexuality from the care service, and it can offer reassurances that we can be ourselves and experience good quality care.

“Very pleased to see representation at Pride to gather views from all sections of the British community who may need services.” Feedback from Pride attendee

We continue to post on social media as it is important that the public see this and know we are doing the right thing. **Insert our 2020 Care Inspectorate logo, strapline for Pride.**

We produced resources with the message ‘We’re here for you’ which include our email address to encourage people to contact us if they have questions or concerns. We developed them as we know from our research that some LGBT people experience homophobic, bi-phobic and transphobic language and behaviour in health and social care settings. The resources also act as a visual reminder to care services about the importance of an individual’s sexuality, choice and rights.

“They never considered LGBT people in care homes before now, after chats about obstacles that individuals may face when disclosing their individuality, prior or during admission to residential care, this has made the team more considerate and open minded when asking of individuals relationship status...before assumptions may have been made of opposite sex marriage being the same for everyone. this has brought about change where there are now posters displayed within that home that give confidence to everyone that the care home is supportive to equality diversity and inclusion.” Care service manager

We presented at the Fast-Tracking Scotland Summit 2020 where we:

- explored the challenges in social care for people with HIV
- signposted delegates to the [‘Care of people living with HIV’](#) resource which we co-produced
- spoke about reducing the stigma that surrounds this illness.

To further promote awareness within the sector, we will trial wearing rainbow lanyards during a range of inspections across the country. We believe this will help LGBT people feel safer to be open about their sexual orientation and/ or gender identity.

The Interfaith Group is a self-organised group which mainly meets in our Edinburgh office. The group focuses on faith issues, faith in the workplace and encourages employees to get together as a community in a social setting. This offers an opportunity for connection and awareness raising

During the pandemic a parent’s yammer group was established and now has 54 active members. It is open to all parents/carers, inclusive of both sexes, people of all gender identities and sexual orientations.

External employer professional accreditations

- Our Healthy Working Lives Gold review focused on equality and diversity.
- We signed up to the Stonewall Diversity Champion Programme.
- We continue to make progress against our LGBT Youth Scotland Foundation action plan.
- We are committed to Level 1 Disability Confident Scheme.

Insert all our logos plus Stonewall



Next steps:

- We will prepare our first submission for the Stonewall Workplace Employer Index by November 2021.
- We will apply for our Gold LGBT Youth Scotland award in 2022.
- We will achieve Disability Confident Employer (Level 2) by February 2022.

Equality work with external partners

We continue to work closely with the Scottish Human Rights Commission by:

- contributing to the National Taskforce for Human Rights Leadership
- playing an active role in the Health and Social Care Action Group

We worked with the Electoral Commission for the election to the Scottish Parliament.

We produced a leaflet for care service managers to:

- support residents in their care to register to vote
- make an informed decision about which voting method to use.

The Care Inspectorate and Healthcare Improvement Scotland are developing standards on behalf of Scottish Government to introduce Barnahus in Scotland. Barnahus (Icelandic for 'children's house) uses child-centred approach for victims or witnesses of violence. Most people who will access Barnahus are girls, and the system has proven particularly effective at providing therapy and justice for girls who have suffered sexual abuse.

We mentioned in our last report that we co-produced '[Gender Equal Play](#)' with Zero Tolerance. Since it was launched it has been downloaded 9520 times from our website and 7750 times from Zero Tolerance's website. We jointly chair the Gender Equal Play in their Early Years Working Group. This group works together to raise awareness and to take action that will challenge the root causes of gender imbalances in Early Learning and Childcare.

We have taken this pledge and are now a 'circle member' organisation for the First Minister's National Advisory Council on Women and Girls. We form part of a group who help generate ideas and solutions that will inform their work. In August 2020 we held our first 'wee circle event'.

Insert graphic from the First Minister's National Advisory Council on Women and Girls

We worked with LGBT Health & Wellbeing on '[Proud to Care: LGBT and Dementia A Guide for Health and Social Care Providers](#)'. The resource has been produced in partnership with Alzheimer Scotland and others and was launched in February 2021. Within the toolkit we provided quality illustrations to highlight good practice and weak practice.

We are working with Age Scotland to support our commitment to providing an age inclusive environment, where staff feel valued, respected and feel able to contribute to their full potential at all ages and stages of their career.

Our new [Youth Employment Strategy \(2020-2023\)](#) insert hyperlink once ready continues to support the Scottish Government's Youth Employment Strategy 'Developing the Young Workforce'. As an organisation, we continue to offer a wide range of opportunities for young people including:

- modern apprenticeships
- internships
- work placements
- volunteering.

Looking forward: new equality outcomes April 2021- March 2025

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require us to publish equality outcomes every four years.

How we developed our new equality outcomes

Who we spoke to:

- | | |
|-----------------------------------------|--------------------------------|
| - corporate equality group | - corporate parenting group |
| - partnership forum | - operational leadership group |
| - senior leadership team | - Board |
| - external equality groups and partners | - managers from care services |
| - all staff via staff survey | |

The new equality outcomes support our corporate priorities and are based on the following evidence:

- Review of key Scottish Government publications
- Review of Scotland's Equality Evidence Finder
- Internal equality impact assessments
- Discussions with external equality groups
- Our employee engagement survey
- Workforce equality information
- Our learning from earlier reporting cycles
- Feedback from our internal equality groups and yammer conversations

Evidence Review

Protected characteristic	Evidence	Source
Age	As of 31 March 2016 11.0 people per 1,000 between 75–84 were experiencing social care either in the community or in a care home. This increases to 392.1 people per 1,000 for those over 85.	Is Scotland Fairer 2018
	Hearing the voices and experiences of older people their carers and other family members is important.	A Fairer Scotland for Older People A Framework for Action 2019/ consultation.
	Children must be listened to and meaningfully and appropriately involved in decision-making about their care.	We grow up loved, safe, and respected so that we realise our full potential.
Disability	Increase the opportunities for disabled people to have a say and be involved in decision making.	A Fairer Scotland for Disabled People Delivery Plan 2016
	Disabled people were more likely to be unemployed.	Is Scotland Fairer 2018
Race	Ensure effective engagement with minority ethnic communities, so that they are heard and involved. There is also a need to ensure social care services are provided appropriately, especially for older people in minority ethnic communities. Scotland's health and social care workforce better reflects the diversity of its communities.	Race Equality Action Plan 2017
	As of 31 March 2016 number of white people receiving social care either in the community or in a care home was (22.6 per 1,000) compared with people from ethnic minority groups (10.0 per 1,000).	Is Scotland Fairer 2018
	In 2019, the employment rate for minority ethnic people aged 16-64 was 59.3%, compared to a 32 employment rate of 75.7% for white people, a gap of 16.4%.	Ethnicity and Poverty in Scotland 2020

Sex	Our workforce is predominantly female, and this reflects the gender profile of the sectors we traditionally recruit from. Almost 90% of adult volunteers are female, most are white, and the average age is 60 plus.	Workforce information
	As of 31 March 2016 a higher number of women (34.9 per 1,000) received social care compared with men (22.0 per 1,000). Between 2010 and 2016, the rate increased substantially for people over 85, and increased more for men than women. Women were less likely to report being treated with compassion and understanding compared with men in 2017/18 (86.1% compared with 88.1%). Women were more likely than men to carry out regular unpaid caring responsibilities (62% compared with 38%).	Is Scotland Fairer 2018
	202,090 whole time equivalent staff employed in the Social Care Sector - 83% are women.	Fair Work in Scotland's Social Care Sector
Sexual orientation and gender reassignment	In 2015, 29% of health and social care staff heard colleagues make negative remarks about LGBT people or use discriminatory language. As in 2017/18 bisexual people were less likely to report that they were treated with compassion and understanding (76.2%) compared with heterosexual/straight people (87.2%). Some lesbian, gay, bisexual and transgender (LGBT) people experienced homophobic, biphobic and transphobic language and behaviour in health and social care settings.	Is Scotland Fairer 2018
	There is a lack of confidence among some social care staff, in their ability to understand and meet the needs of LGBT people who use care services.	Stonewall Unhealthy Attitudes 2015
Pregnancy and maternity	External lack of data, 2 employees were pregnant in 2020/21.	Care Inspectorate workforce data
Marriage and civil partnership	External lack of data impacts on employment only. The marital status of most of our workforce is either unknown (almost 80%) or married (around 14%).	Care Inspectorate workforce data
Religion and belief	External lack of data. Most employees report to have no religion (almost 37%) or identify as belonging to the Church of Scotland (20.5%).	Care Inspectorate workforce data

Additional Evidence

- Scottish Census 2011
- Scottish Government Equality and Fairer Scotland Impact Assessment: Evidence gathered for Scotland's Route Map through and out of the Crisis
- Coronavirus (COVID-19): children, young people and families - evidence and intelligence report
- Scottish Government [impact on minority ethnic communities](#)
- [Scottish Commission for People with Learning Disabilities Survey results](#)

DRAFT

Our review of the evidence has shown that COVID-19 [impacts](#) everyone, but it has affected different strands of diversity in different ways. It has exacerbated existing inequalities for some:

- older people
- children and young people
- women
- disabled people (including people with learning disabilities)
- carers
- minority ethnic communities
- people from the LGBT community

We are committed to finding out more about the impact through the planned engagement work in new equality outcome two. We are supportive of the Scottish Government's ambitions in terms of disability and race as they are both deep and systemic issues in Scottish society. Age (older people and children and young people up to 26) is also relevant to our work. Work will continue to support sex, sexual orientation and gender reassignment through equality outcome one.

DRAFT

Our Equality Outcomes April 2021-March 2025

Through wide consultation and reviewing the evidence the issues that we require to address through our new equality outcomes over the next four years have been identified. We have mapped our outcomes to the respective General Duties.

Issue	Equality Outcome 1	Outputs	Activities	General Duty
<p>Care experienced younger people, older people, disabled people, the LGBT community, and people from a minority ethnic community do not always receive care that meets their specific needs and wishes.</p>	<p>We will collaborate with providers of care and other stakeholders to develop and evaluate quality illustrations* in our quality frameworks.</p> <p>These will</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Very good and weak practice examples are developed • Quality illustrations that focus on equality and diversity are included in all our quality frameworks 	<ul style="list-style-type: none"> • Identify individuals to develop quality illustrations • Promote quality illustrations • Train staff (webinars) • Review impact of quality illustrations (evaluations that measure pre- and post-learning) 	<p>Foster good relations & eliminate discrimination</p>

	compassionate and tailored to their rights, needs and wishes.			
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*Quality illustrations are a tool that we use to support care services to self-evaluate and is part of our external quality assurance activity. We have illustrations of what 'very good' quality would look like, and what 'weak' quality would look like. We have quality frameworks to evaluate the quality of care during inspections and improvement planning. The frameworks reflect the Standards and our expectations.

Issue	Equality Outcome 2	Outputs	Activities	General Duty
Care experienced younger people, older people, disabled people, minority ethnic people, families of people receiving care, carers can face barriers to participation and engagement. This results in reduced opportunities to share their lived experience/ discuss their specific needs.	<p>We will increase opportunities for</p> <ul style="list-style-type: none"> • care experienced younger people • older people • disabled people • minority ethnic people • families of people receiving care • carers • volunteers • national stakeholders <p>to get involved with our work.</p>	<ul style="list-style-type: none"> • 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/ volunteer applications from people from these communities. 	<ul style="list-style-type: none"> • Run events, focus groups and surveys with adults and older people, The 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, eliminate discrimination & foster good relations

	This will influence and improve what we do so that people in these communities have a better experience of care.			
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Issue	Equality Outcome 3	Outputs	Activities	General Duty
12% of our workforce have declared that they have a disability, 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 numbers of Care Inspectorate disabled employees and employees from the minority ethnic community. We will increase applications by 5% more for each. We will also increase the number of employees who share their equalities information with us to over 90%.	<ul style="list-style-type: none"> • Increase in applications 5% more for each • Ensure we retain this talent • Achieve Disability Confident Employer (Level 2) • Employee disclosure rate is 90% or higher • Employees from these communities share their lived experience with our leaders 	<ul style="list-style-type: none"> • Undertake an assessment of any (potential) racism and structural barriers that may exist within our organisation and integrate our ambitions into our next corporate plan. • Work with Council of Ethnic Minority Voluntary Sector Organisations and BEMIS (National Ethnic and Cultural Minorities led umbrella body supporting the development of the Ethnic Minorities Voluntary Sector), Disability Confident, Inclusion Scotland, Glasgow Disability 	Advance equality of opportunity

			<p>Alliance and use the Scottish Government toolkit to develop more inclusive recruitment practices</p> <ul style="list-style-type: none"> • Sign up to the Business in the Community Race Charter • Add equality and diversity question to exit questionnaire • Monitor turnover for these groups • Set up a disability employee network • Introduce reverse mentoring schemes 	
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We will share our annual equalities progress report with our Board in April 2022 and publish our next equalities mainstreaming report in April 2023.

Appendix 1: Equality information by protected characteristic

Contents

1. Key findings: equality information by protected characteristic
2. Comparison between part time and full-time workforce profile information
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Mainstreaming of equality is a journey of continuous improvement and in order to monitor progress and ensure our focus is in the priority areas we provide our Strategic Leadership Team and Board with an annual update of progress against our objectives. We will share our next annual equalities progress report with our Board in April 2022.

In our last mainstreaming report, we committed to expanding on our ability to report on the protected characteristics of sexual orientation and gender reassignment for our workforce. We have taken advice from Stonewall and Scottish Trans and have subsequently changed the questions relating to gender identity and trans. We still report on the protected characteristic of 'sex' separately. To communicate the change and to increase disclosures, we have communicated with staff using a variety of methods to maximise involvement.

We have also made progress in recruitment by introducing a new applicant tracker to help with the measurement and reporting of recruitment activity and process. In addition we have improved our ability to report on performance appraisal and learning and development in the organisation.

1. Summary of workforce data

Key findings: equality information by protected characteristic

Establishment

- We have a total of 589 employees (454 full time; 135 part time).
- We have a high level of staff retention, with low employee turnover 9.00%. The most common reason for leaving is resignation, however, we have had a significant rise in retirements in 2020/21, which is indicative of the age profile in the organisation. This could be due to the age profile of our workforce.

Age

- Our age profile is older, employees aged 45- 64 account for 72% of the workforce.
- Part time working is popular with employees aged 55-64.
- We have low numbers of employees under the age of 25.
- We appoint most people between the ages of 40-59 age group.
- We do not appear to attract many job applicants aged 21 and under or people over the age of 60.
- Across all age ranges, we have a high level of participation in learning and development.
- Learning and development is most popular amongst employees aged between 55-64.
- Employees aged between 55-64 are the most likely to leave employment with us.
- People aged under 16 made up 17% of the Scottish population in 2017 and 64% of people were aged 16 to 64. Source: [Mid-2018 Population Estimates Scotland](#) (Last updated: April 2019, NRS.) We will continue to balance our age profile and support our older workforce by working with Age Scotland on our Age Inclusive Matrix, our Youth Employment Strategy and through our Strategic Workforce Plan.

Disability

- 14.6% of our employees identify as disabled which is a significant increase from 2.8% in 2018-19.
- 18% of our part time workforce identify as disabled.
- 2.9% of the people we appointed in 2020/21 consider themselves to be disabled.
- There has been an increase in staff disclosures for disability as we have improved our ability to monitor data in this area. In previous years it was thought that disability was significantly under-reported, as the 2011 Scottish census stated that 20% of people living in Scotland had a long- term limiting health problem or disability.
- Research tells us that some disabled people face barriers to employment. Our new equality action 3, identifies an action to advance equality of opportunity and makes this a priority.

Gender Reassignment

- No employees have reported having the protected characteristic of gender reassignment.
- This trend is reflective of the Scottish population as it is estimated that between 0.6% and 1% are trans. External Source: [Gender Identity Research and Education Society \(GIREs\) - The number of Gender Variant People in the UK \(update 2011\)](#) (Published: 2011, GIREs). We continue to promote the rights of trans people through the work of the LGBT Champion Charter Group.

Marriage and Civil Partnership

- The marital status of most of our workforce is either unknown (almost 80%) or married (around 14%).
- We have improved our monitoring processes by differentiating information about whether employees are married or are registered in a same-sex civil partnership. We can now report on employees who are co-habiting.

Pregnancy and Maternity

- We have a predominantly female workforce, and we have small numbers of pregnant employees. This is potentially. due to our age profile.
- Of the 2 maternities that ended in 2019, both returned to work.
- Of the 3 maternities that ended in 2020, all 3 returned to work.
- We continue to support all employees during pregnancy and within their maternity leave period through a variety of policies. These include but are not limited to shared paternity leave, dependent leave and the opportunity to apply and be considered for part-time work or flexible working arrangements.

Race

- 81.5% of our employees are white, 15.11% is unknown, 2.55% is prefer not to say and the remainder 0.84% is minority ethnic communities.
- There are a small number of job applicants from minority ethnic communities.

- Minority ethnic adults represented 4.6% of the Scottish population in 2018, Source: [Scottish Surveys Core Questions 2018](#) (Last updated: October 2019).
- We have committed to undertaking an assessment of the Care Inspectorate's understanding of racism and to identify any structural barriers that may exist to help us better reflect the Scottish population. This includes an analysis of our recruitment and selection processes and engagement with ethnic minority groups. We are also introducing the positive action measures in equality outcome three to encourage more applications from the minority ethnic community.

Religion or Belief

- Most employees report to have no religion (almost 37%) or identify as belonging to the Church of Scotland (20.5%).
- Most people who applied and were appointed to posts had no religion.
- In 2018, Christian (Church of Scotland, Roman Catholic and Other Christian) represented 46% of the adult population. Over the past decade there has been an increase in the proportion of adults reporting that they do not belong to a religion, this has increased from 40% in 2009 to just over a half of adults (50%) in 2018. Source: [Scottish Surveys Core Questions 2018](#) (Last updated: October 2019).

Sex

- 79% are women, 21% are men.
- Almost 92% of our part time workforce are women.
- Our workforce does not reflect the Scottish population which had a relatively even split between the sexes in 2018, with 51% women and 49% men. Source: [Mid-2018 Population Estimates Scotland](#) (Last updated: April 2019, NRS). It does, however, replicate the occupational population of the care sector that we traditionally recruit from where women accounted for 80% of health and social care worker roles in 2019. Source: First Minister's National Advisory Council on Women and Girls 2020 Report and Recommendations.
- In 2020/21 440 women accessed training and development which is an achievement as we have a workforce of 467 employees.

Sexual Orientation

- Almost 76% heterosexual.
- Over 3% self-identified as lesbian, gay, bisexual or other.
- Around 95% of the Scottish population identify as heterosexual. Source: [Scottish Surveys Core Questions 2018](#) (Last updated: October 2019). We promote our work with the LGBT community by advertising on the Proud recruitment website, attending Pride, promoting that we are a Stonewall Diversity Champion and that we have the LGBT Youth Scotland Foundation Award. Our intention is to reach the LGBT community and show that we are a LGBT inclusive employer.

Gender Identity

- 66.55% identify as female, 15.45% identify as male, 14.77% are unknown, 3.06% are 'prefer not to say' and the numbers for identify 'in another way' are too low to share as it could potentially disclose individuals.

- We recently introduced the question about gender identity in October 2020, which means our current reporting ability is limited but it will improve over time.
- We have shared communications with our workforce to raise awareness about the importance of using pronouns.

