



A Meeting of the Care Inspectorate Board is to take place from  
**10.30 am-1.00 pm on Thursday 9 November 2023** in Tay Room, Ground Floor,  
 Compass House, Dundee

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

## AGENDA

### PUBLIC SESSION

Item		Time
1.	Welcome and Introductions	10:30
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Board Meeting held on 10 August 2023 (paper attached)	10:35
5.	Action Record of Board meeting held on 10 August 2023 (paper attached)	
6.	Matters Arising	
7.	Chair's Report – Report No: B-23-2023/24	10:40
8.	Chief Executive's Report – Report No: B-24-2023/24	10:45
	<b>STRATEGY AND POLICY</b>	
	No items for this meeting.	
	<b>MONITORING AND GOVERNANCE</b>	
9.	Monitoring our Performance Report 2023/24 Quarter 2 – Report No: B-25-2023/24	10:50
10.	Budget Monitoring and Staffing Update – Report No: B-26-2023/24	11:20
11.	Annual Procurement Performance Report – Report No: B-27-2023/24	11:35

12.	Audit and Risk Committee Meeting held 28 September 2023 – Report No: B-28-2023/24	11:50
	<b>S H O R T B R E A K (10 mins)</b>	12:00
	<b>OPERATIONAL ITEMS</b>	
13.	HR Report – Q2 2023/2024- Report No: B-29-2023/24	12:10
	<b>STANDING ITEMS</b>	
14.	Strategic Risk Register – Report No: B-30-2023/24	12:20
15.	Board Schedule of Business 2023/24 (paper attached)	
16.	Any Other Competent Business	
	16.1 Proposed interaction with staff 16.2 Consideration of recording the Board meetings 16.3 Cyber Champion update	12:30
17.	Close of Public Meeting and Date of Next Meeting: Thursday 8 February 2024 at 10.30 am in Compass House, Dundee	12:45
	<b>PRIVATE ITEMS</b>  <i>The Board may consider items in private. The matters under item 18 are excluded from the public meeting as the Annual Report and Accounts require to be laid before the Scottish Parliament before being made publicly available.</i>	
18.	Care Inspectorate Annual Report and Accounts 2022/23 – Report No: B-31-2023/24  18.1 Audit and Risk Committee Annual Report to the Board – Report No: B-32-2023/24 18.2 Draft Annual Report and Accounts 2022/23 18.3 External Audit Annual Report by Deloitte 18.4 Letter of Representation	<b>12:45- 13:00</b>



## BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments Completed
<b>Actions from 15 December 2022</b>					
13.0	<b>COMPLAINTS ACTIVITY MID-YEAR REPORT – REPORT NO: B-41-2022</b>	Further discussion on the reporting of complaints activity to be held by the Board as part of annual review of Board Governance	<b>CE / Chair / EDIT&amp;DT / Head of Legal Services</b>	In time for Board Governance Review on 11.5.23	Chair and CE discussions agreed no requirement for mid-year report to Board. Annual report will remain. <b>Completed</b>
<b>Actions from 9 February 2023</b>					
8.0	<b>KEEPING THE PROMISE – AN OVERVIEW OF ACTIVITY 2021/2022: REPORT NO: B-47-2022/23</b>	Consider options for impact evaluation/assessment for onward reporting to Board	<b>CE/Chair</b>		Open

<b>Actions from 11 May 2023</b>					
<b>17.0</b>	<b>BOARD SCHEDULE OF BUSINESS 2023/24</b>	Add “Major Policy Developments” as a standing item and to allow sufficient time on a future agenda to discuss the new national care service when this is available.	<b>E&amp;CSM in discussion with CE and Chair</b>		Not yet completed – pending internal discussions with Policy Team to review policy and parliamentary information provision to Board
<b>Actions from 10 August 2023</b>					
<b>5.0</b>	<b>ACTION RECORD OF BOARD MEETING HELD ON 11 MAY 2023</b>	Under item 10 of May meeting, circulate the collated comments received from Board members on new layout of Monitoring Performance Report.	<b>Intelligence and Analysis Manager/E&amp;CSM</b>	Immediate	<b>Completed</b>
<b>8.0</b>	<b>CHIEF EXECUTIVE’S REPORT - REPORT NO: B-09-2023/24</b>	Discussion with Board member Rosie Moore regarding support for YIVs.	<b>DCE-EDSI/ Involvement and Equalities Team</b>	To be diarised	Action update to be confirmed
<b>11.0</b>	<b>COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2019/20 TO 2022/23 - REPORT NO: B-12-2023/24</b>	Submission of any further questions on the publication through the Chief Executive.	<b>Members</b>	Immediate	<b>Completed</b>
<b>15.0</b>	<b>CHILDREN’S RIGHTS REPORT APRIL 2020- MARCH 2023 - REPORT NO: B-16-2023/24</b>	Review certain sections of language within the report prior to its publication.	<b>Member R Moore, Equalities Team Manager and Equalities Professional Adviser</b>	Immediate	<b>Completed</b>

<b>18.0</b>	<b>BOARD AND COMMITTEE CYCLE 2024/25: PROPOSED SCHEDULING – REPORT NO: B-19-2023/24</b>	Specific dates to be discussed by Executive Team and confirmed to Board members.	<b>Executive Team/E&amp;CSM</b>	By end September 2023	Being finalised to take account of internal approval process
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CE: Chief Executive  
DCE-EDSI: Deputy Chief Executive and Executive Director of Strategy and Improvement  
EDSA: Executive Director of Scrutiny and Assurance  
EDCCS: Executive Director of Corporate and Customer Services  
EDITD: Executive Director of IT and Digital Transformation

HoFCG: Head of Finance and Corporate Governance  
HoCPC: Head of Corporate Policy and Communications  
HoLS: Head of Legal Services  
E&CSM: Executive and Committee Support Manager  
HoHR: Head of HR

## BOARD MEETING 9 NOVEMBER 2023

Agenda item 7  
Report No: B-23-2023/24



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

**EXECUTIVE SUMMARY**

This Chair's report will sum up some of my activities since the Board meeting held on 10 August 2023.

**The Board is invited to:**

- Note the information contained in this report.

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

**Equality Impact Assessment**

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Reason: This report is for information only.

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

**Reason for Confidentiality/Private Report:**

Not applicable - this is a public board report.