Performance appraisal

The performance appraisal system is still relatively new, and colleagues are still learning how to use it to its full potential. Not all colleagues are recording their discussions on the system, however, employees are requesting and accessing training and development, and this is being approved by managers. This is evidence that discussions are taking place about learning and development. We are currently testing changes to the performance appraisal system to make it easier for individuals to record their discussions.

Learning and development

Internal training: covers all internal learning and development activities including, online learning, induction, compliance training, leadership development, team development, personal and professional skills development.

External training: employees submit individual requests to attend conferences, courses or events that are delivered by an external facilitator and are not part of the internal learning and development programme. The data assumes that all approved requests have been attended.

Refused training relates to line managers refusing training requests. Reasons include, training no longer required, more suitable training available or unknown.

Participation is highest for internal training and this is driven by a number of mandatory learning programmes being rolled out to all staff over both years.

As a result of the Covid-19 pandemic, a number of external training events were cancelled. This has led to a reduction in the number of external training requests and opportunities. This is consistent across all employee groups and protected characteristics.

In the last report we were still introducing our new learning management system which meant we were unable to provide detailed reports on learning and development. As our learning management system is now established, we have been able to provide a full analysis of learning and development participation for each protected characteristic.

In the previous report we identified evidence of lower levels of participation in learning and development for employees in the youngest age ranges. Data over the past two years provides encouraging indication of increasing participation across all age ranges including the youngest age range. This is driven by our new approach to core mandatory learning for all staff. This includes ICT and information governance, health and safety and equalities learning programmes that all staff are required to complete. We expect high participation rates for internal training to continue.

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

Note: Information is expressed as a percentage of employees with each protected characteristic and has been rounded up or down to the nearest 0.1%. Therefore, there may be slight variances in totals. Values with fewer than five observations have been removed and replaced with “<5” and “<1%”. These revised values have been removed from the overall total. **Still to remove these values this will be done after the Board meeting.**

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

Age 2019-2020						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Under 25	6	1.30%	2	1.40%	8	1.32%
25-34	33	7.14%	8	5.59%	41	6.78%
35-44	70	15.15%	20	13.99%	90	14.88%
45-54	197	42.64%	31	21.68%	228	37.69%
55-64	146	31.60%	69	48.25%	215	35.54%
65+	10	2.16%	13	9.09%	23	3.80%
Total	462	100.00%	143	100.00%	605	100.00%

Age 2020-2021						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Under 25	5	1.10%	0	0.00%	5	0.85%
25-34	32	7.05%	6	4.44%	38	6.45%
35-44	73	16.08%	21	15.56%	94	15.96%
45-54	177	38.99%	25	18.52%	202	34.30%
55-64	157	34.58%	66	48.89%	223	37.86%
65+	10	2.20%	17	12.59%	27	4.58%
Total	454	100.00%	135	100.00%	589	100.00%

Disability 2019-2020						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Don't know	1	0.22%	1	0.70%	2	0.33%
No	305	66.02%	81	56.64%	386	63.80%
Prefer not to say	21	4.55%	9	6.29%	30	4.96%
Unknown	87	18.83%	32	22.38%	119	19.67%
Yes	48	10.39%	20	13.99%	68	11.24%
Total	462	100.00%	143	100.00%	605	100.00%

Disability 2020-2021						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Don't know	1	0.22%	1	0.74%	2	0.34%
No	314	69.16%	86	63.70%	400	67.91%
Prefer not to say	22	4.85%	9	6.67%	31	5.26%
Unknown	71	15.64%	15	11.11%	70	11.88%
Yes	46	10.13%	24	17.78%	86	14.60%
Total	454	100.00%	135	100.00%	589	100.00%

Gender Reassignment 2019-2020						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
No	353	76.41%	103	72.03%	456	75.37%
Prefer not to say	12	2.60%	4	2.80%	16	2.64%
Unknown	97	21.00%	36	25.17%	133	21.98%
Total	462	100.00%	143	100.00%	605	100.00%

Gender Reassignment 2020-2021						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
No	365	80.40%	113	83.70%	478	81.15%
Prefer not to say	13	2.86%	3	2.22%	16	2.72%
Unknown	76	16.74%	19	14.07%	95	16.13%
Total	454	100.00%	135	100.00%	589	100.00%

Marriage & Civil Partnership 2019-2020						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Separated	1	0.22%	0	0.00%	1	0.17%
Co-habiting	9	1.95%	0	0.00%	9	1.49%
Civil partnership	2	0.43%	0	0.00%	2	0.33%
Divorced or formerly in a same sex civil partnership	9	1.95%	1	0.70%	10	1.65%
Married	59	12.77%	19	13.29%	78	12.89%
Single	12	2.60%	1	0.70%	13	2.15%
Unknown	368	79.65%	122	85.31%	490	80.99%
Widowed or surviving partners from a same sex civil partnership	2	0.43%	0	0.00%	2	0.33%
Total	462	100.00%	143	100.00%	605	100.00%

Marriage & Civil Partnership 2020-2021						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Separated	2	0.44%	0	0.00%	2	0.34%
Co-habiting	9	1.98%	0	0.00%	9	1.53%
Civil partnership	2	0.44%	0	0.00%	2	0.34%
Divorced or formerly in a same sex civil partnership	9	1.98%	1	0.74%	10	1.70%
Married	64	14.10%	19	14.07%	83	14.09%
Single	12	2.64%	2	1.48%	14	2.38%
Unknown	355	78.19%	112	82.96%	467	79.29%
Widowed or surviving partners from a same sex civil partnership	1	0.22%	1	0.74%	2	0.34%
Total	454	100.00%	135	100.00%	589	100.00%

Race 2019-2020						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
White	354	76.62%	107	74.83%	461	76.2%
Mixed or multiple ethnic groups	1	0.22%	0	0.00%	1	0.17%
Asian, Asian Scottish or Asian British	1	0.22%	0	0.00%	1	0.17%
African, African Scottish or African British	2	0.43%	1	0.70%	3	0.50%
Caribbean or Black	1	0.22%	0	0.00%	1	0.17%
Other ethnic group	1	0.22%	0	0.00%	1	0.17%
Prefer not to say	12	2.60%	3	2.10%	15	2.48%
Unknown	90	19.48%	32	22.38%	122	20.17%
Total	462	100.00%	143	100.00%	605	100.00%

Race 2020-2021						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
White	361	79.52%	117	86.67%	478	81.5%
Mixed or multiple ethnic groups	2	0.44%	0	0.00%	2	0.34%
Asian, Asian Scottish or Asian British	0	0.00%	0	0.00%	0	0.00%
African, African Scottish or African British	2	0.44%	1	0.74%	3	0.51%
Caribbean or Black	1	0.22%	0	0.00%	1	0.17%
Other ethnic group	1	0.22%	0	0.00%	1	0.17%
Prefer not to say	13	2.86%	2	1.48%	15	2.55%
Unknown	74	16.30%	15	11.11%	89	15.11%
Total	454	100.00%	135	100.00%	589	100.00%

Religion or Belief 2019-2020						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Buddhist	0	0.00%	1	0.70%	1	0.17%
Church of Scotland	88	19.05%	30	20.98%	118	19.50%
Hindu	1	0.22%	0	0.00%	1	0.17%
None	156	33.77%	46	32.17%	202	33.39%
Other	5	1.08%	3	2.10%	8	1.32%
Other Christian	19	4.11%	7	4.90%	26	4.30%
Prefer not to say	46	9.96%	9	6.29%	55	9.09%
Roman Catholic	55	11.90%	15	10.49%	70	11.57%
Unknown	92	19.91%	32	22.38%	124	20.50%
Total	462	100.00%	143	100.00%	605	100.00%

Religion or Belief 2020-2021						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Buddhist	0	0.00%	1	0.74%	1	0.17%
Church of Scotland	87	19.16%	34	25.19%	121	20.54%
Hindu	0	0.00%	0	0.00%	0	0.00%
None	166	36.56%	50	37.04%	216	36.67%
Other	6	1.32%	3	2.22%	9	1.53%
Other Christian	17	3.74%	7	5.19%	24	4.07%
Prefer not to say	48	10.57%	8	5.93%	56	9.51%
Roman Catholic	55	12.11%	17	12.59%	72	12.22%
Unknown	75	16.52%	15	11.11%	90	15.28%
Total	454	100.00%	135	100.00%	589	100.00%

Sex 2019-2020						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Female	349	75.54%	126	88.11%	475	78.51%
Male	113	24.46%	17	11.89%	130	21.49%
Total	462	100.00%	143	100.00%	605	100.00%

Sex 2020-2021						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Female	343	75.55%	124	91.85%	467	79.29%
Male	111	24.45%	11	8.15%	122	20.71%
Total	454	100.00%	135	100.00%	589	100.00%

Sexual Orientation 2019-2020						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Bi / bisexual	4	0.87%	1	0.70%	5	0.83%
Gay / lesbian	14	3.03%	1	0.70%	15	2.48%
Heterosexual / straight	327	70.78%	101	70.63%	428	70.74%
Prefer not to say	26	5.63%	8	5.59%	34	5.62%
Unknown	91	19.70%	32	22.38%	123	20.33%
Total	462	100.00%	143	100.00%	605	100.00%

Sexual Orientation 2020-2021						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Bi / bisexual	5	1.10%	1	0.74%	6	1.02%
Gay / lesbian	12	2.64%	4	2.96%	16	2.72%
Heterosexual / straight	337	74.23%	108	80.0%	445	75.55%
Prefer not to say	26	5.73%	7	5.19%	33	5.60%
Unknown	74	16.30%	15	11.11%	89	15.11%
Total	454	100.00%	135	100.00%	589	100.00%

Gender Identity 2019-2020						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Female	275	59.52%	94	65.73%	369	60.99%
In another way	0	0.00%	1	0.70%	1	0.17%
Male	81	17.53%	10	6.99%	91	15.04%
Prefer not to say	13	2.81%	5	3.50%	18	2.98%
Unknown	93	20.13%	33	23.08%	126	20.83%
Total	462	100.00%	143	100.00%	605	100.00%

Gender Identity 2020-2021						
	F/T Headcount	% of workforce	P/T Headcount	% of workforce	Headcount	% of workforce
Female	287	63.22%	105	77.78%	392	66.55%
In another way	0	0.00%	1	0.74%	1	0.17%
Male	81	17.84%	10	7.41%	91	15.45%
Prefer not to say	14	3.08%	4	2.96%	18	3.06%
Unknown	72	15.86%	15	11.11%	87	14.77%
Total	454	100.00%	135	100.00%	589	100.00%

3. Flexible working successful applications

Flexible Working Age		
	2019-2020	2020-2021
Under 25	0	0
25-34	2	6
35-44	4	4
45-54	6	7
55-64	1	4
65+	0	0
Total	13	21

Flexible Working Disability		
	2019-2020	2020-2021
No	6	16
Prefer not to say	1	0
Unknown	1	2
Yes	5	3
Total	13	21

Flexible Working Gender Reassignment		
	2019-2020	2020-2021
No	11	19
Prefer not to say	1	0
Unknown	1	2
Total	13	21

Flexible Working Married or Civil Partnership		
	2019-2020	2020-2021
Married	2	6
Single	1	0
Unknown	10	15
Total	13	21

Flexible Working Race		
	2019-2020	2020-2021
White	11	18
Prefer not to say	1	0
Unknown	1	3
Total	13	21

Flexible Working Religion or Belief		
	2019-2020	2020 -2021
Church of Scotland	2	3
None	5	14
Other	1	0
Other Christian	2	0
Prefer not to say	2	2
Unknown	1	2
Total	13	21

Flexible Working Sex		
	2019-2020	2020-2021
Female	11	20
Male	2	1
Total	13	21

Flexible Working Sexual Orientation		
	2019-2020	2020-2021
Gay / lesbian	0	1
Heterosexual / straight	11	18
Prefer not to say	1	0
Unknown	1	2
Total	13	21

Flexible Working Gender Identity		
	2019-2020	2020-2021
Female	9	18
Male	2	1
Prefer not to say	1	0
Unknown	1	2
Total	13	21

4. Recruitment and selection

Applicants	Those applying for a position		Those who were shortlisted		All successful applicants	
	2019-2020	2020-2021	2019-2020	2020-2021	2019-2020	2020-2021
External	72 (16.2%)	1050 (87.7%)	29 (14.9%)	146 (69.2%)	15 (29.4%)	44 (64.7%)
Internal	122 (27.4%)	132 (11.0%)	84 (43.1%)	65 (30.8%)	27 (52.9%)	24 (35.3%)
Unknown	251 (56.4%)	15 (1.3%)	82 (42.1%)	0 (0.0%)	9 (17.6%)	0 (0.0%)
All People	445 (100%)	1197 (100%)	195 (100%)	211 (100%)	51 (100%)	68 (100%)

Age	Those applying for a position		Those who were shortlisted		All successful applicants	
	2019-2020	2020-2021	2019-2020	2020-2021	2019-2020	2020-2021
Under 21	1 (0.2%)	5 (0.4%)	1 (0.5%)	0 (0.0%)	1 (2.0%)	0 (0.0%)
21-29	40 (9.0%)	75 (6.3%)	18 (9.2%)	7 (3.3%)	7 (13.7%)	2 (2.9%)
30-39	54 (12.1%)	214 (17.9%)	23 (11.8%)	44 (20.9%)	10 (19.6%)	14 (20.6%)
40-49	99 (22.2%)	299 (25.0%)	44 (22.6%)	55 (26.1%)	12 (23.5%)	20 (29.4%)
50-59	101 (22.7%)	272 (22.7%)	50 (25.6%)	53 (25.1%)	16 (31.4%)	19 (27.9%)
60-65	8 (1.8%)	26 (2.2%)	6 (3.1%)	4 (1.9%)	0 (0.0%)	1 (1.5%)
Over 65	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Prefer not to say	0 (0.0%)	8 (0.7%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Unknown	142 (31.9%)	298 (24.9%)	53 (27.2%)	47 (22.3%)	5 (9.8%)	12 (17.6%)
All People	445 (100%)	1197 (100%)	195 (100%)	211 (100%)	51 (100%)	68 (100%)

	Those applying for a position		Those who were shortlisted		All successful applicants	
	2019-2020	2020-2021	2019-2020	2020-2021	2019-2020	2020-2021
Disability						
With a disability	27 (6.1%)	68 (5.7%)	12 (6.2%)	11 (5.2%)	3 (5.9%)	2 (2.9%)
No disability	252 (56.6%)	748 (62.5%)	110 (56.4%)	139 (65.9%)	32 (62.7%)	48 (70.6%)
Prefer not to say	3 (0.7%)	11 (0.9%)	0 (0.0%)	3 (1.4%)	0 (0.0%)	1 (1.5%)
Unknown	163 (36.6%)	370 (30.9%)	73 (37.4%)	58 (27.5%)	16 (31.4%)	17 (25.0%)
All people	445 (100%)	1197 (100%)	195 (100%)	211 (100%)	51(100%)	68 (100%)

	Those applying for a position		Those who were shortlisted		All successful applicants	
	2019-2020	2020-2021	2019-2020	2020-2021	2019-2020	2020-2021
Marriage and Civil Partnership						
Single (never married or never registered a same-sex civil partnership)	3 (0.7%)	129 (10.8%)	2 (1.0%)	13 (6.2%)	0 (0.0%)	5 (7.4%)
Co-habiting	3 (0.7%)	124 (10.4%)	3 (1.5%)	15 (7.1%)	0 (0.0%)	4 (5.9%)
Civil partnership	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
In a registered same-sex civil partnership	0 (0.0%)	4 (0.3%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	1 (1.5%)
Married	22 (4.9%)	481 (40.2%)	11 (5.6%)	85 (40.3%)	7 (13.7%)	28 (41.2%)
Separated	4 (0.9%)	0 (0.0%)	4 (2.1%)	0 (0.0%)	4 (7.8%)	0 (0.0%)
Separated but still legally married	0 (0.0%)	19 (1.6%)	0 (0.0%)	4 (1.9%)	0 (0.0%)	2 (2.9%)
Divorced or formerly in a same sex civil partnership	16 (3.6%)	52 (4.3%)	8 (4.1%)	10 (4.7%)	1 (2.0%)	3 (4.4%)
Never married	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Widowed or surviving partner from a same-sex civil partnership	2 (0.4%)	11 (0.9%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Other	163 (36.6%)	11 (0.9%)	62 (31.8%)	3 (1.4%)	15 (29.4%)	0 (0.0%)
Prefer not to say	9 (2.0%)	16 (1.3%)	5 (2.6%)	4 (1.9%)	0 (0.0%)	1 (1.5%)
Unknown	223 (50.1%)	350 (29.2%)	100 (51.3%)	75 (35.5%)	24 (47.1%)	24 (35.3%)
All people	445 (100%)	1197 (100%)	195 (100%)	211 (100%)	51 (100%)	68 (100%)

Race	Those applying for a position		Those who were shortlisted		All successful applicants	
	2019-2020	2020-2021	2019-2020	2020-2021	2019-2020	2020-2021
White - British	50 (11.2%)	118 (9.9%)	23 (11.8%)	12 (5.7%)	2 (3.9%)	2 (2.9%)
White - Scottish	187 (42.0%)	654 (54.6%)	89 (45.6%)	128 (60.7%)	29 (56.9%)	47 (69.1%)
White - Irish or Northern Irish	7 (1.6%)	18 (1.5%)	1 (0.5%)	3 (1.4%)	0 (0.0%)	2 (2.9%)
White - Other	10 (2.2%)	24 (2.0%)	5 (2.6%)	6 (2.8%)	1 (2.0%)	1 (1.5%)
Mixed or multiple ethnic groups	2 (0.4%)	2 (0.2%)	1 (0.5%)	0 (0.0%)	1 (2.0%)	0 (0.0%)
Asian, Asian Scottish or Asian British	0 (0.0%)	2 (0.2%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0(0.0%)
Indian, Indian Scottish or Indian British	1 (0.2%)	9 (0.8%)	0 (0.0%)	3 (1.4%)	0 (0.0%)	0 (0.0%)
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0(0.0%)	0 (0.0%)
Chinese, Chinese Scottish or Chinese British	2 (0.4%)	2 (0.2%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Other Asian	2 (0.4%)	3 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
African, African Scottish or African British	4 (0.9%)	15 (1.3%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other African	0 (0.0%)	2 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Black, Black Scottish or Black British	2 (0.4%)	3 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Caribbean, Caribbean Scottish or Caribbean British	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Arab, Arab Scottish or Arab British	0 (0.0%)	2 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Gypsy traveller	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other ethnic group	0 (0.0%)	7 (0.6%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Prefer not to say	4 (0.9%)	9 (0.8%)	1 (0.5%)	0 (0.0%)	0(0.0%)	0 (0.0%)
Unknown	171 (38.4%)	326 (27.2%)	74 (37.9%)	56 (26.5%)	18 (35.3%)	16 (23.5%)
All people	442 (100%)	1197 (100%)	195 (100%)	211 (100%)	51 (100%)	68 (100%)

Religion or Belief	Those applying for a position		Those who were shortlisted		All successful applicants	
	2019-2020	2020-2021	2019-2020	2020-2021	2019-2020	2020-2021
Church of Scotland	57 (12.8%)	156 (13.0%)	29 (14.9%)	24 (11.4%)	6 (11.8%)	10 (14.7%)
Roman Catholic	39 (8.8%)	136 (11.4%)	16 (8.2%)	21 (10.0%)	6 (11.8%)	6 (8.8%)
Other Christian	20 (4.5%)	79 (6.6%)	8 (4.1%)	14 (6.6%)	4 (7.8%)	8 (11.8%)
Buddhist	3 (0.7%)	4 (0.3%)	1 (0.5%)	2 (0.9%)	0 (0.0%)	0 (0.0%)
Hindu	0 (0.0%)	5 (0.4%)	0 (0.0%)	2 (0.9%)	0 (0.0%)	0 (0.0%)
Jewish	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Muslim	2 (0.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Sikh	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other religions	5 (1.1%)	21 (1.8%)	5 (2.6%)	6 (2.8%)	2 (3.9%)	1 (1.5%)
No religion	133 (29.9%)	435 (36.3%)	60 (30.8%)	83 (39.3%)	16 (31.4%)	26 (38.2%)
Prefer not to say	18 (4.0%)	47 (3.9%)	4 (2.1%)	9 (4.3%)	1 (2.0%)	2 (2.9%)
Unknown	168 (37.8%)	313 (26.1%)	72 (36.9%)	50 (23.7%)	16 (31.4%)	15 (22.1%)
All people	445 (100%)	1197 (100%)	195 (100%)	211 (100%)	51 (100%)	68 (100%)

	Those applying for a position		Those who were shortlisted		All successful applicants	
	2019-2020	2020-2021	2019-2020	2020-2021	2019-2020	2020-2021
Sex						
Male	72 (16.2%)	212 (17.7%)	27 (13.8%)	40 (19.0%)	9 (17.6%)	6 (8.8%)
Female	201 (45.2%)	654 (54.6%)	92 (47.2%)	115 (54.5%)	24 (47.1%)	41 (60.3%)
Other	0 (0.0%)	2 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Prefer not to say	1 (0.2%)	9 (0.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Not stated	171 (38.4%)	320 (26.7%)	76 (39.0%)	56 (26.5%)	18 (35.3%)	21 (30.9%)
All people	445 (100%)	1197 (100%)	195 (100%)	211 (100%)	51 (100%)	68 (100%)

	Those applying for a position		Those who were shortlisted		All successful applicants	
	2019-2020	2020-2021	2019-2020	2020-2021	2019-2020	2020-2021
Sexual Orientation						
Heterosexual	252 (56.6%)	796 (66.5%)	111 (56.9%)	142 (67.3%)	35 (68.6%)	50 (73.5%)
Gay Man	2 (0.4%)	16 (1.3%)	0 (0.0%)	5 (2.4%)	0 (0.0%)	0 (0.0%)
Gay Woman	4 (0.9%)	17 (1.4%)	2 (1.0%)	2 (0.9%)	0 (0.0%)	1 (1.5%)
Bisexual	3 (0.7%)	14 (1.2%)	2 (1.0%)	2 (0.9%)	0 (0.0%)	0 (0.0%)
Other	1 (0.2%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Prefer not to say	17 (3.8%)	41 (3.4%)	6 (3.1%)	10 (4.7%)	0 (0.0%)	2 (2.9%)
Unknown	166 (37.3%)	313 (26.1%)	73 (37.4%)	50 (23.7%)	16 (31.4%)	15 (22.1%)
All people	445 (100%)	1197 (100%)	195 (100%)	211 (100%)	51 (100%)	68 (100%)

Caring Responsibility	Those applying for a position		Those who were shortlisted		All successful applicants	
	2019 -2020	2020-2021	2019-2020	2020-2021	2019-2020	2020-2021
Carer	46 (10.3%)	122 (10.2%)	22 (11.3%)	22 (10.4%)	6 (11.8%)	8 (11.8%)
Not carer	213 (47.9%)	724 (60.5%)	90 (46.2%)	132 (62.6%)	27 (52.9%)	43 (63.2%)
Don't know	0 (0.0%)	3 (0.3%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Prefer not to say	7 (1.6%)	13 (1.1%)	0 (0.0%)	3 (1.4%)	0 (0.0%)	0 (0.0%)
Unknown	179 (40.2%)	335 (28.0%)	83 (42.6%)	53 (25.1%)	18 (35.3%)	17 (25.0%)
All people	445 (100%)	1197 (100%)	195 (100%)	211 (100%)	51 (100%)	68 (100%)

Gender identity	Those applying for a position		Those who were shortlisted		All successful applicants	
	2019 -2020	2020-2021	2019-2020	2020-2021	2019-2020	2020-2021
Male	72 (16.2%)	212 (17.7%)	27 (13.8%)	40 (19.0%)	9 (17.6%)	6 (8.8%)
Female	201 (45.2%)	654 (54.6%)	92 (47.2%)	115 (54.5%)	24 (47.1%)	41 (60.3%)
Other	0 (0.0%)	2 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0%)
Prefer not to say	1 (0.2%)	9 (0.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0%)
Not stated/ unknown	171 (38.4%)	320 (26.7%)	76 (39.0%)	56 (26.5%)	18 (35.3%)	21 (30.9%)
All people	445 (100%)	1197 (100%)	195 (100%)	211 100%	51 (100%)	68 (100%)

5. Internal promotions

Internal Promotions Age		
	2019-2020	2020-2021
Under 25	1	1
25-34	5	2
35-44	3	2
45-54	10	8
55-64	3	8
Total	22	21

Internal Promotions Disability		
	2019-2020	2020-2021
No	15	13
Prefer not to say	0	2
Unknown	6	4
Yes	1	2
Total	22	21

Internal Promotions Gender Reassignment		
	2019-2020	2020-2021
No	16	17
Unknown	6	4
Total	22	21

Internal Promotions Marriage & Civil Partnership		
	2019-2020	2020-2021
Civil partnership	0	1
Divorced	1	1
Married	3	6
Unknown	18	13
Total	22	21

Internal Promotions Race		
	2019-2020	2020-2021
White	16	17
Unknown	6	4
Total	22	21

Internal Promotions Religion or Belief		
	2019-2020	2020-2021
Church of Scotland	2	2
None	8	7
Other	0	1
Other Christian	2	3
Prefer not to say	0	1
Roman Catholic	4	3
Unknown	6	4
Total	22	21

Internal Promotions Sex		
	2019-2020	2020-2021
Female	17	19
Male	5	2
Total	22	21

Internal Promotions Sexual Orientation		
	2019-2020	2020-2021
Gay / lesbian	0	1
Heterosexual / straight	16	16
Unknown	6	4
Total	22	21

Internal Promotions Gender Identity		
	2019-2020	2020-2021
Female	11	15
Male	5	2
Unknown	6	4
Total	22	21

6. Learning and development

Learning and Development Age														
	Internal training						External training						Refused training	
	2019-2020			2020-2021			2019-2020			2020-2021			2019-2020	2020-2021
	No	Yes	Total	No	Yes	Total	No	Yes	Total	No	Yes	Total		
Under 25	1	7	8	3	2	5	6	2	8	5	0	5	0	0
25-34	1	40	41	5	33	38	31	10	41	31	7	38	2	1
35-44	3	87	90	10	84	94	77	13	90	82	12	94	2	1
45-54	3	225	228	15	187	202	192	36	228	183	19	202	5	1
55-64	0	215	215	12	211	223	201	14	215	209	14	223	0	1
65+	0	23	23	1	26	27	20	3	23	27	0	27	1	1
Total	8	597	605	46	543	589	527	78	605	537	52	589	10	5

Learning and Development Disability														
	Internal training						External training						Refused training	
	2019-2020			2020-2021			2019-2020			2020-2021			2019-2020	2020-2021
	No	Yes	Total	No	Yes	Total	No	Yes	Total	No	Yes	Total		
Don't know	0	2	2	0	2	2	2	0	2	2	0	2	0	0
No	6	380	386	22	378	400	336	50	386	359	41	400	2	2
Prefer not to say	0	30	30	5	26	31	27	3	30	30	1	31	0	0
Unknown	2	117	119	15	71	86	103	16	119	82	4	86	6	2
Yes	0	68	68	4	66	70	59	9	68	64	6	70	2	1
Total	8	597	605	46	543	589	527	78	605	537	52	589	10	5

Learning and Development Gender Reassignment														
	Internal training						External training						Refused training	
	2019-2020			2020-2021			2019-2020			2020-2021			2019-2020	2020-2021
	No	Yes	Total	No	Yes	Total	No	Yes	Total	No	Yes	Total		
No	6	450	456	29	449	478	395	61	456	431	47	478	4	3
Prefer not to say	0	16	16	2	14	16	15	1	16	15	1	16	0	0
Unknown	2	131	133	15	80	95	117	16	133	91	4	95	6	2
Total	8	597	605	46	543	589	527	78	605	537	52	589	10	5

Learning and Development Marriage and Civil Partnership														
	Internal training						External training						Refused training	
	2019-2020			2020-2021			2019-2020			2020-2021			2019-2020	2020-2021
	No	Yes	Total	No	Yes	Total	No	Yes	Total	No	Yes	Total		
Separated	0	1	1	0	2	2	0	1	1	2	0	2	0	0
Co-habiting	0	9	9	1	8	9	7	2	9	8	1	9	0	0
Civil partnership	0	2	2	0	2	2	1	1	2	2	0	2	0	0
Divorced	0	10	10	0	10	10	8	2	10	10	0	10	0	0
Married	0	78	78	2	81	83	67	11	78	73	10	83	1	2
Single	0	13	13	0	14	14	12	1	13	12	2	14	1	0
Unknown	8	482	490	43	424	467	430	60	490	428	39	467	8	3
Widowed or surviving partners from a same sex civil partnership	0	2	2	0	2	2	2	0	2	2	0	2		0
Total	8	597	605	46	543	589	527	78	605	537	52	589	10	5

Learning and Development Race														
	Internal training						External training						Refused training	
	2019-2020			2020-2021			2019-2020			2020-2021			2019-2020	2020-2021
	No	Yes	Total	No	Yes	Total	No	Yes	Total	No	Yes	Total		
White	6	455	461	29	449	478	402	59	461	432	46	478	4	3
Mixed or multiple ethnic groups	0	1	1	0	2	2	1	0	1	2	0	2	0	0
Asian, Asian Scottish or Asian British	0	1	1	0	0	0	1	0	1	0	0	0	0	0
African, African Scottish or African British	0	3	3	0	3	3	3	0	3	3	0	3	0	0
Caribbean or Black	0	1	1	0	1	1	1	0	1	1	0	1	0	0
Other ethnic group	0	1	1	0	1	1	0	1	1	1	0	1	0	0
Prefer not to say	0	15	15	2	13	15	13	2	15	13	2	15	0	0
Unknown	2	120	122	15	74	89	106	16	122	85	4	89	6	2
Total	8	597	605	46	543	589	527	78	605	537	52	589	10	5

Learning and Development Religion or belief														
	Internal training						External training						Refused training	
	2019-2020			2020-2021			2019-2020			2020-2021			2019-2020	2020-2021
	No	Yes	Total	No	Yes	Total	No	Yes	Total	No	Yes	Total		
Buddhist	0	1	1	0	1	1	1	0	1	1	0	1	0	0
Church of Scotland	3	115	118	4	117	121	110	8	118	111	10	121	1	0
Hindu	0	1	1	0	0	0	1	0	1	0	0	0	0	0
None	3	199	202	17	199	216	169	33	202	193	23	216	1	2
Other	0	8	8	1	8	9	6	2	8	9	0	9	0	0
Other Christian	0	26	26	1	23	24	23	3	26	21	3	24	2	0
Prefer not to say	0	55	55	6	50	56	50	5	55	50	6	56	0	1
Roman Catholic	0	70	70	2	70	72	60	10	70	67	5	72	0	0
Unknown	2	122	124	15	75	90	107	17	124	85	5	90	6	2
Total	8	597	605	46	543	589	527	78	605	537	52	589	10	5

Learning and Development Sex														
	Internal training						External training						Refused training	
	2019-2020			2020-2021			2019-2020			2020-2021			2019-2020	2020-2021
	No	Yes	Total	No	Yes	Total	No	Yes	Total	No	Yes	Total		
Female	6	469	475	27	440	467	414	61	475	419	48	467	9	5
Male	2	128	130	19	103	122	113	17	130	118	4	122	1	0
Total	8	597	605	46	543	589	527	78	605	537	52	589	10	5

Learning and Development Sexual Orientation														
	Internal Training						External training						Refused training	
	2019-2020			2020-2021			2019-2020			2020-2021			2019-2020	2020-2021
	No	Yes	Total	No	Yes	Total	No	Yes	Total	No	Yes	Total		
Bi / bisexual	1	4	5	1	5	6	4	1	5	5	1	6	1	1
Gay / lesbian	1	14	15	1	15	16	12	3	15	16	0	16	0	0
Heterosexual / straight	3	425	428	24	421	445	373	55	428	402	43	445	8	31
Prefer not to say	1	33	34	4	29	33	31	3	34	30	3	33	0	1
Unknown	2	121	123	16	73	89	107	16	123	84	5	89	7	6
Total	8	597	605	46	543	589	527	78	605	537	52	589	16	39

Learning and Development Gender Identity														
	Internal Training						External training						Refused training	
	2019-2020			2020-2021			2019-2020			2020-2021			2019-2020	2020-2021
	No	Yes	Total	No	Yes	Total	No	Yes	Total	No	Yes	Total		
Female	5	364	369	20	372	392	321	48	369	350	42	392	3	3
In another way	0	1	1	0	1	1	0	1	1	1	0	1	0	0
Male	1	90	91	9	82	91	80	11	91	87	4	91	1	0
Prefer not to say	0	18	18	2	16	18	16	2	18	17	1	18	0	0
Unknown	2	124	126	15	72	87	110	16	126	82	5	87	6	2
Total	8	597	605	46	543	589	527	78	605	537	52	589	10	5

7. Performance appraisal

Performance Appraisal Disability						
	2019-2020			2020-2021		
	No	Yes	Total	No	Yes	Total
Don't know	2	0	2	2	0	2
No	339	47	386	327	73	400
Prefer not to say	28	2	30	26	5	31
Unknown	115	4	119	81	5	86
Yes	61	7	68	60	10	70
Total	545	60	605	496	93	589

Performance Appraisal Age						
	2019-2020			2020-2021		
	No	Yes	Total	No	Yes	Total
Under 25	8	0	8	5	0	5
25-34	38	3	41	35	3	38
35-44	80	10	90	79	15	94
45-54	204	24	228	169	33	202
55-64	193	22	215	186	37	223
65+	22	1	23	22	5	27
Total	545	60	605	496	93	589

Performance Appraisal Marriage & Civil Partnership						
	2019-2020			2020-2021		
	No	Yes	Total	No	Yes	Total
Separated	1	0	1	2	0	2
Co-habiting	9	0	9	8	1	9
Civil partnership	2	0	2	2	0	2
Divorced or formerly in a same sex civil partnership	10	0	10	6	4	10
Married	67	11	78	69	14	83
Single	10	3	13	8	6	14
Unknown	444	46	490	399	68	467
Widowed or surviving partners from a same sex civil partnership	2	0	2	2	0	2
Total	545	60	605	496	93	589

Performance Appraisal Gender Reassignment						
	2019-2020			2020-2021		
	No	Yes	Total	No	Yes	Total
No	401	55	456	392	86	478
Prefer not to say	15	1	16	15	1	16
Unknown	129	4	133	89	6	95
Total	545	60	605	496	93	589

Performance Appraisal Race						
	2019-2020			2020-2021		
	No	Yes	Total	No	Yes	Total
White	407	54	461	392	86	478
Mixed or multiple ethnic groups	1	0	1	2	0	2
Asian, Asian Scottish or Asian British	1	0	1	0	0	0
African, African Scottish or African British	2	1	3	2	1	3
Caribbean or Black	1	0	1	1	0	1
Other ethnic group	1	0	1	1	0	1
Prefer not to say	15	0	15	15	0	15
Unknown	117	5	122	83	6	89
Total	545	60	605	496	93	589

Performance Appraisal Religion or Belief						
	2019-2020			2020-2021		
	No	Yes	Total	No	Yes	Total
Buddhist	1	0	1	1	0	1
Church of Scotland	101	17	118	101	20	121
Hindu	1	0	1	0	0	0
None	176	26	202	178	38	216
Other	7	1	8	8	1	9
Other Christian	25	1	26	20	4	24
Prefer not to say	53	2	55	50	6	56
Roman Catholic	62	8	70	53	19	72
Unknown	119	5	124	85	5	90
Total	545	60	605	496	93	589

Performance Appraisal Sex						
	2019-2020			2020-2021		
	No	Yes	Total	No	Yes	Total
Female	423	52	475	382	85	467
Male	122	8	130	114	8	122
Total	545	60	605	496	93	589

Performance Appraisal Sexual Orientation						
	2019-2020			2020-2021		
	No	Yes	Total	No	Yes	Total
Bi/ bisexual	5	0	5	6	0	6
Gay/ lesbian	13	2	15	13	3	16
Heterosexual/ straight	378	50	428	364	81	445
Prefer not to say	30	4	34	30	3	33
Unknown	119	4	123	83	6	89
Total	545	60	605	496	93	589

Performance Appraisal Gender Identity						
	2019-2020			2020-2021		
	No	Yes	Total	No	Yes	Total
Female	322	47	369	314	78	392
In another way	0	1	1	0	1	1
Male	84	7	91	83	8	91
Prefer not to say	17	1	18	17	1	18
Unknown	122	4	126	82	5	87
Total	545	60	605	496	93	589

8. Pregnancy and maternity

2019-2020	Total	2020-2021	Total
Pregnant	3	Pregnant	2
Within maternity period (12 months)	4	Within maternity period (12 months)	9
Not pregnant	468	Not pregnant	456
All women	475	All women	467

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

No disabled employees have returned to work following a period of sick leave relating to their disability. This could be due to the recording of the absence.