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Report No: B-23-2023/24**

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

## **CHAIR'S REPORT**

### **1.0 INTRODUCTION**

This Chair's report will sum up some of my activities since the Board meeting held on 10 August 2023.

### **2.0 NHS NATIONAL SERVICES SCOTLAND (NSS) BOARD APPOINTMENTS PANEL MEMBER**

I have utilised my experience to assist the NSS Chair and selection panel to review and consider the many applications from a great diversity of candidates for the two advertised board roles. The response to the adverts were overwhelmingly positive with an immense wealth of talented individuals applying. As you can therefore probably envisage, this has taken up considerable time to assist NSS with selecting the most appropriate candidates to take forward to formal interview stage. I look forward to completing this process over the coming weeks and helping NSS to add two talented new board members.

### **3.0 INTRODUCTORY MEETING WITH THE MINISTER FOR SOCIAL CARE, MENTAL WELLBEING AND SPORT – 15 AUGUST 2023**

I was delighted to meet with our Minister, Maree Todd, for the first time, in together with the Chief Executive and some of her team. What struck me first was the Minister's wide depth of experience and knowledge of our sector, and someone who will actively support and champion the great work that we do in the Care Inspectorate. We have agreed regular meetings with the Minister, Chief Executive, members of her team, and I with an agreed agenda from which to move forward. In addition, I will also meet with the Minister and her Government team separately. These meetings should ensure we have sufficient input, coverage, and exposure with our Minister to enable the organisation to keep moving forward positively.

### **4.0 NHS CHAIRS MEETING WITH THE CABINET SECRETARY FOR NHS RECOVERY, HEALTH AND SOCIAL CARE - 21 AUGUST 2023 AND 23 OCTOBER 2023**

I have continued to attend these meetings during the period where the focussed agenda has quite rightly been on winter planning, freeing up beds in NHS, and reducing waiting times. Having considered the ongoing focus of this group, and meeting agenda, coupled with ascertaining the reasons for the Care Inspectorates' historic attendance at the meetings I have concluded that there was ostensibly little reason for the Care Inspectorate to be there. Discussions on winter planning already include the Care Inspectorate Executive team working alongside NHS. Having therefore discussed this with the Cabinet Secretary we agreed that I would stand down from ongoing attendance with a caveat I may need to attend on specific topics at some future date which include the Care Inspectorate.

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**5.0 SSSC COUNCIL MEETING – 22 AUGUST 2023**

The meeting was well attended and core areas of discussion centred around ongoing budget (similar challenges as we face in the Care Inspectorate), annual report and accounts finalisation and fees to members.

**6.0 REPORT OF THE INDEPENDENT REVIEW OF INSPECTION, SCRUTINY AND REGULATION**

It was very welcome to see that the report from Dame Sue Bruce and her team was finally published. This was immediately shared with the Care Inspectorate Board and Executive Team to cascade to their own teams. There are a number of recommendations in the report which we will now need to consider and discuss further. There are also many of these items which I know that the Care Inspectorate have already implemented and adopted to varying degrees ahead of the report being published. Having immediately considered the report in detail along with our Chief Executive, the Chief Executive and Chair of Healthcare Improvement Scotland (HIS) we felt it appropriate that we write a letter to Scottish Government requesting an urgent meeting to discuss the report. This was sent by the Chair of HIS and I within 48 hours of the report being published. As I write, we are awaiting an opportunity to discuss in more detail with Scottish Government, however, we also appreciate that they will need to consider the content of the report first viz a viz wider government policies and priorities, prior to meaningful discussion with both the Care Inspectorate, HIS and other regulators and bodies in the sector.

**7.0 STAFF ENGAGEMENT**

The Chief Executive and I held an all-staff video call during this period to provide our thoughts on how we both felt the first twelve months of our roles had gone. This was well received by Care Inspectorate staff with several hundred dialling in to the live event. The event was recorded and then shared via the intranet for those who were unable to attend in person. There was also an opportunity for staff to ask questions of the Chief Executive and I. We really appreciated the depth and thoughts that had gone into all of the questions asked. We have decided to run more of these sessions throughout the year, including some which will include different Board members in attendance too.



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

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

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

<b>Equality Impact Assessment</b>		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> Reason: Not required, this is an update report.

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

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

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<b>Reasons for Exclusion</b>	
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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## CHIEF EXECUTIVE'S REPORT

### 1.0 POLICY AND STRATEGIC DEVELOPMENT

#### 1.1 Three-year Triennial Childrens Rights Report

The organisational children's rights report <https://www.careinspectorate.com/images/documents/7329/Childrens%20rights%20report.pdf> was published in October 2023. This detailed report demonstrated the Care Inspectorate's commitment, progress, achievements, and areas for improvement to upholding and protecting children's rights. The report clearly demonstrated how this work bridges across our commitment to keeping The Promise and Corporate Parenting, namely commitment 1 - 'We will strive to meet the needs of our infants, children and young people and promote their rights.'

#### 1.2 National Care Service Complaint Handling

In partnership with the Scottish Public Service Ombudsman, we are jointly leading the Scottish Government NCS oversight group workstream for leadership and culture for good complaint handling. The group will develop aims and values and identify core outcomes for good complaint handling for the National Care Service. We are also represented on the oversight group of the other five workstreams.

#### 1.3 Upcoming series of Quality Conversation events

The next events in our rolling series of Quality Conversations take place on 23 November 2023 (Adults and Older People) and 6 December 2023 (ELC and Children and Young People) in Perth. These events bring senior and executive level representatives from across the social care sector together to hear updates from the Care Inspectorate and discuss and influence the future of care regulation, scrutiny and improvement in Scotland.

#### 1.4 Key Policy updates

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

- The National Care Service (Scotland) Bill at Stage 1, which is due to complete in January 2024.
- The Children (Care and Justice) (Scotland) Bill at Stage 2.
- The Independent Review of Inspection, Scrutiny and Regulation (IRISR). This report was published in September 2023 highlighting 38 recommendations for the sector. We await the Scottish Government's formal response to the report and its recommendations.
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (Reconsideration)
- Publications relating to other areas of policy, including school age childcare.
- Childcare commitments within Programme for Government 2023 which will impact our Scrutiny work, including:

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- Expanding the early adopter programme for school aged children in six local authority areas to nine areas and expanding the childcare offer to include children from nine months to the end of primary school age.
- Extending the offer of 1140 hours of funded childcare from 25% to 40% of families
- Recruitment of 1000 childminders.