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

Case	2019-2020	2020-2021
Grievance	1 male 4 females	2 males 3 females
Dignity at Work	2 males	2 females
Disciplinary Action	1 male	1 female

11. Dismissals and other reasons for leaving

Reason for leaving	2019-2020	2020-2021
Death in service	1	0
End of fixed term contract	4	4
Ill health retirement	2	1
Secondment (Care Inspectorate to Scottish Social Services Council)	0	2
Resignation	31	27
Retirement	5	18
Redundancy	0	2
Total	43	54

Turnover Rate	
2019-2020	2019-2021
7.10%	9.00%

Leavers by Age				
	2019-2020 number of leavers	2019-2020 % of leavers	2020-2021 number of leavers	2020 -2021 % of leavers
Under 25	2	4.17%	4	7.27%
25-34	3	6.25%	1	1.82%
35-44	12	25.00%	2	3.64%
45-54	10	20.83%	15	27.27%
55-64	14	29.17%	22	40.00%
65+	7	14.58%	11	20.00%
Total	48	100.00%	55	100.00%

Leavers by Disability				
	2019-2020 number of leavers	2019 -2020 % of leavers	2020 -2021 number of leavers	2020 -2021 % of leavers
No	15	31.25%	11	20.00%
Yes	1	2.08%	0	0.00%
Unknown	32	66.67%	44	80.00%
Total	48	100.00%	55	100.00%

Leavers by Gender Reassignment				
	2019 -2020 number of leavers	2019 -2020 % of leavers	2020 -2021 number of leavers	2020 -2021 % of leavers
No	15	31.25%	16	29.09%
Unknown	33	68.75%	39	70.91%
Total	48	100.00%	55	100.00%

Leavers by Marriage & Civil Partnership				
	2019-2020 number of leavers	2019-2020 % of leavers	2020-2021 number of leavers	2020- 2021 % of leavers
Married	0	0.00%	3	5.45%
Single	1	2.08%	0	0.00%
Unknown	47	97.92%	52	94.55%
Total	48	100.00%	55	100.00%

Leavers by Race				
	2019-2020 number of leavers	2019 -2020 % of leavers	2020-2021 number of leavers	2020 -2021 % of leavers
White	22	45.83%	10	18.18%
Asian, Asian Scottish or Asian British	0	0.00%	1	1.82%
Unknown	26	54.17%	44	80.00%
Total	48	100.00%	55	100.00%

Leavers by Religion or Belief				
	2019-2020 number of leavers	2019 -2020 % of leavers	2020-2021 number of leavers	2020 -2021 % of leavers
Church of Scotland	5	10.42%	3	5.45%
Hindu	0	0.00%	1	1.82%
None	11	22.92%	1	1.82%
Other	1	2.08%	0	0.00%
Other Christian	1	2.08%	3	5.45%
Prefer not to say	2	4.17%	1	1.82%
Roman Catholic	2	4.17%	1	1.82%
Unknown	26	54.17%	45	81.82%
Total	48	100.00%	55	100.00%

Leavers by Sex				
	2019-2020 number of leavers	2019 – 2020 % of leavers	2020-2021 number of leavers	2020 -2021 % of leavers
Female	37	77.08%	42	76.36%
Male	11	22.92%	13	23.64%
Total	48	100.00%	55	100.00%

Leavers by Sexual Orientation				
	2019-2020 number of leavers	2019 – 2020 % of leavers	2020-2021 number of leavers	2020- 2021 % of leavers
Bi / bisexual	1	2.08%	0	0.00%
Heterosexual / straight	17	35.42%	9	16.36%
Prefer not to say	1	2.08%	1	1.82%
Unknown	29	60.42%	45	81.82%
Total	48	100.00%	55	100.00%

Leavers by Gender Identity				
	2019 -2020 number of leavers	2019 – 2020 % of leavers	2020-2021 number of leavers	2020 -2021 % of leavers
Female	0	0.00%	3	5.45%
Male	0	0.00%	2	3.64%
Unknown	48	100.00%	50	90.91%
Total	48	100.00%	55	100.00%

12. Pay Gap

Year	Mean Female Hourly Rate	Mean Male Hourly Rate	Mean Gender Pay Gap
2019/ 20	20.25	23.08	12.3%
2020/ 21	21.57	23.88	9.7%

Year	Median Female Hourly Rate	Median Male Hourly Rate	Median Gender Pay Gap
2019/ 20	22.05	22.05	0.0%
2020/21	23.3	23.3	0.0%

The 2020/21 median figure shows that we do not have a gender pay gap. However, Close The Gap consider the mean to be a more accurate figure for measuring the gender pay gap as it shows the impact of part time working on women's pay. 21% of Care Inspectorate female employees work part time. The 2020/21 mean figure indicates that we have a pay gap of 9.7%. This has fallen from 13.4% the last time we reported on it in our 2019 Equalities Mainstreaming Report. 9.7% is our lowest ever reported median gender pay gap figure. This is 0.3% under the 10% gender pay gap in Scotland in 2021.

Since 2019, we have undertaken a job evaluation for our inspector role, and this resulted in our inspectors (who are mostly women due to 80% of our workforce being female) moving from pay grade 6 to grade 7. We employ most of our staff as inspectors so this will account for the decrease in our pay gap. As part of this process we consulted with staff and carried out an equalities impact assessment.

Action plan: We will involve Close the Gap in the review of our Flexible Working Policy equality impact assessment as we recognise the link between part time working and the gender pay gap. We will continue to gather and analyse our data, and this will be used to inform our decision making.

Year	Mean BAME* Hourly Rate	Mean White Hourly Rate	Mean Ethnicity Pay Gap
2019/20	20.02607143	20.58392603	2.7%
2020/21	22.27071429	21.93067594	-1.6%

Year	Median BAME* Hourly Rate	Median White Hourly Rate	Median Ethnicity Pay Gap
2019/20	22.0516	22.0516	0.0%
2020/21	23.3042	23.3042	0.0%

The 2020/21 median figure shows no ethnicity pay gap. If we look at the mean figure, there was a 2.7% pay gap in 2019. For 2020/21 the mean shows we pay on average staff from a Black, Asian and Minority Ethnic (BAME*) background 1.6% more than white employees.

Action plan: We will continue to gather and analyse our data to identify any fluctuations, and this will be used to inform our decision making. We have specific actions as part of the Equalities and Human Rights Committee Report – Race Equality, Employment and Skills: Making Progress? and will respond and plan improvement interventions if these are required based on this additional workforce data.

Year	Mean Disabled Hourly Rate	Mean Non-Disabled Hourly Rate	Mean Disability Pay Gap
2019/20	19.4786	20.78533575	6.3%
2020/21	22.152761	20.99578286	-5.5%

Year	Median Disabled Hourly Rate	Median Non-Disabled Hourly Rate	Median Disability Pay Gap
2019/20	22.0516	22.0516	0.0%
2020/21	23.3042	23.3042	0.0%

The 2020/21 median figure shows no disability pay gap; the mean figure shows there was a 6.3% pay gap in 2019/20. In 2020/21 we are paying, on average, disabled employees 5.5% more than non- disabled employees.

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

13. Occupational Segregation

Paygrade	Role descriptors
1-3	Modern Apprentice & Administrative
4-6	Technical & Junior Management
7-8	Specialist & Middle Management
CS1+	Senior Leadership, Executive Directors & Chief Executive

Horizontal segregation refers to the clustering of men and women into different types of work, for example, different roles. It occurs when members of one group are typically employed in different types of job than members of another.

Vertical segregation refers to the clustering of people into different levels of work, for example, more men working as senior managers, and more women working in the lowest grades. Vertical segregation within an occupation occurs when members of one group (for example, men) are typically employed at a higher level than members of another.

Gender Occupational Segregation										
Paygrade	2020/21					2019/20				
	1 to 3	4 to 6	7 to 8	CS1+	Total	1 to 3	4 to 6	7 to 8	CS1+	Total
Female	99	46	283	39	467	99	274	64	35	472
Male	14	16	73	19	122	15	71	21	23	130
Total	113	62	356	58	589	114	345	85	58	602

In 2020/21 most women are employed in grades 7 to 8. This is reflective of our inspection workforce which is our core function as a scrutiny and improvement support body. The second highest group of women are employed in roles within grades 1 to 3 which tends to be in our business support or corporate and customer services roles. There has been an increase in women in our CS1 grades which are our senior leadership roles which shows that women are decision makers in our organisation. We therefore do not see any clustering of men and women into different types of work or different roles. Although, it is notable that despite employing less men than women there are 49% men in CS1 management and leadership roles.

Race Occupational Segregation										
Paygrade	2020/21					2019/20				
	1 to 3	4 to 6	7 to 8	CS1+	Total	1 to 3	4 to 6	7 to 8	CS1+	Total
White	96	46	291	45	478	94	263	63	41	461
Mixed or multiple ethnic groups	1	0	0	1	2	1	0	0	0	1
Asian, Asian Scottish or Asian British	0	0	0	0	0	0	1	0	0	1
African, African Scottish or African British	1	0	2	0	3	1	2	0	0	3
Caribbean or Black	0	0	0	1	1	0	0	0	1	1
Other ethnic group	0	0	1	0	1	0	1	0	0	1
Prefer not to say	2	1	9	3	15	2	6	4	3	15
Unknown	13	15	53	8	89	16	72	18	13	119
Total	113	62	356	58	589	114	345	85	58	602

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. We will continue to monitor the data as our numbers are small and it is important to identify and changes.

Disability Occupational Segregation										
	2020/21					2019/20				
Paygrade	1 to 3	4 to 6	7 to 8	CS1+	Total	1 to 3	4 to 6	7 to 8	CS1+	Total
Don't know	0	0	2	0	2	0	2	0	0	2
No	76	39	246	39	400	75	216	60	35	386
Prefer not to say	6	3	19	3	31	5	19	3	3	30
Unknown	12	14	52	8	86	15	70	18	13	116
Yes	19	6	37	8	70	19	38	4	7	68
Total	113	62	356	58	589	114	345	85	58	602

Disabled employees are employed in a variety of different roles, but most are working in grades 7 to 8. This is followed by grades 1-3 then CS1. Our data does not suggest that disabled employees are more likely to work in lower graded posts or different roles to non-disabled employees.

Action plan: Work will continue to undertake equal pay reviews, produce equal pay data and occupational segregation data (horizontal and vertical). This is in line with our Equal Pay Policy Statement, which was last reviewed in October 2019.

14. Equal pay statement

The Care Inspectorate is committed to ensuring equal pay. We use a single job evaluation scheme to measure the relative value of all jobs in our pay and grading structure within an overall framework that is consistent, transparent and fair. We reviewed our Equal Pay Policy in October 2019 ([Hyperlink to equal pay policy](#)).

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.

15. Board equality information by protected characteristic

At least two of our Board members should be people who experience care or are carers themselves. This brings a different insight and experience to the Board which is invaluable in moving our work forward. We have 11 board members in total. Two board members come from other organisations (Health Improvement Scotland and the Scottish Social Services Council). This means we can only report on the equality information of nine of our board members, however, we have counted all 11 for 'sex' due to the implications for the Gender Representation on Public Boards (Scotland) Act.

Board Member Information Age		
	2019 -2020 Headcount	2020 -2021 Headcount
35-44	2	2
55-64	4	5
65	3	2
All people	9	9

Board Member Information Disability		
	2019 -2020 Headcount	2020 -2021 Headcount
No	3	3
Unknown	4	4
Yes	2	2
All people	9	9

Board Member Information Gender Reassignment		
	2019 -2020 Headcount	2020 -2021 Headcount
No	5	5
Unknown	4	4
All people	9	9

Board Member Information Married and Civil Partnership		
	2019 -2020 Headcount	2020 -2021 Headcount
Unknown	9	9
All people	9	9

Board Member Information Race		
	2019 -2020 Headcount	2020 -2021 Headcount
White	4	4
Asian, Asian Scottish or Asian British	1	1
Unknown	4	4
All people	9	9

Board Member Information Religion or Belief		
	2019 -2020 Headcount	2020 -2021 Headcount
Muslim	1	1
None	2	2
Prefer not to say	1	1
Roman Catholic	1	1
Unknown	4	4
All people	9	9

Board Member Information Sex		
	2019 -2020 Headcount	2020 -2021 Headcount
Female	6	5
Male	5	6
All people	11	11

Board Member Information Sexual Orientation		
	2019 -2020 Headcount	2020 -2021 Headcount
Heterosexual	4	4
Unknown	5	5
All people	9	9

Board Member Information Gender Identity		
	2019 -2020 Headcount	2020 -2021 Headcount
Female	2	2
Male	3	3
Unknown	4	4
All people	9	9



EQUALITIES MAINSTREAMING
REPORT APRIL 2021-23

Our equality outcomes

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INTRODUCTION

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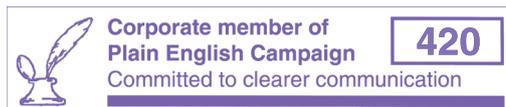
WE FIRMLY BELIEVE OUR
WORK IS AT ITS BEST
WHEN IT IS INFLUENCED
AND DEVELOPED THROUGH
THE INVOLVEMENT OF
PEOPLE WHO EXPERIENCE
CARE, THEIR FAMILIES AND
NETWORKS

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Care Inspectorate

Equality, Diversity & Inclusion Strategy 2021 – 2025

DRAFT

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Equality, Diversity & Inclusion Action Plan

You can find more information about equality and diversity within the Care Inspectorate on our website www.careinspectorate.com. You can also get information by emailing equalities@careinspectorate.gov.scot or calling 0345 600 9527. This report can be provided in alternative formats on request.

Foreword

by Chief Exec/Chair

I am delighted to introduce our first ever Equality, Diversity and Inclusion Strategy 2021-2025 which expresses our vision, our commitment, priorities for the next four years and what we want to achieve together.

We have consulted widely including our equality groups, leadership teams and members of our Board on this ambitious and bold strategy. We have a reputation for promoting rights, and equality and diversity through the work we do, and we acknowledge that there is more we need to do. In achieving the outcomes from the implementation of this strategy through the associated action plan over the next four years we will continue to build a diverse and inclusive organisation which is reflective of the people of Scotland.

“At the Care Inspectorate, we value, celebrate and embrace, equality, diversity and inclusion. For us, it goes beyond our legislative requirements, it’s at the heart of who we are and everything we do. A supportive and inclusive culture is everything to us. We believe equality, diversity and inclusion is everyone’s responsibility. Our Equality, Diversity and Inclusion Strategy will help everyone to recognise it’s part of everyone’s role, crosses directorates and everyone has a part to play. There is no place for indifference if we’re to reduce inequality.” Quote from Kevin Mitchell **insert a photo.**

“Everyone is a person first and an employee second and we must be careful not to see the function or role instead of the person. It is so important to recognise individuality as we have many diverse layers which makes us who we are. For people to do their best work, they need to be seen as individuals, listened to, to feel safe and know that they matter. During 2020 we learnt more about each other as individuals, about our home life, our families, our childcare requirements, caring responsibilities, our health and our values and how all of these interconnect with our working lives. It’s been great to share these parts of ourselves with our colleagues and to feel safe to ask for support and help as we’ve been working in different ways. We will now build on this as we move forward.” Quote from Edith Macintosh **insert a photo.**

Introduction

We have aligned the Equality, Diversity and Inclusion Strategy with our current [Corporate Plan 2019-2022](#). It contributes to realising our vision for world-class care for everyone in Scotland. Every person, in every community should experience high quality care and support that is tailored to their rights needs and wishes. As a scrutiny body with a duty to further improvement we will continue to use the Health and Social Care Standards to support person centred conversations. These conversations will increase awareness and understanding of equality, diversity and inclusion which results in improvement in the care that people experience. To achieve this, we will work with people from diverse backgrounds to make decisions that are representative of different perspectives and the lived experiences within Scotland. Our belief is that in continuing to create an organisational culture where everyone feels included, respected and valued results in achieving the best possible

outcomes for people who experience care. While it is important that we ensure we have a solid foundation of promoting equality, diversity and inclusion within our organisation it is equally important that we do so with the care services and providers we regulate and support.

Background and context

Equality, diversity and inclusion matters

It matters to **(include infographic of people):**

- People who experience care
- Our volunteers
- Care Inspectorate employees and prospective employees
- Scottish Government
- The Equality and Human Rights Commission
- Suppliers
- Our partners
- Equality organisations
- The Scottish Social Services Council and the National Midwifery Council

Equality, diversity and inclusion efforts are the right things to do because of the positive impact on the organisation and our society.

What we mean by equality, diversity and inclusion

It is important that we all understand the language around equality, diversity and inclusion. Here are some common terms that we use in this strategy. **Include better graphic of info displayed in table.**

 Equality	 Equity	 Diversity	 Inclusion	 Belonging	 Inter sectionality
Equal treatment/ creating the same opportunities for everyone	Focuses on fair treatment, equal opportunity and equal access to resources. Ensuring everyone has same positive outcomes	Welcome difference not just protected characteristics everyone is unique; we want everyone to be their whole and best self	Everyone can thrive, grow and learn to fulfil their potential so that they can contribute and participate	Eradicating that 'onlyness' feeling	Some people experience deeper discrimination or disadvantage than their peers because their identities reflect multiple forms of diversity (e.g.

					They are a black, disabled woman)
Does everyone have the same level of opportunity to access the room?	Who is trying to get in the room but can't?	Who is in the room?	Have everyone's ideas been heard?	Do we feel we belong in the room?	Are some rooms easier to get into than others? Do you need to be in more than one room or wish the rooms were interconnected ?

Equality

Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents. It is also the belief that no one should have poorer life chances because of the way they were born, where they come from, what they believe, their life circumstances or whether they are disabled. Equality recognises that historically certain groups of people with protected characteristics (or with particular life circumstances) have experienced discrimination or disadvantage. Equality is about ensuring everybody has an equal opportunity and people are not treated differently or discriminated against because of their protected characteristics life circumstances.

Equality of opportunity

Equality of opportunity is about ensuring everybody has an equal chance to take up opportunities and to make full use of the opportunities on offer and to fulfil their potential.

Equity

Equity is providing various levels of support and assistance depending on specific needs or abilities. Equity goes beyond equal opportunity and encompasses the distribution of resources in a way that ensures everyone is treated equally.

Diversity

We are all different, we come from different backgrounds, have different family structures and relationships, come from different geographical places, have different religious and belief systems and see and experience the world differently. Diversity is about positively valuing and harnessing these differences. Diversity allows for the exploration of these differences in a safe, positive, and nurturing environment. It means understanding one another by surpassing simple tolerance to ensure people truly value their differences. This allows us to embrace and to celebrate the rich dimensions of diversity contained within each individual.

Inclusion

Everyone has a right to be included and everyone has a responsibility to include others. Inclusion refers to a person's experience and is the extent to which they feel valued and included. Inclusion also brings with it a sense of belonging. People feel a level of supportive energy and commitment from others so that they can be their best. Inclusion is not involving everyone in everything!

“Diversity is the mix; inclusion is making the mix work.” Andrés Tapias.

Intersectionality

Viewing individuals' lives as overlapping across inequalities related to race, sex, gender identity, sexual orientation, socio economic status, or religion allows us to better understand that we do not exist in silos, that some people experience multiple discriminations within a society where multiple inequalities continue.

The legal framework

In our dual role as a scrutiny and improvement body and an employer, we are committed to meeting our legal obligations and promoting equality and diversity in all aspects of our work.

The Equality Act 2010 covers the following nine equality strands which are called 'protected characteristics' and are listed below: (insert infographic for age, race, disability, religion or belief, gender reassignment, sex, marriage and civil partnership, sexual orientation and pregnancy and maternity.)

The General Equality Duty (Section 149) of the Equality Act 2010, requires public authorities, including the Care Inspectorate, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 helps public bodies in Scotland, including the Care Inspectorate, to support the better performance of the General Equality Duty. The Specific Duties require us to:

- publish equality outcomes and report progress
- equality impact assess all new and existing policies
- gather and use employee information
- use information on the protected characteristics of members (board and management)
- publish gender pay gap information
- publish statements on equal pay
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible.

In line with the four-year reporting cycle, our equality outcomes will cover the period from 2021-2025.

As a Scottish Non-Departmental Public Body, and as an organisation whose decision-making impacts significantly on children, young people, and families, we have wider responsibilities in terms of children's rights, corporate parenting, and human rights. It is important that these are not seen as discrete and separate areas of work, which is why these are integrated into our equality outcomes.

We will do much more than meet our statutory obligations. It is not a tick box exercise it is creating an environment where we embrace difference so individuals can flourish.

We want everyone to understand the importance of sharing a common purpose when building equality, diversity and inclusion.

Equality, diversity and inclusion within our wider strategic framework

Equality and diversity is a key principle of the Corporate Plan **insert image from our Corporate Plan.** Our [Strategic Workforce Plan](#) has a range of planned activities that support equality, diversity and inclusion.

'We want to attract, retain and develop the best talent and give every individual in our workforce the opportunity to progress...Increasing the diversity of our people will ensure that we have best practice from across all sectors and improve the quality of all our work to support world class care. This will also support us to achieve a more representative balance in our workforce profile in terms of all protected characteristics... We want to ensure every talented individual has the opportunity to apply and compete for our roles and make sure that we have the most skilled and capable people.' **Extract from Strategic Workforce Plan**

Our [Partnership Agreement](#) also states that "The Partnership Forum will work to implement the principles of the Equality Act 2010 in all it does to ensure all employees are treated fairly and with respect." Our agreement supports the principles of the Fair Work Framework's values which are effective voice, opportunity, security, fulfilment and respect.

How we integrate equality, diversity and inclusion into our work

We understand that to create a truly inclusive environment requires the integration of inclusion and diversity into policies, processes and the wider organisation systems. We undertake equality impact assessments of wider organisational practices and processes. In addition to consulting with people and gathering our own intelligence we use the Scottish Government's Scotland's Equality Evidence Finder to help make effective and inclusive decisions about our policies and processes.

We are unique as we are an employer and a scrutiny and improvement support body. This means we are responsible for overseeing equality issues while carrying out our scrutiny and improvement support functions, and we look at how care service providers carry out their equality duties and improve the quality of care they provide where this is required.

All our scrutiny and improvement support work is informed by the [Health and Social Care Standards: My Support, My Life](#). These are the standards of care that everyone has a right to expect, based around five main outcomes:

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

We continue to embed the Health and Social Care Standards in our work, which puts human rights principles at the heart of what we do. The following Standards are relevant to general human rights, but there is crossover with equality legislation:

1.1 I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.

1.2 My human rights are protected and promoted and I experience no discrimination.

1.37 My meals and snacks meet my cultural and dietary needs, beliefs and preferences.

2.3 I am supported to understand and uphold my rights.

4.1 My human rights are central to the organisations that support and care for me

4.4 I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions

Our work also supports the United Nations Convention on the Rights of the Child. The Convention sets out the civil, political, economic, social and cultural rights that all children are entitled to.

Our progress

Our recent progress is summarised in our Equality Outcomes, Mainstreaming Report and Action Plan 2021 ([insert hyperlink once ready](#)) and includes the following main highlights:

- completing/ progressing all 23 actions in the above report (for our equality outcomes 2017-2021)
- creating new equality outcomes 2021-2025
- embedding the Standards in our scrutiny and improvement support work
- working with external partners to promote equalities and human rights including the Scottish Human Rights Commission
- the new children and young people complaint text service supports equity of access to our services.
- designing and implementing the equalities training for our Board, managers, workforce and new employees
- revising the equality impact assessment process

- improving the new equalities questions on My View which resulted in an increase of 85% staff disclosures
- signing up to become a Stonewall Diversity Champion
- being shortlisted for the Proud Scot Employer Award Large Business
- LGBT Youth Scotland confirmed we are making good progress and have recommended that when we apply for re-accreditation, we aim for the gold award
- pledging our support to the First Minister's National Advisory Council on Women and Girls and holding our first 'wee circle'.

We are in the early stages of our diversity and inclusion journey and we want to build on our progress and achieve even more.

Our commitment to equality, diversity and inclusion

We all have the right to be proud of who we are, to be respected, and to live our lives without fear of discrimination based on the colour of our skin, who we love, our religion or faith, whether we have a disability, our age, sex or any aspect of our background or who we are. People who experience care also have these rights and have the right to be treated fairly and with dignity and respect. Promoting a culture of equality, diversity and inclusion is at the core of what we believe.

We have summarised what we believe into seven commitments:

1. We ensure that the voice of people who experience care is reflected in all our work
2. We promote fairness, equality, diversity and inclusion in all that we do
3. We promote dignity and respect and human rights for all
4. We recognise and value individual differences and the contributions of all
5. We treat people fairly and according to their needs
6. We have a zero-tolerance approach to all forms of discrimination, harassment, bullying or victimisation
7. We have a culture where everyone feels valued and included.

We respect and value the diversity of our staff and volunteers. We are committed to tackling the inequalities and exclusion experienced by many groups who have protected characteristics and other groups who face disadvantage and exclusion.

We are a values driven organisation which means our values inform and guide everything we do and serve as guideposts to get us there which at times may mean having uncomfortable and courageous conversations. **Insert infographic of our values.**

The most important people to uphold and support the needs of creating an inclusive culture are all of us. We all have power and influence, and we all have a positive contribution to make. From an employer perspective, a behaviour shift only occurs where employees become allies to their co-workers and champion these efforts as part of our organisational culture. We all have a collective responsibility to look at our own behaviours and biases, respectfully challenge our own behaviour and the behaviour of others and this extends to working with people in other organisations.

Our vision

Our aspirations and commitments are also core principles of the Scottish Government's National Performance Framework. Our work specifically supports the following outcome "*We respect, protect and fulfil human rights and live free from discrimination.*"

Our vision is firmly focused on improving the quality and experience of care and we take a human rights-based approach to tackling inequalities. We will continue to embed the Standards in our scrutiny and improvement support work and increase the amount of external equality, diversity and inclusion activities we undertake. This involves consultation and engagement to ensure our work is shaped by what people experiencing care and their families are telling us is working and what is not working well. We will use information alongside the other intelligence that we gather to drive improvement.

We will collaborate internally and externally and hold engagement activities to demonstrate our commitment to enabling and promoting equality, diversity and inclusion. We will do this in our role as an employer and as a regulator.

We are committed to:

- accelerating diversity and inclusion
- creating a workplace where all our people feel that they belong
- valuing difference
- creating an environment where people feel safe to be their best authentic selves
- showing kindness and compassion which results in people feeling valued, respected, and supported
- creating opportunities for conversations about equality, diversity and inclusion so people can share their views, feel heard and be part of action that is taken
- understanding the importance of equality and diversity in our work, interactions and relationships with others.

Our ambition is to be recognised as an inclusive, progressive employer of choice, where our culture enables all our colleagues to thrive.

We believe in an inclusive work environment where:

- everyone is able to be their best self, and no one feels the need to suppress who they are
- the best ideas and insights come from diverse teams, so it improves our organisational effectiveness
- the feeling of belonging drives employee engagement, improves staff retention and individual employee performance
- our values enhance our organisational reputation and helps us to attract new talent

It is important to strengthen our equality, diversity and inclusion efforts so that we can attract, develop and retain people with a diversity of skills, knowledge and experience. This will ensure people experience higher quality care that is person centred and meets their individual needs.

Outcomes

Turning our strategy into action

We will raise awareness of our strategy which is fully aligned with our strategic objectives to ensure it is integrated into workplans across the organisation and progress is monitored.

The following equality outcomes will guide our efforts to integrate equality further into the way we make our plans and decisions to the benefit of the care and social work sector and our workforce. (The following three equality outcomes will be formatted into a graphic).

Equality outcome 1:

We will collaborate with providers of care and other stakeholders to develop and evaluate quality illustrations in our quality frameworks.

These will

- include equality, diversity and human rights
- aid discussion and understanding between inspectors and care service providers
- promote a self-evaluation process for continuous improvement
- ensure people experience high-quality care and support that is compassionate and tailored to their rights, needs and wishes.

Equality outcome 2:

We will increase opportunities for

- care experienced younger people
- older people
- disabled people
- minority ethnic people
- families of people receiving care
- carers
- volunteers
- national stakeholders

to get involved with our work.

This will influence and improve what we do so that people in these communities have a better experience of care.

Equality Outcome 3:

We will seek to increase the numbers of Care Inspectorate disabled employees and employees from the minority ethnic community. We will increase applicants by 5% more for each. We will also increase the number of employees who share their equalities information with us to over 90%.

Summary of objectives

As well as progressing the work planned against our equality outcomes, we will continue to be proactive in the following areas:

- Mainstreaming against our legal responsibilities under the Equality Act (2010)
- Mainstreaming equality as a scrutiny and improvement support body
- Mainstreaming equality as an employer (for example, through our work with Age Scotland, LGBT Youth Scotland and Stonewall)
- Equality work with external partners
- Workforce equality monitoring

We have also identified additional actions in the supporting action plan (shown overleaf). We will share our annual equalities progress report with our Board in April 2022 and publish our next equalities mainstreaming report in April 2023.

Achieving progress against this action plan requires cross-organisational collaboration and co-ordination. The leads are accountable for delivering the equality commitments in their areas of responsibility. On a day-to-day basis the Equality Adviser supports us in guiding, implementing, and meeting our legal responsibilities under the Public Sector Equality Duty.

We will measure our progress against this strategy in the following ways:

- Continue to gather and analyse data about our workforce profile and HR processes, and compare this against our current baseline
- Develop metrics that measure inclusion and include them in our employee engagement surveys
- Gather and analyse qualitative feedback through our employee engagement channels (for example, the Corporate Equality Group, LGBT Champion Charter Group, Yammer, emails and meetings etc.)

“Due to the events that have unfolded during 2020 there has been a social movement that has accelerated conversations on equality, diversity and inclusion and we are keen to harness this to create an environment for change. We believe this strategy and the supporting action plan will help us to move forward to ensure these challenging, authentic and powerful conversations can continue. We want to fully integrate equality, diversity and inclusion into all that we do and to take forward our learning from the pandemic.” **Quote from Peter & photo**

Equality, Diversity & Inclusion Action Plan

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline	
				Start	End
1.	Identify individuals to develop quality illustrations	Equality Outcome 1	Working group to be set up (reps from S&A, S&I & Equality Adviser)	2021	2021
2.	Promote quality illustrations			2022/ 2023	2022/ 2023
3.	Train staff to use quality illustrations			2022/ 2023	2022/ 2023
4.	Review impact of quality illustrations			2023	2024
5.	Run events, focus groups and surveys with adults and older people, The Working Together Group, and our volunteers	Equality Outcome 2	Involvement Team	2021	2024
6.	Work with four new organisations and groups of people each year			2021	2024
7.	Develop different methods of volunteer recruitment and retention specifically aimed at these communities			2021	2024
8.	Work with CEMVO/ BEMIS, Disability Confident, Inclusion Scotland, Glasgow Disability Alliance and use the Scottish Government toolkit to develop more inclusive recruitment practices	Equality Outcome 3	HR & Equality Adviser	2021	2024
9.	Sign up to the Business in the Community Race Charter to show our commitment to supporting this protected characteristic		Equality Adviser	2021	2021
10	Add equality and diversity question to exit questionnaire		HR & Equality Adviser	2021	2021
11	Set up a disability employee network (and possibly more e.g.		Equality Adviser	2021	2024

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline	
				Start	End
	carers, sex/ gender issues, race) so they have a voice and can make an impact. There will be a mechanism to provide feedback to the corporate equality group and the Board				
12	Introduce reverse mentoring schemes for employees/ volunteers in under-represented groups to share their lived experience with our Board and leaders		Equality Adviser	2021	2024
13	Build equality, diversity and inclusion into recovery planning	Corporate Plan/ recovery plans	SLT & OLT	2021	2022
14	Undertake equality impact assessments & island community impact assessments	Specific Duties	OLT, SLT & the Board to ensure compliance	2021	2024
15	Consider award criteria and conditions in relation to public procurement	Specific Duties	Senior Accountant	2021	2024
16	Publish in a manner that is accessible	Specific Duties	Communications Lead	2021	2024
17	Ensure there is a question on equality and diversity, inclusion (linking it to trust and engagement) in the next staff survey and improve on previous rating	EDI key performance indicator	Equality Adviser & OWD	2021	2021
18	Make links to ensure progress/ connections made on strategic workforce plan around recruitment (using Scottish Government toolkit), development, progression & retention in relation to equality, diversity & inclusion	Strategic Workforce Plan	HR, OWD & Equality Adviser	2021	2024
19	Expand the ways we celebrate equality,	-	Comms & Equality Adviser	2021	2024

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline	
				Start	End
	diversity, and inclusion internally & externally				
20	Understand the training needs of our staff in terms of equalities, diversity and inclusion and deliver further training (particularly around inclusive behaviours and practice and importance of allies and champions)	-	OLT, Equality Adviser & OWD	2021	2023
21	Add equality, diversity & inclusion as organisational values	Organisational Values/ Corporate Plan	SLT	TBC	TBC
22	Enter our first Stonewall Workplace Employer Index Submission	Stonewall Diversity Champion	Equality Adviser, LGBT group & leads from respective work areas	2021	2022
23	Develop a Trans Inclusion Policy and Transitioning at Work Guidance	Stonewall Diversity Champion	Equality Adviser, LGBT Group, OWD & HR	2021	2021
24	Run the test of change for rainbow lanyards	-	LGBT group & S&A teams	2021	2022
25	Apply for LGBT Youth Scotland Gold Award	LGBT Youth Award	LGBT group	2022	2022
26	Agree new terms of reference of the Age Scotland project/ new group membership	Age Scotland	Working Group/ OLT	2021	2021
27	Continue to run the First Minister's National Advisory Council on Women and Girls (NACWG) wee circles	NACWG	Equality Adviser	2021	2024
28	Involve Close the Gap in the equality impact assessment for the Flexible Working policy	-	OWD	2021	2021
29	Add equality and diversity as a standard goal in LEAD/ add to 121 template	EDI key performance indicator	OWD & Equality Adviser	Janice to confirm	Janice to confirm

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline	
				Start	End
30	Report on mainstreaming the equality duty, report progress and publish employee information	Specific Duties	Equality Adviser	2023	2023
31	Publish pay gap information (gender, disability and race) and associated action plans	Specific Duties	Equality Adviser & HR	2023	2023
32	Review Equal Pay Statement	Specific Duties	Equality Adviser & OWD	2024	2024
33	Introduce an Inclusion Charter	-	Equality Adviser	2022	2022
34	Gather complaints information against race, sexual orientation, gender reassignment, sex and disability	-	Intelligence Team	Ingrid to confirm	Ingrid to confirm
35	Design and deliver webinars on equality, diversity and inclusion with the care sector	-	Equality Adviser	2021	2025
36	Introduce Carer Ambassadors and carers group agree Senior Sponsor, achieve Level 2 Carer Established Award	Carer Positive	Equality Adviser	2022	2024



EQUALITY, DIVERSITY AND
INCLUSION STRATEGY
2021-25

CONTENTS

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You can find more information about equality and diversity within the Care Inspectorate on our website www.careinspectorate.com. You can also get information by emailing equalities@careinspectorate.gov.scot or calling **0345 600 9527**. This report can be provided in alternative formats on request.

FOREWORD

I am delighted to introduce our first ever Equality, Diversity and Inclusion Strategy 2021-2025 which expresses our vision, our commitment, priorities for the next four years and what we want to achieve together.

We have consulted widely including our equality groups, leadership teams and members of our Board on this ambitious and bold strategy. We have a reputation for promoting rights, and equality and diversity through the work we do, and we acknowledge that there is more we need to do. In achieving the outcomes from the implementation of this strategy through the associated action plan over the next four years we will continue to build a diverse and inclusive organisation which is reflective of the people of Scotland.

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Edith Macintosh
Executive Director of Strategy and Improvement and Deputy Chief Executive

"At the Care Inspectorate, we value, celebrate and embrace, equality, diversity and inclusion. For us, it goes beyond our legislative requirements, it's at the heart of who we are and everything we do. A supportive and inclusive culture is everything to us. We believe equality, diversity and inclusion is everyone's responsibility. Our Equality, Diversity and Inclusion Strategy will help everyone to recognise it's part of everyone's role, crosses directorates and everyone has a part to play. There is no place for indifference if we're to reduce inequality."

Kevin Mitchell
Executive Director of Scrutiny and Assurance



INTRODUCTION

We have aligned the Equality, Diversity and Inclusion Strategy with our current **Corporate Plan 2019-2022**. It contributes to realising our vision for world-class care for everyone in Scotland.

Every person, in every community should experience high quality care and support that is tailored to their rights needs and wishes. As a scrutiny body with a duty to further improvement we will continue to use the Health and Social Care Standards to support person centred conversations. These conversations will increase awareness and understanding of equality, diversity and inclusion which results in improvement in the care that people experience.

To achieve this, we will work with people from diverse backgrounds to make decisions that are representative of different perspectives and the lived experiences within Scotland. Our belief is that in continuing to create an organisational culture where everyone feels included, respected and valued results in achieving the best possible outcomes for people who experience care.

While it is important that we ensure we have a solid foundation of promoting equality, diversity and inclusion within our organisation it is equally important that we do so with the care services and providers we regulate and support.

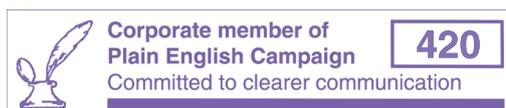
WE FIRMLY BELIEVE OUR
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WHEN IT IS INFLUENCED
AND DEVELOPED THROUGH
THE INVOLVEMENT OF
PEOPLE WHO EXPERIENCE
CARE, THEIR FAMILIES AND
NETWORKS

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BOARD MEETING 25 MARCH 2021

Agenda item 14
Report No: B-08-2021



Title:	2020/21 BUDGET MONITORING		
Author:	<i>Kenny Dick, Head of Finance and Corporate Governance</i>		
Appendices:	1.	Movement in Projected Financial Position	
	2.	Grant Funding Summary	
Consultation:	N/A		
Resource Implications:	Yes		

EXECUTIVE SUMMARY

This report provides the Board with details of the projected 2020/21 financial position based on the ledger to 28 February 2021.

After expenditure delayed from 2019/20 is accounted for, the projected financial position is an underspend against revised budget of £2.457m. This is a decrease of £0.991m in projected net expenditure from the position reported to the Board at its meeting of 17 December 2020 (based on the ledger to 31 October 2020).

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

The significant risks to this projection are set out in Section 4 of this report.

We have agreed with the Sponsor we will end 2020/21 with a higher General Reserve balance than would normally be expected and use the carried forward funds to support 2021/22 expenditure pressures.

The Board is invited to:

1.	Note the projected financial position for 2020/21 and the risks that may affect this position.
2.	Note the Movement in Projected Financial Position from the position previously reported to the Board (appendix 1).
3.	Note the projected financial position for the 2020/21 grant funded programmes (appendix 2).

Links:	Corporate Plan Outcome		Risk Register - Y/N		Equality Impact Assessment - Y/N	
For Noting	✓	For Discussion	✓	For Assurance		For Decision

BOARD MEETING 25 MARCH 2021

Agenda item 14

Report No: B-08-2021

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

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 25 MARCH 2021

Agenda item 14
Report No: B-08-2021

2020/21 BUDGET MONITORING

1.0 INTRODUCTION

The Board approved a 2020/21 revenue budget with a deficit of £0.808m to be funded from the general reserve balance. Since then, the agreed grant in aid position reinstated the anticipated baseline reduction of £0.049m and additional funding of £1.1m was provided to fund the costs of Job Evaluation and the Team Manager review. The revised budget deficit is now £0.759m which increases to £0.955m once expenditure brought forward from 2019/20 is included.

The projected financial position as at 31 March 2021 projects a surplus of £1.502m which is £2.457m less than the budgeted deficit of £0.955m. This report provides the key assumptions used to arrive at this projected position and identifies key risks.

2.0 SUMMARY FINANCIAL POSITION

2.1 Core Approved Budget

There was £0.196m of expenditure budgeted to be spent in 2019/20 that was delayed due to the COVID-19 position. The funding for this expenditure has been carried forward in the general reserve balance and this expenditure will now be incurred in 2020/21. This, when added to the 2020/21 revised budgeted deficit of £0.759m, provides an expected deficit of £0.955m. The projected surplus of £1.502m is a difference of £2.457m to the expected position as shown below.