We have submitted a consultation response on a Human Rights Bill for Scotland and are finalising our response to the health and social care integration authority planning and performance reporting statutory guidance. We also have begun our response to the Scottish Social Services Council (SSSC) proposed register changes consultation.

**1.5 Children Leaving ELC Settings Unaccompanied by an Adult**

We have had a further meeting with Natalie Don, Minister for Children, Young People and Keeping the Promise on 14 September to explore some concerns in relation to the number of children leaving ELC settings unaccompanied by an adult.

We also continue to engage with Ministers and colleagues from Education Scotland on the ongoing development of the shared inspection framework. We will be launching our '**Me, My Family and My Setting**' resource towards the end of November to encourage increased connection between families and early learning centres.

**2.0 COLLABORATIVE/PARTNERSHIP WORKING****2.1 Pressure Ulcer Work**

The Health and Social Care Improvement Team recently launched guidance for care at home providers on developing a policy for the prevention and management of pressure ulcers. A webinar to support care at home services to take account of the guidance was attended by 152 individuals. The webinar covered the pressure ulcer standards and policy guidance, focusing on a preventative approach so that skin damage is picked up at an early stage and escalated.

**2.2 Introducing feedback to children and young people post inspection**

Aligned to the Care Inspectorate's commitment to the findings of the independent care review, the overall aim of this project is to improve how we involve children and young people in inspection feedback. The Quality Improvement Support team and the Children and Young People (CYP) inspection team worked with Glasgow City Council children's residential services to test different feedback methods. This involved both face-to-face and video methods of feedback. Early feedback has been very positive.

The project is now entering a new phase and by March 2024, it will have developed and implemented a feedback toolkit and procedures, which could be used by all Inspectors in the Children and Young People's Inspection team. This stage of implementation begins in December 2023 and involves the Quality Improvement Support team, three inspectors from the CYP team, young inspection volunteers, Methodology team and our Communications team. The Inspection feedback test has scope to be scaled up to all post Inspection activity throughout the Care Inspectorate.

### **2.3 Appropriate Adult Services**

A 15-week test of the draft quality improvement framework to support self-evaluation of Appropriate Adult Services in Scotland has been undertaken. Two Appropriate Adult (AA) services participated in the test programme; Glasgow and partners, and Tayside. The purpose of this test was to determine the usability, language, and content prior to publication. The focus was on building confidence within the Appropriate Adult teams when using the framework to self-evaluate. Overall, participants reported positively on the content and on the use of the core assurances document to support staff on their self-evaluation journey.

#### **Next steps:**

- Publication and launch of the quality improvement framework and toolkit at the National Appropriate Adult event – November 2023
- Co-hosting of National Appropriate Adult event with COLSA and Scottish Government
- Embed self-evaluation across the sector

### **2.4 Strengthening quality improvement support to Childminders**

A small group of newly registered Childminders in Dumfries and Galloway were supported by an Improvement Advisor from the Quality Improvement Support Team, through a focused project to design and develop materials which are useful to them, from registration to first inspection. These have included written guidance in the form of digital booklets, a post-registration checklist and a set of emails which are delivered weekly providing useful guidance, hints and tips. Drop-in and information sessions have been held to give Childminders the opportunity to meet their Inspector, ask questions and develop peer support with other more experienced Childminders. Feedback demonstrated that Childminders have found these very helpful and informative in developing their confidence.

### **2.5 Joint Working with SSSC**

We continue to work closely with the SSSC on relevant areas including joint publications and statements. In October 2023, we published the Safer Recruitment Guide which supports good practice across the sector.

## 2.6 Scottish Child Abuse Inquiry

The Inquiry has now commenced its consideration of secure accommodation and services of a similar type. We gave evidence to the Inquiry on 26 and 27 September and may be invited to return in the context of the Inquiry's consideration of individual registered care services. This part of the Inquiry is expected to continue through the remainder of 2023 and much of 2024.

## 2.7 Covid-19 Inquiries

The Scottish Covid-19 Inquiry commenced hearing evidence in Autumn 2023, and hearings will continue (albeit with short breaks from time to time) into 2024, with the exception of January 2024. The first phase of the Scottish Inquiry is considering the impact of Covid-19. Core Participants, including the Care Inspectorate made Opening Statements on 24 and 25 October. These can be viewed on the Inquiry's YouTube channel.

The Care Inspectorate received a request to provide detailed information to the UK Covid-19 Inquiry on a particularly short timescale, with regards to the nature and quantity of information requested. Attempts to negotiate an extended timescale for responses were only partially successful. Responses are being provided in accordance with agreed revised timescales, but doing so has been extremely onerous and has impacted upon other work in several areas of the Care Inspectorate.

## 2.8 Oracle Fusion – New Finance System

The new Oracle Fusion system is scheduled to go live on the 1 April 2024 with 33 different bodies using the same system and all following the same processes, with no customisation available.

Fusion has been configured so that all organisations will follow the Finance Global Design Principles, which are a set of common processes and procedures developed by HM Treasury. This will ensure that all core Scottish Government entities and associated bodies follow the same process.

The old SEAS system will continue to be available after 1 April 2024 but only to enter year end journals to allow the Finance team to complete year end accounts and to view historical transactions.

## 2.9 Promise in Practice

The Children and Young People regulated Inspection teams have introduced a Promise in Practice feature into the monthly Care News circulation. This started in August to showcase and affirm strands of encouraging Promise practice that Inspectors are seeing during routine Inspection visits. This aspect of encouragement, recognising progress and valuing internal and external efforts to keep the Promise are vital to sustain the longevity and complexity of the work,

particularly in the current climate of workforce fatigue and competing priorities. It also supports collaborative working across the sector, encouraging services to learn from each other where things are working well.

### **2.10 Secure Care Pathway Review**

The Children's Strategic team concluded its collaborative work with colleagues in the Children and Young People's team and the Adult Strategic team with the publication of the report on our Secure Care Pathway Review. The findings were also presented in two webinars, one for internal staff, the other open to all interested parties nationally. The review centred on listening to and understanding the experiences of 30 young people across Scotland before, during and after experiencing secure care accommodation. During the review period we tracked the journeys of these young people which gave us the opportunity to consider the impact on them and outcomes over time.