	Approved 2020/21 Budget	Budget Virement 2020/21	Expenditure b/fwd from 2019/20	Additional Core Grant 2020/21	Revised 2020/21 Budget	Projected Expenditure	Variance
	£m	£m	£m	£m	£m	£m	£m
Staff cost	29.125	(0.015)	0.036	1.100	30.246	28.787	(1.459)
Accommodation costs	2.500	(0.056)			2.444	2.180	(0.264)
Administration costs	1.106	0.216	0.071		1.393	1.475	0.082
Travel costs	1.232	0.000			1.232	0.153	(1.079)
Supplies and services	1.538	(0.145)	0.089		1.482	1.732	0.250
Gross Expenditure	35.501	0.000	0.196	1.100	36.797	34.327	(2.470)
Grant in aid	(21.906)			(1.149)	(23.055)	(23.055)	0.000
Fee Income	(11.850)				(11.850)	(11.810)	0.040
Shared service income	(0.836)				(0.836)	(0.755)	0.081
Other income	(0.101)				(0.101)	(0.209)	(0.108)
Total income	(34.693)		0.000	(1.149)	(35.842)	(35.829)	0.013
(Surplus) / Deficit	0.808	0.000	0.196	(0.049)	0.955	(1.502)	(2.457)

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The Annual Report and Accounts for 2019/20 shows an improved general reserve balance compared to the position anticipated when the budget was set. The table below shows the latest projected general reserve position:

	Budgeted General Reserve Position	Projected General Reserve Position
	£m	£m
Opening general reserve	1.552	2.140
Surplus / (Deficit)	(0.808)	1.502
Projected closing general reserve	0.744	3.642
Minimum of target range	0.744	0.744
Maximum of target range	0.913	0.913
		Exceeds Target Range by £2.729m

2.2 Specific Grants

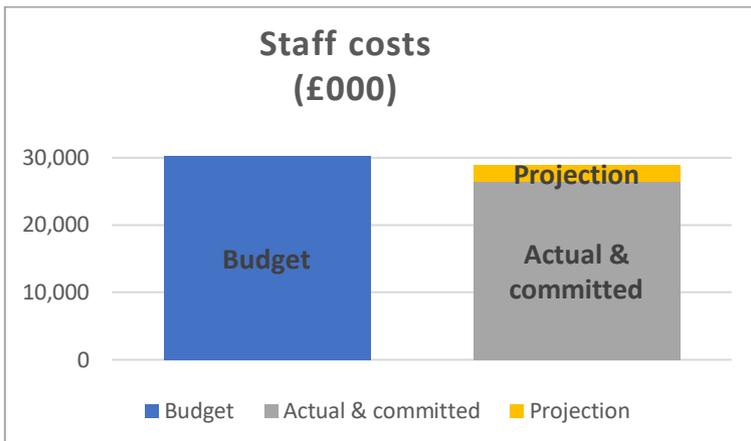
The projected expenditure on work funded by specific grants has been affected by the COVID-19 position. The position has been reviewed with the various grant providers and revised grants have been agreed for 2020/21. Appendix 2 provides the specific grant position, with an overall underspend of £0.060m projected. This will be carried forward in the general reserve to fund future programme expenditure.

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

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

3.0 BUDGET VARIANCES**3.1 Staff Costs – projected underspend of £1.459m**

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The revised budget includes £1.100m as the cost of implementing the Inspector job evaluation and Team Manager review.

Temporary arrangements were put in place to provide additional senior management and flexible response capacity due to the impact of the COVID-19 crisis. This is at a projected cost of £0.202m.

The Chief Executive used his delegated authority to approve the creation of an additional Chief Inspector post (2020/21 projected spend £0.053m) and a Transformation Lead post (2020/21 projected spend £0.034m).

The Board approved the establishment of an additional Service Manager to support the increase in the number of Team Managers required through the expansion of ELC and the Team Manager Review. The projected cost for 2020/21 is £0.027m.

Projected expenditure includes the part year costs of the new Chief Nurse post at a cost of £0.007m.

An additional Team Manager has been allocated to support Complaints ahead of the implementation of the Team Manager review at a projected cost of £0.041m.

The Digital Transformation Programme is an ongoing area of development and temporary staff posts have been extended to 31 March to allow time for the Stage 2 Transformation business case to be developed and considered. Additional costs of £0.167m are projected.

Projected expenditure also includes £0.035m for two temporary Intelligence Researcher posts with contracts budgeted to end on 30 September that are now agreed as permanent posts.

Other staff costs are projected to overspend by £0.032m. This is largely due to outsourcing the recruitment process for senior posts.

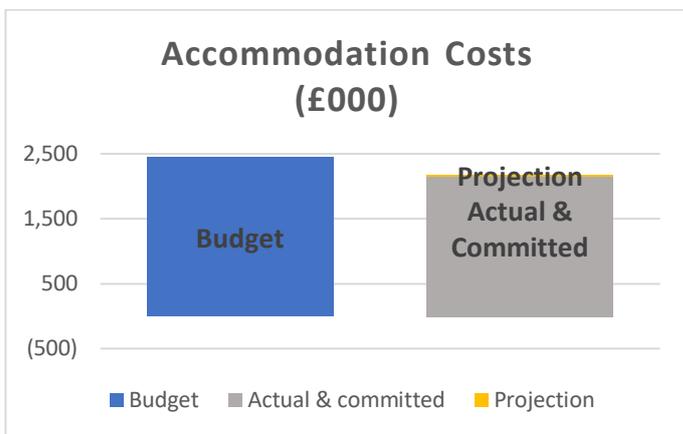
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Planned training and development activity for 2020/21 has been restricted by the COVID-19 restrictions and all of the training has been delivered remotely. An underspend of £0.188m is projected.

Mainly due to the impact of COVID-19 on recruitment, the budgeted ordinary and extraordinary slippage saving is projected to be exceeded by £1.869m. This, alongside the projected underspend in training and development expenditure more than offsets the additional expenditure identified above.

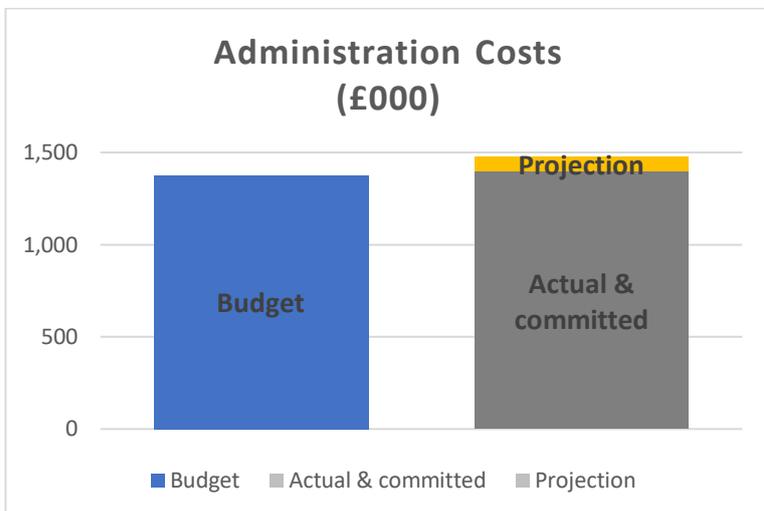
3.2 Accommodation costs – projected underspend of £0.264m



The budget included provision of £0.097m for end of lease and possible move costs for the Stirling and Dunfermline offices. The leases have been extended into 2021/22 and this budget will not be required this financial year. This will become a financial pressure for next year’s budget.

The projected operating costs of our offices have decreased by £0.167m due to COVID-19. The other public sector bodies we share accommodation with also benefit from this cost reduction and our lease and shared services income is projected to reduce by £0.086m.

3.3 Administration Costs – projected overspend of £0.082m



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The £0.119m cost of developing the business case for stage 2 of our transformation work is included in the projected costs. Additional funding was requested from the Scottish Government, but it has subsequently been agreed that this will be funded from the improved general reserve balance (see Section 2.1 above).

Projected costs also include £0.177m to provide additional resources to support Digital Transformation. This comprises funding for additional digital architect services, digital first assessors, a data strategy and outline catalogue and an accessibility audit.

A web-based programme, the benefits of which include supporting improvement in our engagement with stakeholders, is being purchased at an estimated cost of £0.013m.

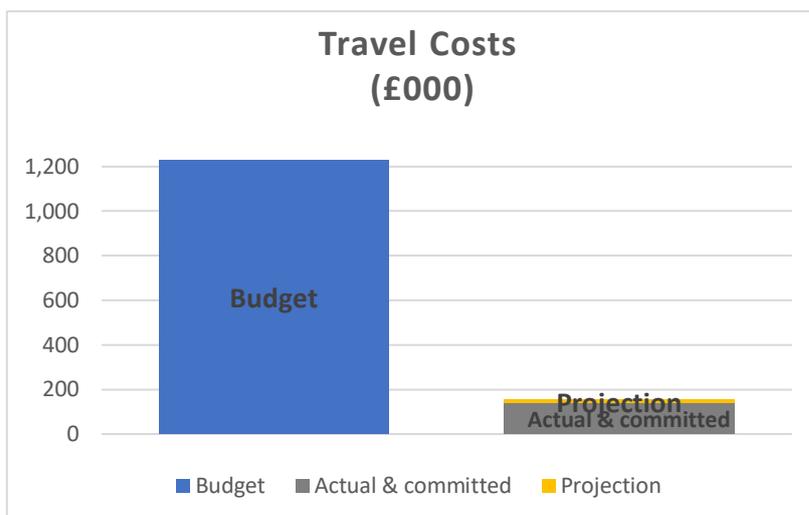
A projected overspend of £0.018m in professional fees in Corporate and Customer Services is due to an increase in legal fees.

Additional telephony costs of £0.013m are projected.

The value of debt written off due to care service providers being in receivership or liquidation is projected to be £0.044m more than budgeted.

Working from home as part of the COVID-19 restrictions means we have had very little requirement for printing, stationery & postages and advertising & publicity this year. An underspend of £0.254m is projected.

Other administration costs are projected to underspend by £0.048m. This is mainly due to a reduction in Inspection Volunteer support and a decrease in website maintenance and development due to COVID-19.

3.4 Travel Costs – projected underspend of £1.079m

The significant reduction in travel costs is a direct result of the travel restrictions imposed due to the COVID-19 crisis. This and the public health advice on visiting care services has

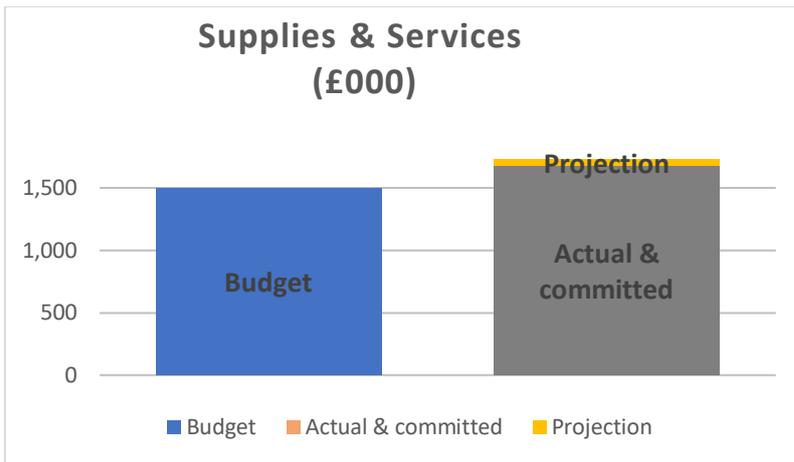
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significantly reduced scrutiny and improvement travel associated with inspection, complaints, registration and enforcement.

In addition, the need to work from home has greatly increased the use of Teams to hold meetings remotely without the need for travel. This is expected to be sustainable even after the COVID-19 restrictions are relaxed.

3.5 Supplies and Services – projected overspend of £0.250m



Additional furniture and ICT equipment has been purchased, mainly to support staff to work from home. The additional cost of this is £0.147m.

Our current mobile telephony contract expired in December 2020 and the new procurement included replacement of the mobile phone handsets to maintain the required security. The additional cost is £0.214m and is partly funded by the equipment replacement budget of £0.100m. The overall cost is expected to be recovered through reduced telephony charges during the life of the new contract.

The delay to digital transformation has required maintenance agreements with a cost of £0.072m to be renewed. The budget assumed renewal of these agreements would not be necessary.

Penetration testing of the new registration app is estimated to be £0.012m.

The above overspends are partially offset by:

Storage, archiving and distribution expenditure, including the file indexing project, is expected to be £0.049m less than budget. This is due to the file indexing projected not expected to complete until next financial year.

Hospitality and venue hire spend has significantly decreased due to staff working from home, with an underspend of £0.046m projected.

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3.6 Funding and Income – projected reduction in income of £0.013m

Projected continuation fee income is based on services registered at the time the budget was set. Since then, the volume of services cancelling their registration is higher than we would normally see at this time of year. A reduction of £0.110m in continuation fees is expected. This is partially offset by a projected increase of £0.070m in fees from new services completing their registration this financial year.

Income from our shared offices in Dundee and Aberdeen is projected to decrease by £0.086m as noted in Accommodation Costs (section 3.2).

Seconded income is projected to be £0.033m more than budgeted due to a secondment to Social Work Scotland until 30 September 2020.

A longstanding claim with a previous supplier to recover backdated telephony charges has now been settled and a refund of £0.071m has been received.

Projected VAT recovery, union fee administration charges and other miscellaneous income are projected to be £0.009m more than budgeted.

4.0 RISKS TO FINANCIAL PROJECTIONS

Budget Area	Description of Risk	Sensitivity	Likelihood
Staff costs	Projected costs are based on actual staff in post adjusted for new starts and leaver assumptions. Any changes to these assumptions can either increase or decrease projected spend. An analysis of annual leave balances is currently underway. A significant change in annual leave balances carried forward to 2021/22 or the use of measures such as annual leave buy back may affect projected cost. It is possible that settlement agreements may be reached to conclude employment disputes.	Projection risk in the range of £0.200m understated to £0.100m overstated. The settlement agreement cost is estimated to be within the range of £0.060m to £0.090m.	Medium Medium
Staff costs – training and development	Planned training and development activity for 2020/21 has been restricted by the COVID-19 restrictions and all of the training has been delivered remotely. It's possible that not all	Projection risk in the range of £0.020m overstated.	Low

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	planned training will be delivered by 31 March.		
Accommodation costs	Projected costs include variable service charges such as heat and light which may be lower than currently projected. We are continuing to liaise with our landlords to try and quantify the risk.	Projections could be overstated by as much as £0.050m.	Medium
Fee Income	Projected continuation fee income is based on services registered at the time the budget was set. Since then, the volume of services cancelling their registration is higher than we would normally see at this time of year. It is not possible at this time to say whether this decrease will be offset by a further increase in services newly registering.	Projections currently assume fee income will be £0.040m less than budgeted. This could be over or understated by £0.060m.	High

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS**5.1 Resources**

The Scottish Government has agreed to provide additional recurring funding of £1.650m in 2021/22 to support the job evaluation outcome and expected additional costs associated with the Team Manager review.

5.2 Sustainability

The report highlights the significant reduction in travel, printing, stationery and postages costs, a proportion of which will be sustainable. This reduction will lower CO² emissions and the reduction in travel time will increase productivity through reduced time spent travelling.

5.3 Policy

The Scottish Government's Budget for 2020-21 was agreed by Parliament in March 2020. Finance Secretary Kate Forbes placed the spending plans in the context of downgraded projections for the UK economy and Brexit uncertainty, but it should now also be noted that the COVID-19 pandemic has since had a significant impact on the future of the economy, as well as current and future policy development. The 2020/21 Budget was revised upward to take account of this and consequentials resulting from the UK Government's response to the crisis. The Scottish Government's Budget for 2021/22 is currently making its way through the parliamentary process.

As well as the broader financial landscape, this paper should be considered within the context of a range of policy developments and their possible implications. The COVID-19

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pandemic continues to have a major impact on policy, with developments to date including emergency legislation in both UK and Scottish parliaments (with related duties for the Care Inspectorate) and a delay in the expansion of funded ELC to August 2021. Furthermore, it is important to acknowledge the findings of the Independent Review of Adult Social Care, published in February 2021, and the direct impact this is likely to have on the Care Inspectorate's role and functions as the proposals are developed, debated and implemented in the coming years.

Other significant political developments on the horizon include the Scottish Parliament elections in May 2021, while the impact of Brexit on health and social care in Scotland is likely to become clearer as the UK comes out of the transition agreement and enters into a new relationship with the European Union.

5.4 People Who Experience Care

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

5.5 Customers (Internal and/or External)

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

6.0 CONCLUSION

An underspend of £2.457m against the 2020/21 revised budget is currently projected. The risks to this projected position are set out in Section 4. Taking a balanced view of these risks it is possible that the projected underspend will increase.

The projected general reserve balance is projected to significantly exceed the target range. This is recognised in the 2021/22 draft budget report that is also being considered at this meeting of the Board.

Movement in Projected Net Expenditure from the Position Reported as at 31 October 2020

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	(0.601)	<ol style="list-style-type: none"> 1. Projected Board Members are £0.024m less than budgeted. This is due to a reduction in travel time as the offices remain closed due to Covid-19. 2. The recruitment process is taking longer than anticipated which is partly due to a delay in receiving pre-employment disclosure checks. This, along with a greater number of vacancies arising during the year and less internal appointments, is the main reason for a projected decrease of £0.504m in payroll costs. There is a projected decrease of £0.519m in Scrutiny and Assurance costs which is partially offset by a projected increase of £0.015m in other Directorate's staffing costs. 3. A number of planned training events will now not complete until next financial year, with a projected decrease of £0.048m in expenditure. 4. Recruitment costs for the new senior posts are less than previously projected, with a decrease in expenditure of £0.025m projected.
Accommodation Costs	(0.214)	<ol style="list-style-type: none"> 5. As our offices remain closed due to Covid-19, running costs are expected to be £0.132m less than previously projected. 6. Estimated CCTV and car-parking works have decreased by £0.030m. 7. £0.052m of expenditure relating to the replacement chair programme is reported in supplies and Services.
Administration costs	(0.018)	<ol style="list-style-type: none"> 8. As homeworking remains the default position advised by the Government, there is a further decrease in printing, stationery, postages, advertising and publicity and telephony expenditure of £0.075m. 9. Some Business Transformation plans have been brought forward this financial year, with a projected increase in expenditure of £0.044m. This is mainly offset by other decreases in projected professional fees totalling £0.031m. 10. The value of debt written off due to care service providers being in receivership or liquidation is projected to be £0.044m more than previously estimated.

Budget Area	Increase/ (Decrease) £m	Main Reasons
Travel & Subsistence	(0.097)	11. The continued requirement to work from home means there has been very little travel and subsistence this financial year, with a further decrease of £0.097m projected.
Supplies and services	0.020	12. The chair replacement programme referred to in Accommodation Costs is projected in furniture and equipment. Projected expenditure has increased by £0.046m. 13. Projected costs for ICT costs have increased by £0.039m due to additional PEN testing for the new registration App and equipment required for new staff members. 14. Planned file indexing of our storage and archiving records has been delayed because of Covid-19 and the project will now be completed in 2021/22. Projected expenditure has decreased by £0.062m 15. Projected costs for hospitality and venue hire have further decreased by £0.003m.
Fee Income	(0.060)	16. Projected continuation fee income is based on services registered at the time the budget was set. Since then, the volume of services cancelling their registration is higher than we would normally see at this time of year. A further reduction of £0.010m in continuation fees is expected. This is partially offset by a projected increase of £0.070m in new services completing their registration this financial year.
Shared Service Income	0.051	17. As the running and repairs & maintenance costs for accommodation are expected to be less due to Covid-19, there is a corresponding reduction in income from Shared Services of £0.051m.
Other Income	(0.072)	18. A longstanding claim with a previous supplier to recover backdated telephony charges has now been settled and a credit note of £0.071m has been received. 19. Other miscellaneous income of £0.001m is projected.
Total	(0.991)	Change to general reserve position

Covering Note to the Board in respect of Audit and Risk Committee business arising from meeting held on 4 March 2021

Recommendation requiring approval or action by the Board	
Minute no.	Subject (in brief)
	No relevant matters.