### **2.11 Chronologies**

The Strategic Children's team worked with the Getting it Right for Every Child team within Scottish Government to provide an input for discussion on chronologies to a recent Child Protection Committees Scotland meeting. Chronologies have frequently featured as an area of practice requiring improvement. The input summarised findings from our scrutiny work and research evidence with a view to stimulating discussion on improving the quality and use of chronologies for children and young people involved in protection and care services.

### **2.12 Trauma Informed Practice**

At the end of August, three colleagues from the national trauma training programme and the Scottish Government Trauma Development team led a development day for the Children and Young People regulated Inspection teams to reflect on what trauma informed practice means within the reality of regulatory inspection. Thinking from the day will be followed up through the team's peer learning groups to inform next steps in developing further learning and development opportunities.

### **2.13 Meaningful connection, visiting and Anne's Law**

We continue to work with the Directorate for Social Care and National Care Service Development at Scottish Government to support the sector in readiness for the implementation of Anne's Law. In so doing, we have recently published a series of 18 [podcasts](#) covering a range of topics and supported by subject matter expert guest speakers. We have also produced and published a [report](#) on our engagement visits to 20 care homes across Scotland to undertake focus groups with people experiencing care, family carers, and staff. The main findings from this demonstrate the necessity for restrictions to be proportionate, even in outbreak situations; the importance of family carers as

partners in care; and the fundamental rights of people experiencing care to be supported to remain connected with those important to them and the wider community. We have also published a [report](#) following consultation with social care staff on meaningful connection. We have concluded our [webinar series](#) and factsheets covering a range of topics to support the sector, including human rights, family carers as partners in care, supporting positive peer relationships, and maintaining connection during an outbreak.

Based on feedback from Providers, we have facilitated a working group with Scottish Care members to look at improvements in Services and Providers accessing contact details for Care Inspectorate staff. For example, where providers wish to discuss our scrutiny of a service but do not wish to make a complaint against the Care Inspectorate.

#### **2.14 Safe Staffing Programme**

The Safe Staffing team are working in three national areas to engage with as many stakeholders, registered care services, staff and people who experience care as possible. Their objectives for 2023/24 expanded the programme across Children and Early Learning and Childcare sectors, in addition to Adult services. The team have six distinct workstreams, one of these is about the new legislation provision for us to develop and recommend staffing methods for use in Adult Care Homes. The team are working hard to engage, consult and collaborate with the Adult Sector so that we make the right recommendation to Scottish Ministers. An external company has been procured to help us prepare an options paper about staffing methods and tools and this will support our recommendation. The team are also testing a Staffing Method Framework (SMF) with Care Homes who have volunteered to support our work.

### **3.0 WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM ENGAGEMENT**

#### **3.1 Professional Development Award (PDA)**

The PDA is the Professional Development Award in Scrutiny and Improvement that all Inspectors must complete. In September 2023 we celebrated and recognised the achievement of the 40 Inspectors who completed the PDA over the past few years, including during the period of the Covid-19 pandemic.

#### **3.2 Pulse Staff Survey**

Following the pulse survey in May 2023, all teams were invited to share feedback on how our employee survey action plan should be updated in response to the results. This feedback has been considered over October 2023 and proposals for an updated action plan have now been developed for review by our Strategic Management Group and Partnership Forum in November 2023. The updated action plan will be published in late November 2023.

### 3.3 Hybrid Working

Early proposals for a minimum expectation on hybrid working were shared with the joint Trade Unions in late August 2023 and all managers at a Managers' Forum on 6 September 2023. The feedback shared through the Managers' Forum and by the Trade Unions has been reviewed by the Executive Team and an extraordinary Partnership Forum meeting will be held early November to discuss the final proposals. Following this meeting, the Executive Team will confirm the finalised plans and timescales for implementation.

### 3.4 Pay Award

Last year's revised pay award claim submitted to Scottish Government was agreed and members of our recognised Trade Unions accepted the offer following ballot.

The additional changes meant an uplift to salaries backdated to April 2022 for staff on the first four grades and the Payroll and Finance teams put a lot of work in to make sure that this payment was made to employees in the September payroll.

We have now started work on the 2023-2024 pay remit negotiations.

## 4.0 RESOURCES

### 4.1 Inquiries

We currently have a Business Support team of 3.5FTE supporting our organisational response to Operation Koper. This small team is also starting to support our responses to the Scottish Covid Inquiry and the UK Covid Inquiry, along with the most recent Historical Child Abuse Inquiry requests, as mentioned above. We have reallocated workload across various Business Support teams to enable the co-ordination of this process and will need to review this resource going forward as our involvement in all these Inquiries continues to increase.

### 4.2 Inspector Recruitment

Following the most recent Inspector recruitment campaign, additional Inspectors were recruited to some of the areas required, however, a significant lack of Inspector resource in the Highlands and Islands areas continues. Four Inspectors have been recruited to the Complaints teams.

## 5.0 ORGANISATIONAL TRANSFORMATION

### 5.1 Digital Transformation Stage 2 Business Case

Stage 2 Business Case work has been continuing to progress through the mobilisation phase. We have now started the recruitment of additional members to the team. Work has been ongoing with our procurement partners to start the

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procurements needed for this work with the expectation that the initial phase would conclude before Christmas.

A lot of work has also been put into the governance arrangements for the project and we are planning on the initial Project Board starting in early December. We have also now got agreement with Scottish Government on the financial reporting of the project to them.



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

#### EXECUTIVE SUMMARY

This report presents the Q2 2023/24 summary report on our performance and focusses on performance against the organisation's KPIs.

Of the 8 Key Performance Indicators (KPIs) detailed in the Corporate Plan 2022-25, at the end of Q2 2023/24:

- 7 met or exceeded target
- 1 did not meet the target

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

#### The Board is invited to:

1. Discuss and note the report.

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

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> Reason: Screening completed, and full assessment not required.

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

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

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

**MONITORING OUR PERFORMANCE 2023/24 - QUARTER 2 REPORT****1.0 INTRODUCTION / BACKGROUND****Structure of this report**

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

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

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

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

**Types of performance measure**

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

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

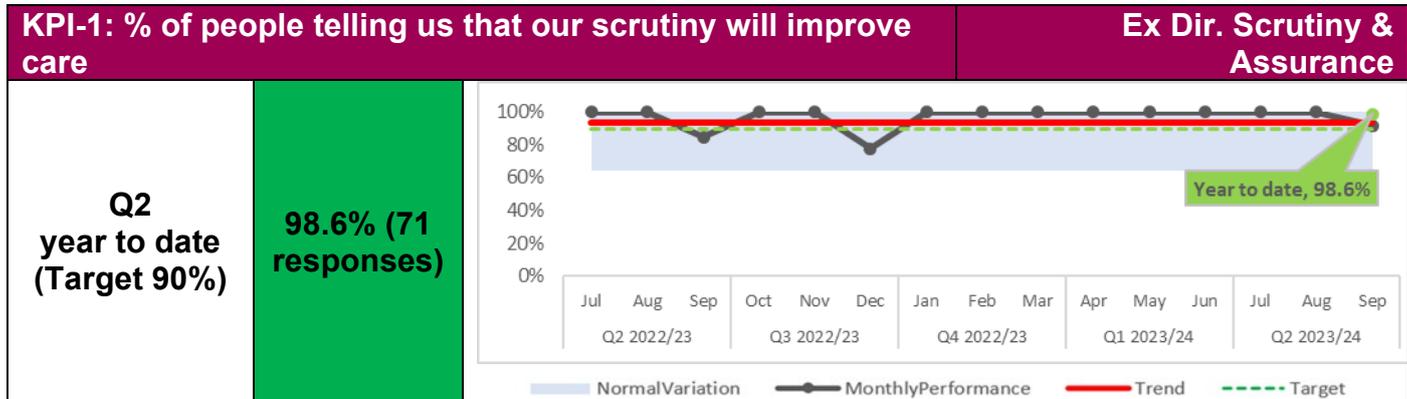
**Summary of performance**

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

Strategic outcome: High-quality care for all	Strategic outcome: Improving outcomes for all	Strategic outcome: Our people are skilled, confident and well supported to carry out their roles
<b>KPI-1:</b> % of people telling us that our scrutiny will improve care <b>98.6%</b>	<b>KPI-4:</b> % of people telling us that our quality improvement support will improve care <b>97.7%</b>	<b>KPI-5:</b> % staff completing core learning <b>75.1%</b>
<b>KPI-2:</b> % scrutiny hours spent in high and medium risk services <b>72.3%</b>		<b>KPI-6:</b> % staff absence <b>4.7%</b>
<b>KPI-3:</b> % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) <b>85.2%</b>		<b>KPI-7:</b> % staff turnover <b>9.9%</b>
		<b>KPI-8:</b> Days per month that inspection volunteers and care experienced people are involved in our work <b>38.8 days</b>
<b>Colour code: Target achieved</b>	<b>Slightly below target</b>	<b>Significantly below target</b>

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 30 SEPTEMBER 2023

Strategic outcome: High-quality care for all



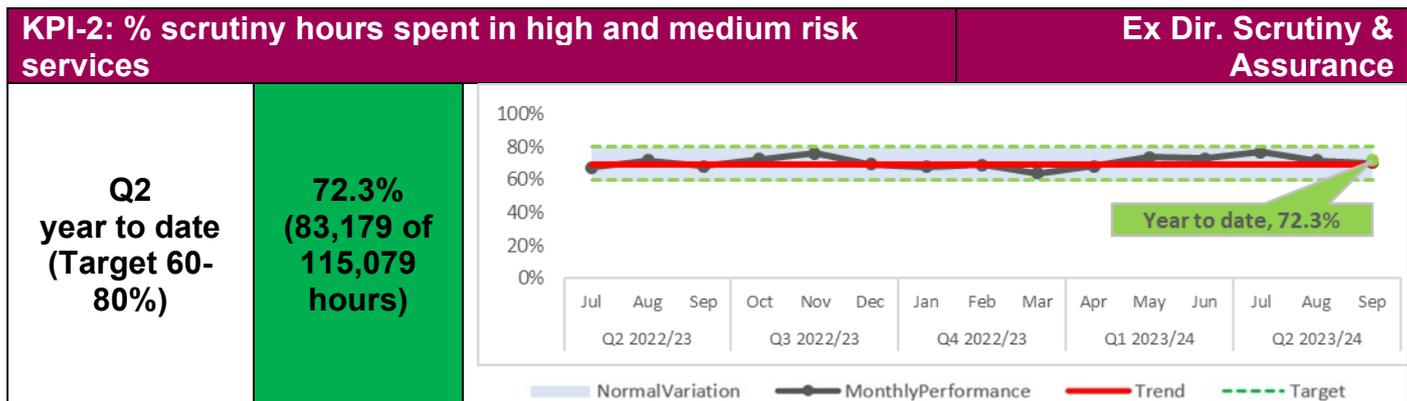
**KPI/KOI links:** KPI-4

**Analysis:**

- Target met. 98.6% of respondents agreed our scrutiny will improve care in 2023-24.
- Responses remain low. For inspection feedback; work to progress an online inspection feedback survey has continued to be impacted by resource constraints. For registration feedback; the feedback survey was unavailable for a few weeks in Q2. We have now implemented procedures to regularly check that the survey is available to complete. However, responses remained low for the whole of September.

**Actions:**

- Increase response rates: communications were issued to staff in August to remind inspection staff to give out surveys to people who use care services, relatives and visitors whilst on the inspection visit.
- Deliver online inspection feedback surveys. Discussion held with IT regarding prioritisation of development of digital solution for manager inspection feedback questionnaires. This will be added to the new prioritisation process currently being developed.



**KPI/KOI links:** KOI-1, KOI-3

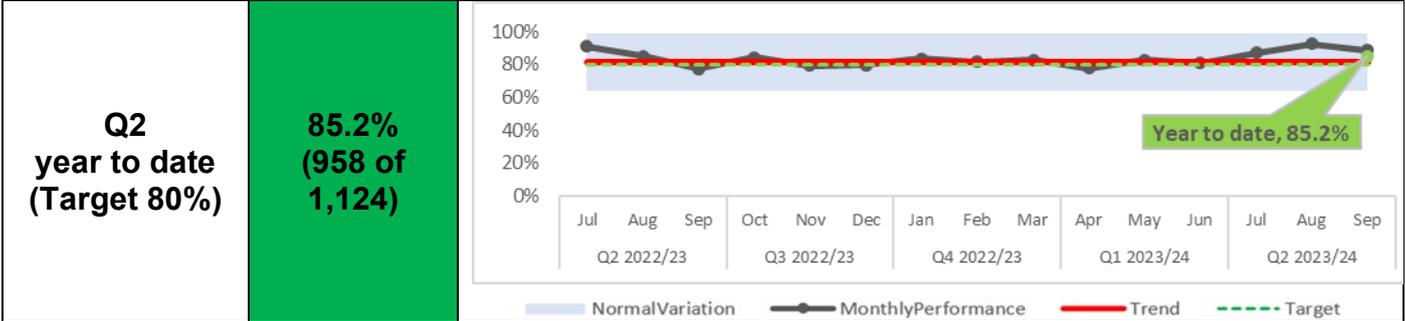
**Analysis:**

- Performance remains within target range and normal limits.
- We usually spend a higher proportion of time in high-risk services at the start of the year as these are prioritised for inspection first. We expect to see the % of hours in high/medium risk services fall over the year.