The Board may also wish to note the Committee's discussion of the following matters of potential significance or special interest	
Minute no.	Subject (in brief)
8.0	<p>INTERNAL AUDIT FOLLOW-UP REVIEW</p> <p>The Committee has agreed to the Chief Executive's recommendation to meet with the internal auditors and senior officers to discuss in more detail the recommendations from past audits as the organisation emerges from COVID. This is in order to provide an additional level of assurance and in alignment with the output of the review of the strategic risks. Plans are underway to convene those discussions before the next Committee meeting in May.</p>
9.0	<p>ANNUAL INTERNAL AUDIT PLAN</p> <p>The Committee agreed the annual internal audit plan for 2021/22 and has noted the revised timeline for conducting the audit of Publicity and Communications. The request to delay this has come from management with the rationale being the need to take account of the recruitment to the new post of Head of Corporate Communications and Policy, in order to help inform the audit.</p>
10.0	<p>INTERNAL AUDIT REPORT ON ORGANISATION AND WORKFORCE DEVELOPMENT</p> <p>The Committee has noted the satisfactory review of the OWD function and has been reassured by senior management that a full review and refresh of the performance management system, LEAD, will be undertaken. This has addressed the concerns raised by members in relation to staff wellbeing and the regularity of one-to-one meetings between managers and their team members.</p>
11.0	<p>INTERNAL AUDIT OF SHARED SERVICE</p> <p>The Committee has received details and agreed with the scope of the assignment plan on the new Shared Service, which has been developed jointly with senior management of the Care Inspectorate and Scottish Social Services Council. The report will be submitted to the May meeting of the Committee.</p>

13.0	<p>EXTERNAL AUDIT PLAN The Committee has considered and agreed the draft external audit plan for submission to Audit Scotland by the auditors, Grant-Thornton, by the end of March.</p>
14.0	<p>PUBLICATION OF COMMITTEE PAPERS For the purposes of transparency, a separate website page for publication of all Audit and Risk Committee meeting papers, excluding those taken in private, is to be created and the Committee has agreed that publication takes effect from the start of the 2021/22 cycle.</p>
15.0	<p>STRATEGIC RISK REGISTER The Committee has noted that there have been no significant changes to the strategic risk position since the Board meeting held on 17 December 2020. The output from the Board's annual review of strategic risks held on 2 March is to be considered in more detail by the Senior Leadership Team and a revised and updated draft register will be presented to the May meeting of the Committee, prior to further discussion by the Board in June.</p>
16.0	<p>DIGITAL PROGRAMME UPDATE The Committee has been assured of the progress made with the digital programme. A technology framework assessment undertaken by the digital assurance office has resulted in an amber/green rating, demonstrating the good work that had been carried out by the digital team over the previous six months. The Committee noted that the member/officer Assurance and Advisory Group would be reviewing its terms of reference, due to the requirement for its lifespan to be extended beyond six months.</p>



Title:	ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS
Author:	<i>Kenny Dick, Head of Finance and Corporate Governance</i>
Appendices:	1. Draft Financial Regulations (version 8.0)
Consultation:	
Resource Implications:	No

EXECUTIVE SUMMARY

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

The Board is invited to:

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

Links:	Corporate Plan Outcome	Principle 6	Risk Register - Y/N	Y - Risk number 5	Equality Impact Assessment - Y/N	N
For Noting		For Discussion		For Assurance		For Decision X

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: None
(see Reasons for Exclusion)

Disclosure after: Not applicable

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

ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS

1.0 INTRODUCTION

The Financial Regulations were last reviewed in March 2020. In line with the approval and revision arrangements (para 24 of financial regulations attached as Appendix 1a) the annual review of the Financial Regulations is now due to be carried out.

1.1 Financial Regulations Revisions

A summary of the proposed amendments is set out in paragraph 8.0, page 4, of the Version Control section of the Regulations. The principal changes refer to:

1. replacing reference to the EU with Government Procurement Agreement (section 8.2)
2. replacing references to Executive Group with Senior Leadership Team
3. the removal of the requirement for a separate Board report relating to grants awarded in excess of £100,000 as these are agreed by Sponsor and reported through the annual budget and budget monitoring reports.
4. The removal of the requirement for travel & subsistence claims more than three months old requiring the approval of the Head of Finance and Corporate Governance. This is now delegated to line managers.

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.

2.3 Policy

As well as the broader financial landscape, this paper should be considered within the context of a range of policy developments and their possible implications. The COVID-19 pandemic continues to have a major impact on policy, with developments to date including emergency legislation in both UK and Scottish parliaments (with related duties for the Care Inspectorate) and a delay in the expansion of funded ELC to August 2021. Furthermore, it is important to acknowledge the findings of the Independent Review of Adult Social Care, published in February 2021, and the direct impact this is likely to have on the Care Inspectorate's role and functions as the proposals are developed, debated and implemented in the coming years.

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When considering this paper, it is also important to be aware of the need to ensure effective governance within the context of public service delivery and reform to the benefit of the people of Scotland. Relevant policy developments in this regard include the National Performance Framework and the Four Pillars of Public Service Reform: Prevention, Performance, People and Partnership.

2.4 People Who Experience Care

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

2.5 Customers (Internal and/or External)

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

3.0 CONCLUSIONS/NEXT STEPS

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



Care Inspectorate's Financial Regulations

Publication code (leave blank – comms will complete this)

Lead Director: Executive Director of Corporate and Customer Services

Presented to the Board – 25 March 2021

Approved by the Board – 25 March 2021

VERSION CONTROL

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
1.0	Board	First Issued Version	
2.0	Board	<ul style="list-style-type: none"> Reference to 'Management Statement and Finance Memorandum' replaced with 'NDPB Executive Framework'. Finance function renamed as 'Finance & Corporate Governance'. Insurance section updated to refer to 'Scottish Public Finance Manual (paragraph 14.1). Minor grammatical corrections. 	18/12/15
3.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> Post title changes to reflect current organisational structure. Alternative Expenditure Proposal paragraph (4.3) updated to clarify that requests must relate to non-recurring spend and that proposals need to conclude by 31 March of the relevant financial year. Procurement non-competitive action paragraph (8.7) amended to show delegated authority levels in the NDPB Executive Framework. Inclusion of a new "Grants Awarded to the Care Inspectorate" section Renumbering as a result of the insertion of the new section described above. 	10/11/16
4.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> Team name changes to reflect current organisational structure. Para 10 title amended from 'Government Procurement Card' to 'Electronic Purchasing Card (GPC)' Para 6.2 (b) reference to 'disks' replaced with 'memory devices'. Para 18.3 updated to reflect change in delegated authority for travel and subsistence claims exceeding three months. Para 13.10 amended to reflect the revised scheme of delegation regarding fee waivers. Renumbering as a result of the above amendments. 	9/11/17
5.0	Head of Legal Services	<ul style="list-style-type: none"> Changes to reflect amended Board and Committee structure. Paragraph 3.3 redrafted to reflect 	13/04/18

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		<p>Reservation of Powers and Scheme of Relegation</p> <ul style="list-style-type: none"> • Paragraphs 4.2, 4.3 and 4.5 redrafted to reflect Reservation of Powers and Scheme of Delegation regarding Board authority in respect of changes to establishment. • Deletion of “request” and substitution with “require” in Para 6.2(d). • EU Procurement Threshold updated – Para 8.2. • Correction of typographical error in Para 9.2. • References to “Executive Team” changed to “Executive Group”. • Amendments to revise arrangements for Executive approval of reports. 	
6.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> • Para 1.6 updated to reflect the requirement for reports with resource implications to be submitted to the Director of Corporate and Customer Services no later than 7 days in advance of the issue date of the meeting papers. • Insertion of section 23 to include delegated authority to write off bad debts and/or losses. • Section 15 amended to remove reference to surpluses of deficiencies on stocks and stores as this is now included in the new section 23. • Approval and Revision of the Financial Regulations is now referenced in section 24 to reflect addition of bad debts and losses section above. • Reference to ‘receipts and payments’ in para 3.4 replaces with ‘income and expenditure’. • Para 10.2 updated to include restriction on the use of electronic purchasing card details not being stored on websites. • Para 1.8 amended to remove reference to Resources Committee. • Minor grammatical errors. • Renumbering as a result of the changes added in section 23. • Para 6.3 updated to replace ‘Prevention of Fraud Policy’ with the updated ‘Counter Fraud and Corruption Framework’ Para 13.9 updated to include PMS and RMS successor system reference. 	13/02/19

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7.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> • Para 2.4 updated to note that in addition to the value and length of use, future economic benefits are expected to be realised before an item of expenditure meets the capital definition. • References to Audit Committee amended to Audit and Risk Committee. • Amendment to para 4.2 to remove maximum virement value as virement requests will follow the agreed virement policy. • Amendment to para 8.2 to include the updated procurement thresholds. • Removal of previous para 8.4 as procurement risk is now addressed through the overarching procurement risk register and the procurement strategy business case for standard and higher risk procurements. Section 8 renumbered following this change. • Amendment of minor typographical errors. 	11/03/20
8.0	Head of Finance and Corporate Governance	<ul style="list-style-type: none"> • All references to EU replaced with Government Procurement Agreement • Update to changes in role titles where required. • References to 'Executive Group' changed to 'Senior Leadership Team'. • Para 8.6 updated to include the delegated authority to approved requests to direct award to the Head of Finance and Corporate Governance. • Requirement for travel and subsistence claims exceeding three months requiring the approval of the Head of Finance and Corporate Governance has been removed. This was para 18.3 and the subsequent paras have been renumbered sequentially. • Para 22.3 removed as grants agreed by Sponsor, reported through the budget and regular budget monitoring reports. • Minor grammatical changes. 	

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FINANCIAL REGULATION**1. Introduction**

- 1.1 The Chief Executive, as the accountable officer as detailed in the NDPB Executive Framework document, is personally responsible to the Scottish Parliament for properly administering the Care Inspectorate's financial affairs. The Memorandum requires that she/he acts according to its instructions and those laid down within the Scottish Public Finance Manual. In particular she/he must act according to the Memorandum to Accountable Officers of other public bodies.
- 1.2 The Chief Executive will delegate the day-to-day administration and oversight of these financial regulations to the Executive Director of Corporate and Customer Services who will ensure that there are suitable arrangements in place to protect the propriety and regularity of the Care Inspectorate's finances. The Executive Director of Corporate and Customer Services will report directly to the Chief Executive and keep her/him informed on the operation of these financial regulations. In the absence of the Executive Director of Corporate and Customer Services, the Chief Executive will assume responsibility for all functions delegated to her/him under these regulations.
- 1.3 The Care Inspectorate and all of its officers must observe the Care Inspectorate's financial regulations.
- 1.4 The Executive Director of Corporate and Customer Services will provide a Draft Budget Report to the Board each financial year for its approval.
- 1.5 The Executive Director of Corporate and Customer Services is entitled to report upon the financial implications of any matter coming before the Care Inspectorate or any of its committees and sub committees, and will further report to the Board if necessary, in the interests of the Care Inspectorate's financial affairs.
- 1.6 All Board and Committee reports prepared by officers must include a "Implications and/or Direct Benefits" section. Any officer who intends to submit a report which has resource implications to a Care Inspectorate Board, committee or sub-committee meeting must first submit the report to the relevant Executive Director for consideration and agreement. It is good practice for report authors to involve Corporate and Customer Services as early as possible in a development to ensure financial, ICT and Human Resource implications are considered at an early stage. Normally, the responsible officer must submit the draft report to the Executive Director of Corporate and Customer Services no later than 7 days prior to the date of the reports being issued for the meeting. Any observations on the report made by the Executive Director of Corporate and Customer Services or his/her representative must be incorporated into the author's report. In exceptional circumstances the 7-day period mentioned above may be reduced with the prior agreement of the Executive Director of Corporate and Customer Services.

- 1.7 At all times, the Care Inspectorate will try to secure best value for the money it spends, making appropriate use of all contract arrangements made and encouraging the use of the best management techniques throughout the organisation.
- 1.8 As the accountable officer, the Chief Executive will receive regular reports from the Executive Director of Corporate and Customer Services on the revenue spending of the Care Inspectorate. This will normally be through budget monitoring reports to Strategic Leadership Team (SLT) but the Chief Executive may ask for an update at any time. The Executive Director of Corporate and Customer Services will provide a budget monitoring report detailing any significant under or overspending to each meeting of the Board.
- 1.9 The Chief Executive is responsible for corporate and financial governance arrangements to ensure that proper financial control is exercised throughout the Care Inspectorate. The Executive Director of Corporate and Customer Services is responsible for ensuring that financial management systems exist to enable Executive Directors and their budget managers to make financial decisions and take corrective action to deal with under or overspending to achieve best value.

2. Revenue and capital budgets

- 2.1 The detailed form of the revenue and/or capital budgets will be determined by the Board taking account of advice received from the Executive Director of Corporate and Customer Services.
- 2.2 Executive Directors are responsible for preparing annual income and expenditure estimates on revenue accounts for their areas of responsibility. They must provide all necessary information regarding their directorate's requirements to the Executive Director of Corporate and Customer Services.
- 2.3 The Executive Director of Corporate and Customer Services will submit the draft Revenue Budget and Capital Plan first to SLT and then to the Board to consider any relevant decisions within the context of the Care Inspectorate's strategic objectives. The draft Revenue Budget and Capital Plan will be accompanied by a covering report containing all relevant information so that SLT and the Board can consider the proposed budget and approve as appropriate.
- 2.4 For capital budget purposes capital expenditure is defined as expenditure on individual items valued at over £5k and with a life in excess of one year, and where it is probable that future economic benefits associated with the item will flow to the Care Inspectorate. If in doubt, the Head of Finance and Corporate Governance or the Accounting and Procurement Manager can provide advice.

3. Budget monitoring

- 3.1 The overall responsibility for control of departmental revenue expenditure lies

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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 director deputising for the Chief Executive shall be conclusive), provided that such action is reported to the Board at its next meeting following the taking of the action, in terms of paragraph 2.3.9 of the Care Inspectorate's Reservation of Powers and Scheme of Delegation.
- 3.4 The Executive Director of Corporate and Customer Services will provide each budget manager regular statements of income and expenditure under each approved budget heading estimate and any other relevant information that they need. However, each budget manager is responsible for ensuring that they have all the relevant financial and non-financial information to control the actual expenditure and income against the budget.
- 3.5 Executive Directors are responsible for ensuring that their budget managers carry out budget monitoring in accordance with the requirements and timescales set out by the Executive Director of Corporate and Customer Services.
- 3.6 The Executive Director of Corporate and Customer Services will submit regular budget monitoring reports to the Board which detail the Care Inspectorate's income and expenditure position with sufficient additional information so that the Board can properly monitor the Care Inspectorate's up to date financial position.

4. Budget Flexibility

- 4.1 Once the Board has approved a budget it is expected that expenditure will be authorised in accordance with the approved budget. However, it is sometimes necessary to change plans or respond to events. Therefore, controlled budget flexibility is required. Below are the main budget flexibility procedures.
- 4.2 **Virement** (the transfer of budget between income/expenditure headings or costs centres) may be used as a means of funding desirable or essential expenditure. The budget virement policy is available on the Finance section of the intranet. It should be noted that no virement proposal should be used to finance a new service, change an existing Care Inspectorate policy decision or change the permanent establishment of the Care Inspectorate where that will incur costs of more than £200k per annum. All of which need the approval

of the Board.

- 4.3 **Alternative Expenditure Proposals (AEP):** The AEP process (available on the intranet) is used for SLT to decide on expenditure priorities to react to corporate budget underspends. The AEP process is used where budget flexibility is required for non-recurring expenditure in excess of £10,000 which will be incurred in the current financial year. All AEP proposals are considered by SLT. It should be noted that no AEP proposal should be used to finance a new service or change an existing Care Inspectorate policy decision. All of which need the approval of the Board.
- 4.4 **Fee income:** Where actual fee income is to exceed budget then this reflects additional workload requirements and related expenditure may exceed budget by an amount not exceeding the additional income. Correspondingly, if actual income is less than budgeted then expenditure must be adjusted as far as practicable to offset the income shortfall.
- 4.5 Board approval is required for:
- All proposals that will significantly expand or contract an area of activity on an on-going basis (implications beyond the current financial year)
 - All proposals to start a new area of activity or significantly curtail an existing area of activity.
 - All proposals that will require changes to existing policy decisions.
 - Proposals that require a change to the permanent establishment of the Care Inspectorate where that will incur costs of more than £200k per annum.

5. Accounting

- 5.1 All accounting procedures and records of the Care Inspectorate and its officers will be determined by the Executive Director of Corporate and Customer Services. All Care Inspectorate accounts and accounting records will be compiled by the Executive Director of Corporate and Customer Services or under his/her direction.
- 5.2 Each year, the Executive Director of Corporate and Customer Services will ensure the Care Inspectorate's Annual Report and Accounts are laid before the Scottish Parliament in accordance with statutory requirements.

6. Internal audit

- 6.1 As part of their remit the Audit and Risk Committee will ensure that there is appropriate and proportionate internal audit coverage of the Care Inspectorate's accounting and financial operations.
- 6.2 The Executive Director of Corporate and Customer Services or any member of his/her staff or any other person authorised by him/her 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 his/her 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 Head of Finance and Corporate Governance (designated Fraud Prevention Officer) should be informed in the first instance. If due to the nature of the suspicion it is not appropriate to inform the Head of Finance & Corporate Governance then one of the following should be informed as appropriate; the Chief Executive, the Executive Director of Corporate and Customer Services or the internal auditors (contact details on the intranet). [The Counter Fraud and Corruption Framework and its associated Response Plan](#), the Prevention of Bribery Policy and the Whistleblowing Guidance are all relevant for consideration in such circumstances.
- 6.4 All internal audit reports shall be submitted to SLT for consideration and agreement of a management response where required.
- 6.5 All reports from either the External Auditor or Internal Auditor will be submitted to the Audit and Risk Committee for its consideration.
- 7. Banking arrangements and control of cheques**
- 7.1 All arrangements with the Care Inspectorate's bankers shall be made by the Executive Director of Corporate and Customer Services who will operate such banking accounts as he may consider necessary.
- 7.2 The Executive Director of Corporate and Customer Services is responsible for ensuring proper arrangements are in place for the safe custody of cash and cheques.
- 7.3 Cheques on the Care Inspectorate's banking accounts will be signed by any two authorised signatories as approved by the Care Inspectorate as required.
- 7.4 The Executive Director of Corporate and Customer Services is responsible for arranging any payments through the Bankers Automated Clearing System (BACS) or on-line banking arrangements and ensuring that proper security control procedures are affected and reviewed.
- 7.5 The Executive Director of Corporate and Customer Services is responsible for ensuring regular and effective bank account reconciliation procedures are followed.
- 8. Procurement**
- 8.1 The Care Inspectorate's Procurement Strategy and Policy are intended to be

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followed for all procurement and purchasing activity. Guidance and procedural documentation are available for all procurement processes within the procurement area of the Finance & Corporate Governance section 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 and Corporate Governance section on the intranet.