**Actions:**

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

<b>KPI-3: % of complaints about care resolved within relevant timescales</b>	<b>Ex Dir. Scrutiny &amp; Assurance</b>
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<i>KPI/KOI links</i>	KPI-2, KPI-6
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**Analysis:**

- At the end of Q2, performance was above target and within normal limits.
- Performance has continued to improve from Q1.

**Actions:**

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

**Strategic outcome: Improving outcomes for all**

<b>KPI-4: % of people telling us that our quality improvement support will improve care</b>	<b>Ex Dir. Strategy &amp; Improvement</b>
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<i>KPI/KOI links:</i>	KPI-1
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**Analysis:**

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

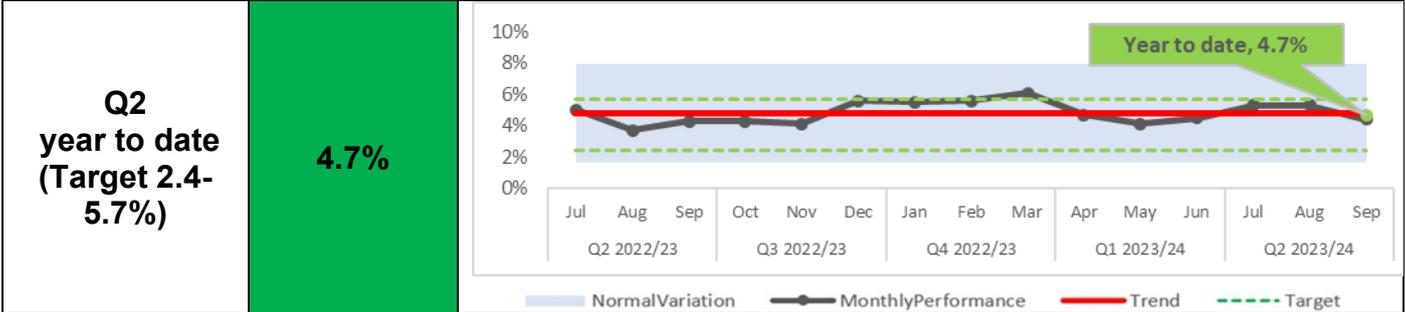
**Actions:**

- We have investigated the potential of a new measure testing whether quality improvement support work improved care after four months. Unfortunately, there has been a very low response rate for this metric and all of those responses have been wholly positive. Although we will continue to seek this feedback, we do not believe it would provide the basis for an unbiased performance measure.
- The improvement team have a development day in November and will use some of that time to look at potential future performance measures.

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

KPI-5: % staff completing core learning		Ex Dir. Strategy & Improvement
Q2 year to date (Target 95%)	75.1%	
KPI/KOI links:	KPI-6	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>• Performance is below target at 75%.</li> <li>• Performance for Q2 is not comparable to performance last year. This is because we now include Health and Safety along with other core training. In addition, we have refocused core learning on training mandated by legislation or regulation.</li> <li>• Performance in Equalities (99%; released November 2021), and Cyber Security (94% compliant; released October 2022) is above or around target level.</li> <li>• Data Protection (86%; released October 2021) and Health and Safety training (84%; released March 2023) have lower compliance rates.</li> <li>• A major factor in the reduced compliance in Q2 was a system issue which prevented staff from completing the modules for a period of 3 weeks. This system issue was exacerbated with staff taking summer holiday leave in Q2 leaving even less time to complete training. This issue has now been resolved and we expect compliance rates to improve in the coming quarter.</li> <li>• Because our measure only includes staff who have completed all the above training then the lower compliance rate for Health and Safety and Data Protection brings down our overall performance.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• OWD have implemented a new process to automatically reissue core learning and instructions to staff ahead of the refresher periods. This provides staff with notice that their core learning is expiring and prompts them to complete ahead of the expiry date. These reminders will continue to issue while staff are within their refresher period.</li> <li>• OWD had planned to develop dashboards in Q2 to give line managers access to compliance data. The ability to undertake this work is dependent on support from external partners and a procurement exercise was required to recontract for this work. Unfortunately, we were unable to appoint a partner following the most recent procurement exercise and a follow-up procurement is now in process. As a result, the LMS dashboard development work will now be carried forward as a priority for Q3 and Q4. In the interim, OWD will provide managers with reporting on core learning during upcoming business partnering meetings which will take place across Q3.</li> <li>• The OWD team continue to promote core learning through the regular email update.</li> </ul>		

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



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

**Analysis:**

- Performance remained within the target range.
- Compared to Q1 2023-24, overall absence increased from 4.4% with long term absence decreasing, and mid-term absence and short-term absence increasing.

**Actions:**

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

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



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

**Analysis:**

- Staff turnover was within target and within normal limits.
- During Q2 23/24 alone, 12 staff left the organisation. Of these, 50% (6 staff) retired.
- Note that because our measure is a 12-month rolling average, the higher numbers of staff leaving in both Q4 22/23 and Q1 23/24 will continue to affect our overall performance for the rest of this year.

**Actions:**

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

KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work		Ex Dir. Strategy & Improvement
Q2 year to date (Target 30 days per month)	38.8 days	
KPI/KOI links:	N/A	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>Year to date performance is above target of 30 days per month, although lower than Q2 last year (43.3 days per month).</li> <li>During Q2 alone, inspection volunteers were involved in inspection activity on 69 days and other involvement activities on 40.5 days. The inspection volunteers continue to be involved in various areas across the Care Inspectorate, including preparing for interview for a service manager appointment in scrutiny and assurance, attending the Personal Development Award learning event for inspectors doing the participation unit in their award, and supporting the safe staffing programme.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Continue to build our on-site inspection activity for 2023/24.</li> <li>We have had a vacancy for an involvement coordinator, and a preferred candidate has been identified.</li> <li>We are working to increase the number of volunteers who support our work. The new inspection volunteers are currently going through some inspections in regulatory services for children and young people.</li> </ul>		

### 3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

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

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

#### 3.1 Resources

There are no additional resource implications arising from this report.

#### 3.2 Sustainability

There are no direct sustainability implications arising from this report.

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

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

#### 3.4 Customers (Internal and/or External)

This report includes a number of measures of customer satisfaction.

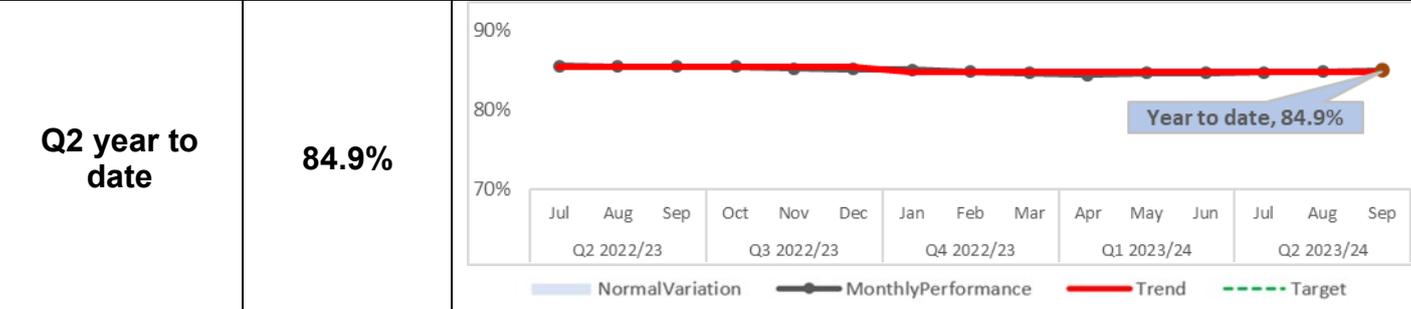
### 4.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note and discuss this report.

Key Outcome Indicators (KOIs) and Scrutiny and Assurance activities

Strategic outcome: High-quality care for all

**KOI-1: % services with good or better grades (across all KQs)** **Ex Dir. Scrutiny & Assurance**



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

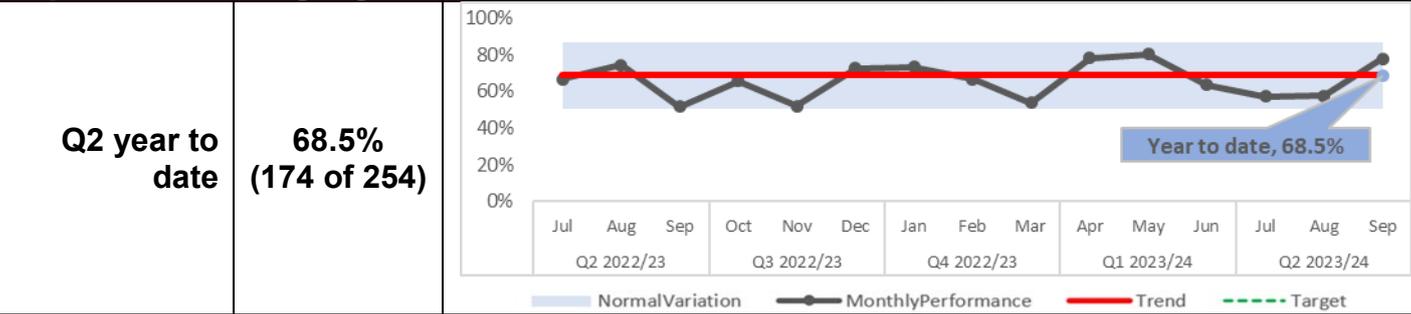
**Analysis:**

- Performance increased to 84.9% of registered services, up slightly from the end of Q1 2023/24. Performance has improved this year after an ongoing gradual drop over recent years. We will continue to monitor this closely to assess whether this trend is sustained throughout the year.
- There is variation by type of service: adult daycare, childminding and daycare of children are all statistically significantly above the average while care homes for older people, adults and children and young people, as well as care at home and housing support services are statistically significantly below average.

**Actions:**

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

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



*KPI/KOI links:* KOI-1

**Analysis:**

- Performance remains within the range of expected variation with 68.5% of services having good or better grades at the first inspection following registration.
- Performance dipped in first two months of Q2 before improving in September.

**Actions:**

- We have started a focussed investigation into common themes for newly registered services not graded at least good at first inspection.

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



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

**Analysis:**

- Performance has improved from 9.6 months at the end of Q1 to 9.4 at the end of Q2 and remains within range of expected variation.
- The number of services that continued to have a grade of less than adequate was low with 251 services at the end of Q2. This is 2.5% of all non-cancelled services with grades at the end of Q2. Of the 251 services:
  - 37% (93 services) were equal to or above the average of 9.4 months.
  - 63% (158 services) were below the average of 9.4 months.
  - 52% were ELC services.
- Inspections continue to be mainly focussed on services where we have concerns which are likely to have lower grades following inspection. Furthermore, a number of these services have ongoing enforcement action against them. Grades of poorly performing services will not be increased until we are confident there has been an improvement in quality which can be sustained long term – meaning this measure will be slow to decrease especially against the backdrop of financial and staffing pressures in the sector.

**Actions:**

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

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

<b>Q2 year to date</b>	<b>96.8% (600 inspections)</b>
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**KPI/KOI links:** KPI-2, KOI-1, KOI-3

**Analysis:**

- Performance remained high during Q2 with 96.8% of services getting expected grades or better. The continued high performance in this measure provides assurance that good quality services are not declining while we continue to focus scrutiny on high-risk services.