8.2 The procurement process to be followed is determined 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	<£1,000	n/a	Min 1 quote	No	No
Basic Value	£1,000-£10,000	Direct award or mini competition as per Framework rules	Min 3 evidenced quotes	No	No (support 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 – £189,330	Direct award or mini competition as per Framework rules	Open competition through PCS with basic SPD	Yes	Yes
Government Procurement Agreement Tender Process	>£189,330	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.

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Requests for an exception must be submitted to the Finance Procurement Team.

- 8.4 All procurement which is advertised as a full tender on the 'Public Contracts Scotland' advertising portal must have a project and evaluation team whereby, as a minimum, the Lead Officer has undergone procurement training.
- 8.5 Authority to award competitively procured contracts is delegated to officers as noted in the ['Delegated Authority to Commit & Approve Expenditure'](#) document available on the intranet. This is with the exception of internal audit services where the authority to contract is reserved to the Board as noted in the Reservation of Powers and Scheme of Delegation. No authority to award contracts will be delegated to an officer who has not satisfactorily undertaken the relevant procurement training.
- 8.6 Contracts awarded without competitive advertising need to meet specific criteria as noted in the procurement procedures and require specific approval. Requests for ['Non Competitive Action'](#) with a value of lower than £30,000 total contract value or £10,000 annually may be approved by the Executive Director of Corporate and Customer Services and the Head of Finance and Corporate Governance. Requests for ['Non Competitive Action'](#) with a value exceeding these thresholds require Sponsor Department approval.
- 8.7 Specific approval is required for the procurement of consultancy services. The definition and approval [requirement for consultancy expenditure](#) is available within the procurement area of the Finance and Corporate Governance section on the intranet.

9. Orders for works, goods and services

- 9.1 Purchase orders must, with a few exceptions noted below, be raised and approved in the financial system. [Guidance and procedural documentation](#) are available within the purchasing and payment area of the Finance and Corporate Governance section on the intranet.
- 9.2 Purchase orders shall be issued for all work, goods or services to be supplied to the Care Inspectorate except for the following:
- the purchase is being made using an Electronic Purchasing Card,
 - supplies of public utility services,
 - periodic payments such as rent and rates,
 - petty cash purchases,
 - postal charges or
 - other exceptions as the Executive Director of Corporate and Customer Services may approve.
- 9.3 In exceptional cases of urgency, where it is not possible to issue an approved purchase order in the financial system, a manual purchase order number can be requested from the Finance Section. The supplier must be advised to quote this order number on any invoice submitted for payment.

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- 9.4 No authority to raise or approve purchase orders will be delegated to any officer who has not satisfactorily undertaken the relevant training.
- 9.5 Each budget manager will be responsible for all orders issued by their department and for ensuring that the cost is allocated to an appropriate budget head and is covered within the approved budgeted expenditure.
- 9.6 Budget managers may delegate financial responsibility to an expenditure approver subject to the limits noted in the Finance & Corporate Governance Scheme of Delegation in the [‘Authority to Commit and Approve Expenditure’](#) document.
- 9.7 The Executive Director of Corporate and Customer Services will maintain a register of authorised signatories. Budget managers must notify any additions and deletions to the Accounting and Procurement Manager.

10. Electronic Purchasing Card (GPC)

- 10.1 Designated officers have a GPC card in order to purchase low value goods and services. The GPC card has set transaction limits of up to a maximum value of £1,000 per single transaction and £10,000 cumulative value of transactions per month. Applications for, and guidance on the use of GPC cards, are detailed within the GPC card procedure within the Purchasing & Payment area of the Finance and Corporate Governance section of 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

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goods received note should be signed by the appropriate receiving officer. Where a goods received note is not provided, a manual one should be created using the template provided within the Transactions Team area of the Finance and Corporate Governance section on the intranet.

- 11.4 Where budget managers or expenditure approvers are requested to manually approve an invoice, the officer must make sure that:
- (a) the goods received match the order.
 - (b) prices, discounts and arithmetic are correct.
 - (c) there is no duplication of payments.
 - (d) expenditure is within the approved budget.
 - (e) the expenditure is coded to an appropriate cost centre and account code and is within their delegated financial authority.
 - (f) work has been carried out to a satisfactory level.
- 11.5 The payment of all approved invoices and payments will be made under arrangements approved and controlled by the Executive Director of Corporate and Customer Services. Approved payment methods are as follows:
- (a) Direct BACS Submission i.e. invoices and non-payroll expenses
 - (b) Indirect BACS Submission i.e. managed payroll service payments
 - (c) Cheque
 - (d) Direct Payments via Bank Account
 - (e) Petty Cash (see section 17)
 - (f) GPC card (see section 10)

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

- 11.6 Payment will not be made on duplicate invoices, statements or photocopy invoices unless the approving officer certifies in writing that the amount in question has not previously been paid.
- 11.7 The Executive Director of Corporate and Customer Services may approve compensation payments made under legal obligation, up to the value of £10,000. Any compensation payments exceeding this value must be approved by the Sponsor Department.
- 11.8 The maximum value of any ex-gratia payment cannot exceed £200 and must be approved by the Executive Director of Corporate and Customer Services.

12. Payroll administration

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

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guidance on responsibilities for ensuring proper records are kept of all matters affecting the payment of such emoluments and in particular:

- (a) appointments, promotions, resignations, dismissals, suspensions, secondments and transfers.
- (b) absences from duty for sickness, holidays or other reason.
- (c) changes in remuneration, other than normal increments and pay awards and agreements of general application.
- (d) information necessary to maintain records of service for pension, income tax, national insurance and other areas as required.

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

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

13. Income

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

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

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

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

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

- 13.6 All monies received on behalf of the Care Inspectorate in any department shall be deposited promptly with the Executive Director of Corporate and Customer Services or the Care Inspectorate's bankers according to the arrangements made by the Executive Director of Corporate and Customer Services. No deduction may be made from such monies. All income must be banked in full.
- 13.7 Personal cheques shall not be cashed out of money held on behalf of the Care Inspectorate.
- 13.8 Where cash is received, the person receiving it will issue a receipt to record the transaction.
- 13.9 Each Executive Director is responsible for ensuring that all of their departmental income is billed promptly and efficiently. This includes ensuring that the correct new registration fees are charged to prospective service providers and that accurate data is held on the Practice Management System and Regulatory Management System for the billing of continuation of registration fees, or their successor system when implemented.
- 13.10 The "Fee Waiver Policy" must be followed should it be considered appropriate to contemplate charging reduced fees or waiving a fee altogether. The Head of Finance and Corporate Governance and the Transactions Manager have authority to approve fee waiver requests. Discounts for combined services are an exception to this as a standing authorisation has been supplied to offer a discount to services that provide two or more services from the same premises. Responsibility for the initial granting and annual review of combined service discounts rests with the Chief Inspectors.

14. Insurance

- 14.1 The Care Inspectorate is not permitted to take out commercial insurance apart from circumstances meeting the exception criteria as set out in the Scottish Public Finance Manual. It is the Scottish Government's policy to self-insure. The Sponsor Department has supplied a Certificate of Exemption for Employer's Liability Insurance. Within this context the Executive Director of Corporate and Customer Services will ensure that necessary insurance cover is in place and negotiate all claims in consultation with other officers as necessary.
- 14.2 Each senior manager must promptly notify the Executive Director of Corporate and Customer Services of any action or event which may give rise to a claim being made by or against the Care Inspectorate. Senior Managers will immediately notify the Executive Director of Corporate and Customer Services in writing of any loss of property and inform the police if appropriate of the circumstances of the loss. The Executive Director of Corporate and Customer Services will be responsible for agreeing a position with the Sponsor Department where losses occur.

15. Inventories

- 15.1 The Executive Director of Corporate and Customer Services is responsible for ensuring inventory lists of all furniture and fittings, vehicles, plant and equipment is maintained.
- 15.2 All surplus plant, vehicles, tools, equipment, furnishings, materials or commodities to be disposed of by any Care Inspectorate department will be advertised for sale either by the invitation of sale offers or by public auction unless special circumstances apply. The Executive Director of Corporate and Customer Services alone can decide whether these apply. All offers received must be held on file for audit purposes with the inventory records amended as appropriate.
- 15.3 The Care Inspectorate's property will not be removed unless in the ordinary course of Care Inspectorate business. Its property may only be used for official purposes unless otherwise specifically directed by an Executive Director.

16. Security

- 16.1 Each Executive Director or Senior Manager as appropriate, is responsible for maintaining proper security at all times for all buildings, stock, stores, furniture, equipment, cash, records etc. under their control. They shall consult with the Executive Director of Corporate and Customer Services in any case where security is thought to be defective or where it is considered that special security arrangements may be needed.
- 16.2 Maximum limits for cash holdings shall be agreed with the Executive Director of Corporate and Customer Services and shall not be exceeded without his/her express permission. Specific guidance relating to the administration of petty cash imprests (money advanced) is available on the Care Inspectorate's intranet.
- 16.3 Keys to safes and similar receptacles are the responsibility of the designated keyholder who will make suitable arrangements for their security at all times. The loss of any such keys must be reported to the Executive Director of Corporate and Customer Services immediately. For security purposes, keys should be removed from premises overnight.

17. Petty Cash Imprest accounts

- 17.1 The Executive Director of Corporate and Customer Services shall make appropriate imprest advances and determine accounting periods in connection with the payment of expenses and petty outlays chargeable to the Care Inspectorate.
- 17.2 The Executive Director of Corporate and Customer Services shall issue appropriate instructions to officers to ensure to his/her satisfaction the proper security of cash advanced in this way. He/she will also determine the limit for any one payment from petty cash and this will be specified in the Petty Cash Guidance.

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

18. Travelling, subsistence and financial loss allowances

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

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

18.3

18.3 Business expenses charged to GPC cards remain subject to the Business Travel and Subsistence Policy. The Finance Team 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

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the Chief Executive who will consider and, if appropriate, approve. The maximum value for any gift cannot exceed £200 in accordance with the sum laid down in the NDPB Executive Framework.

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

20. Registering and Declaring Interests

- 20.1 Board members and officers must not allow any business or personal interest to influence the decisions they make in relation to work or use their position to further their own interests or the interest of others who do not have a right to benefit under Care Inspectorate policies.
- 20.2 Full details of registering and declaring interests are contained within the Board Members Code of Conduct and for officers: The Code of Conduct Policy.
- 20.3 A register of Board members interests will be maintained and reviewed at least annually.
- 20.4 Where there is any doubt about whether an interest should be registered or declared then advice should be sought from the Chair, Chief Executive, Executive Director of Corporate and Customer Services or the Head of Finance and Corporate Governance as appropriate.

21. Acceptance of Gifts, Hospitality and Services

- 21.1 Generally, no employee should accept gifts, gratuities etc from any client or stakeholder other than a token item.
- 21.2 Any token item which is accepted and has an estimated value of more than £20 should be registered, using the appropriate form.
- 21.3 Full details of the acceptance of gifts, hospitality and services are contained in the Organisational Development section of the intranet within the Code of Conduct area.

22. Grants Awarded to the Care Inspectorate

- 22.1 All bids for grant funding must be approved by the Senior Leadership Team before being submitted to the grant provider.
- 22.2 Grants from Scottish Government other than grant in aid, must be referred to the Sponsor Department in advance of being agreed, in accordance with the Scottish Public Finance Manual.

23. Write off of Bad Debts and/or Losses

- 23.1 The Executive Director of Corporate and Customer Services may approve

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

- i) Loss of cash due to theft, fraud, overpayment of salaries, wages, fees, allowances or other causes
- ii) Loss of equipment and property due to theft, fraud, arson, fire, flood, motor vehicle accidents or damage to vehicles.

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

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

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

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



Title:	COVER REPORT: NOTE OF MEETING - SHARED SERVICE MEMBER OFFICER WORKING GROUP
Author:	<i>Bill Maxwell, Chair of Shared Service MOWG</i>
Appendices:	1. Note of Meeting 16 March 2021
Consultation:	n/a
Resource Implications:	None

Executive Summary:

The Shared Service Member Officer Working Group oversees the development and implementation of the new shared service arrangements principally between the Care Inspectorate and SSSC.

Appendix 1 to this report provides an update of progress towards implementing new shared service arrangements with effect from 1 April 2020.

It should be noted that although the final package of key documentation will now be considered by the Board at its June 2021 meeting, it is still intended for the new shared service arrangements to be implemented on 1 April 2021.

The Board can take assurance that internal audit will review the documentation and processes in place by the end of March and report soon after to the respective senior leadership teams of the Care Inspectorate and SSSC. This will facilitate any urgent issues or omissions to be addressed. A follow up internal audit on shared service arrangements will be included in the 2022/23 internal audit plan.

It is recommended that the Board:

- Notes the position on the implementation of the new shared service arrangements.

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

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

MEMBER OFFICER WORKING GROUP – SHARED SERVICES**16 MARCH 2021 - MEETING VIA TEAMS****Present:**

- Bill Maxwell (Board Member)
- Rognvald Johnson (Board Member)
- Jackie MacKenzie (Executive Director Corporate & Customer Services)
- Kenny Dick (Head of Finance & Corporate Governance)
- David Archibald (Internal Audit)

1. Notes of Meeting 19 January 2021

The note of this meeting was agreed.

2. Shared Services Project Overview and Timescales

The new shared service arrangements are still to become “live” from 1 April 2021. However, the suite of documentation intended to be considered by the CI Board and SSSC Council at the respective meetings on 25 March 2021 and 23 March 2021 will not be fully completed on time.

The table below provides a summary of progress:

Documentation	Planned completion	Current Status	To Board/Council
Service specifications	29/03/21	Nearing completion	No
Development Plan	29/03/21	Populated and to be agreed	No
Resource Plan	30/03/21	Currently being populated	No
Time recording	30/03/21	Being developed from existing timesheets	No
Performance Framework	29/03/21	Current suite of indicators and performance metrics needs to be refined to measure what is key to success	Yes, as part of Management Agreement
Management Agreement (includes performance framework and charging regime)	30/03/21	CIPFA document to be used as basis	Yes
Shared service combined risk register	30/03/21	Work is ongoing	No, although Board has requested that a risk on the success of shared services be considered for inclusion on strategic risk register
Joint CI and SSSC shared service strategy	16/04/21	Underway	Yes

The Group considered the implications of the delayed documentation but agreed that having the new arrangements operating from 1 April 2021 was of greater importance. The work of internal audit (see below) will provide further assurance on this.

It was noted that there was commitment from all those involved in preparing the document suite to deliver effective shared services. This commitment is mirrored at Board and Council level.

3. Risks

Risks to progress were identified as:

- Potential for over complexity of working arrangements and documentation
- Capacity of staff within the COVID-19 environment
- Capacity of staff due to competing priorities as we move towards end of the financial year e.g., budget agreement, end of year reporting, using up of annual leave balances.
- Capacity of staff due to vacancies (particularly HR)

The continued use of shared systems (particularly finance and payroll / HR Management Information System) was identified as an emerging risk.

Assurance was provided that in the absence of the agreed documentation the Executive Director Customer and Corporate Services, Director of Finance and Resources (SSSC) and Head of Finance and Corporate Governance continue to meet weekly to discuss progress toward the new arrangements and any issues encountered with the delivery of shared services. The quarterly shared service review group consisting of the three afore mentioned officers plus the two chief executives also continues to meet quarterly.

4. Internal Audit Review

David Archibald of Henderson Loggie updated the group on the internal work completed to date. David will review the documentation available at the end of March (as set out in section 2) and quickly prepare a report for consideration by the CI Strategic Leadership Team and the SSSC Executive Management Team. This report will subsequently be considered at the 2021/22 quarter 1 meetings of the CI Audit & Risk Committee and the SSSC Audit and Assurance Committee.

A follow up internal audit is planned for 2022/23 after over a year of the new arrangements being operational.

5. Other Points

It was noted that the Scottish Government are investing in developing shared service centres of excellence and the CI / SSSC shared service are already engaged with relevant contacts. This renewed drive for effective sharing of services will be reflect in the joint shared services strategy.

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Appendix 1

David Archibald commented that other organisations are envious of the current sharing of services and developing shared services not only between the CI and SSSC but taking a wider view was the right approach.



BOARD

Schedule of Business 2021/22

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022 (if req'd)	31 Mar 2022
Chair's Report	✓	✓	✓	✓		✓
Chief Executive Report	✓	✓	✓	✓	✓	✓
Approval of Care Inspectorate Strategies on a rolling/as required basis <ul style="list-style-type: none"> • Financial Strategy • Customer Service Strategy • Legal Services Strategy • ICT Strategy • Intelligence Strategy • Shared Services Strategy • Information Governance Strategy • Communications Strategy • Improvement Strategy • Health and Safety Strategy • Workforce Strategy 						
Revision of Corporate Plan	✓		✓			
Financial Strategy	✓					
Scrutiny and Assurance Plan	Draft revised		✓			
Budget and Indicative Budgets						✓
Strategic Risk Register 2020/21	✓					
Approval of Risk Appetite and Risk Policy	✓					
Annual Review of Procurement Strategy			✓			

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022 (if req'd)	31 Mar 2022
Budget Monitoring (Report from MOWG: Budget Development to be presented to December and March Board)			✓	✓ (+ MOWG report)		✓ (+ MOWG report)
Monitoring our Performance Quarterly Report	Q4 ✓		Q1 ✓	Q2 ✓		Q3 ✓
Minute of Audit and Risk Committee	✓		✓	✓		✓
Complaints Activity Report	✓ (annual)			✓ (mid-year)		
Annual Report and Accounts - Audit Committee Annual Report to the Board - Draft Annual Report and Accounts 2019/20 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit			✓			
Health, Safety and Wellbeing Strategy	(Review) ✓			✓		
Health, Safety and Wellbeing Annual Report						
Changes to Reservation of Powers & Scheme of Delegation (arising from annual Board Governance Review)		✓				
Board Self-Evaluation Action Plan (arising from Board Governance Review)	✓					
Equality Duty Reporting – Annual Progress Report						✓
Corporate Parenting Report						✓
Annual Review of the Care Inspectorate's Financial Regs	✓					✓
Best Value Report 2020/21 (to 1 st Quarter meeting of Board)	✓					

BUSINESS TOPIC	17 June 2021	12 Aug 2021	23 Sept 2021	16 Dec 2021	10 Feb 2022 (if req'd)	31 Mar 2022
Annual Accounts 2019/20 Progress Report <i>(to 1st Quarter meeting of Board)</i>	✓					
Board and Committee Cycle – 2022/23 draft dates			✓			
Annual Procurement Performance Report			✓			
Shared Services Update Report	✓					
O P E R A T I O N A L						
Digital Programme Update Report	✓		✓			
HR Annual Report	✓					
Root Cause Analysis – Report and Action Plan	✓					
Approval of Pay Remit for submission to Scottish Government (tbc)						
Update on Significant Organisational Restructures <i>(when required)</i>						
Estates Update <i>(when required)</i>						
Approval of Compensation Payments <i>(when required)</i>						
Identification of Risk	✓		✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	✓	✓
CI Employee Relations Appeals <i>(to be standing item, when required)</i>	✓		✓	✓		✓