**Actions:**

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

**Scrutiny and assurance activity**

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

**Registered care services**

	Number completed Q2 Year to Date 2022/23	Number completed Q2 Year to Date 2023/24	2023/24 vs 2022/23 year to date % change
Inspections completed	1,882	2,380	26%
Serious concern letters issued	27	32	19%
Improvement notice enforcements	23	17	-26%
Notice to cancel enforcements	2	5	150%
Total complaints resolved (not inc. concerns logged as intelligence)	1,047	1,124	7%
New registrations completed	211	230	9%
Number of variations completed (not inc. typographical changes)	862	850	-1%

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

**Strategic Inspections**

	Number completed (published) Q2 Year to Date 2022/23	Number completed (published) Q2 Year to Date 2023/24	2023/24 vs 2022/23 year to date % change
Inspections completed	9	15	67%
Total staff survey responses	2,857	2,856	0%
Total people experiencing care engaged with	115	206	79%
Total number of case files read	698	675	-3%
Number of serious incident reviews, initial or serious case reviews, and learning reviews received	84	72	-14%

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

## Strategic outcome: Improving outcomes for all

KOI-5: % of services with >90% of people telling us they are happy with the quality of care and support they receive		Ex Dir. Scrutiny & Assurance
Q2 year to date	94.4% of services (688 of 729 services, based on 8,910 responses in total)	
KPI/KOI links:	KOI-7	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>Up to the end of Q2, 94.4% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive.</li> <li>Performance remained within normal limits.</li> <li>We have experienced a technical issue with the survey software used to capture views. This has resulted in just over 50 childminder responses being excluded from our reporting. This is a small number and would have only a small effect on the performance shown.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>In Q1 and Q2 we reviewed our surveys for care homes for adults, and our new suite of surveys will launch in Q3. These surveys are for people who use services, carers, relatives, staff and other professionals who help to support people in care homes. As well as revising our online surveys, we have re-introduced a paper option for people using services.</li> <li>We have escalated the technical issue highlighted above that affected some childminder questionnaires to our software provider.</li> </ul>		

## Improvement support and external communications summary year to date

	Number Q2 Year to Date 2022/23	Number Q2 Year to Date 2023/24	2023/24 vs 2022/23 year to date % change
External improvement support events	67	53	-21%
Internal improvement support events	4	4	0%
Number of unique services engaged	248	66	-73%
Number of individuals engaged	1,077 (from Q2)	1,478	37%

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

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

Strategic outcome: Everyone’s rights are respected and realised

KOI-6: % services good or better for ‘How well do we support people's wellbeing’		Ex Dir. Scrutiny and Assurance
Q2 year to date	90.9%	
KPI/KOI links:	KOI-1, KPI-2, KOI-3, KOI-4, KOI-5	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>Performance continued to increase in Q2 after a long period of gradual decline.</li> <li>Like KOI-1, we have seen the slight but sustained long term decline in this measure start to reverse so far this year, and we will monitor this closely to establish if this is sustained over time.</li> </ul> <b>Actions:</b> <ul style="list-style-type: none"> <li>Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches.</li> </ul>		

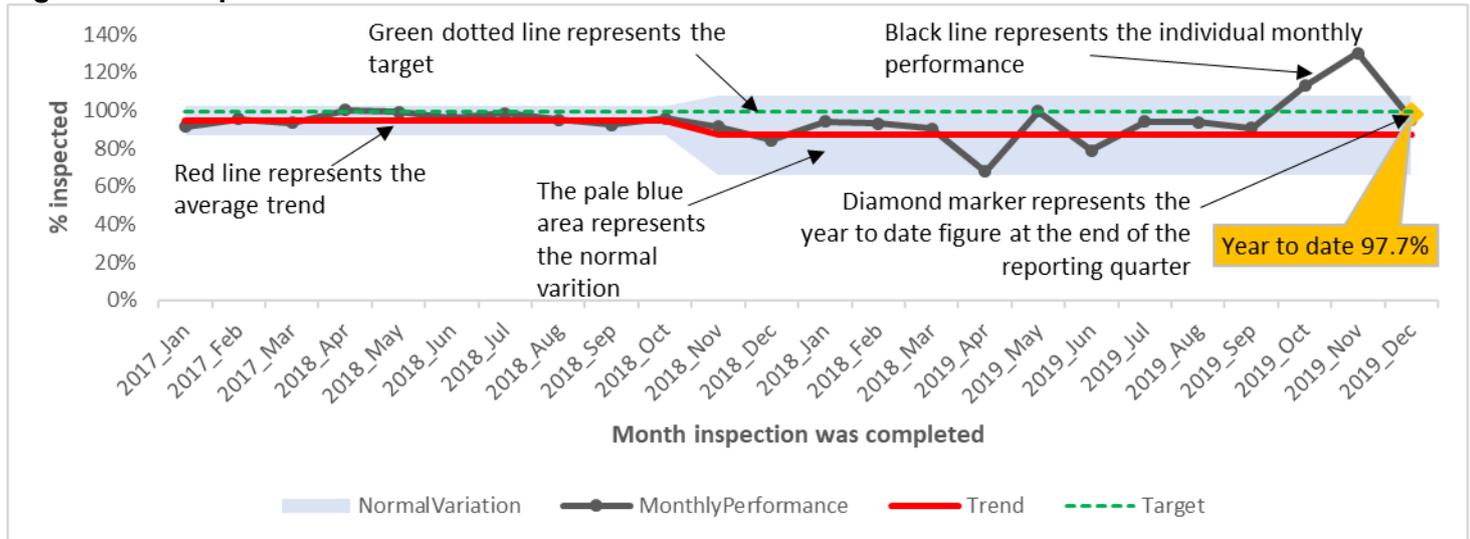
KOI-7: % of services with >90% of people telling us they make decisions about their own care		Ex Dir. Scrutiny and Assurance
Q2 year to date	97.5% (696 of 714 services, from 8,676 respondents in total)	
KPI/KOI links:	KOI-5	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>97.5% of services had 90% or more respondents telling us they make decisions about their own care.</li> <li>Performance remained within normal limits.</li> <li>We have experienced a technical issue with the survey software used to capture views. This has resulted in just over 50 childminder responses being excluded from our reporting. This is a small number and would have only a small effect on the performance shown.</li> </ul> <b>Actions:</b> <ul style="list-style-type: none"> <li>In Q1 and Q2 we reviewed our surveys for care homes for adults, and our new suite of surveys will launch in Q3. These surveys are for people who use services, carers, relatives, staff and other professionals who help to support people in care homes. As well as revising our online surveys, we have re-introduced a paper option for people using services.</li> <li>We have escalated the technical issue highlighted above that affected some childminder questionnaires to our software provider.</li> </ul>		

Technical Notes

Notes on presentation

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

Figure 1: Example X chart



The black line with markers shows a measure’s performance over time whilst the red solid line shows the average performance for that measure for the first 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 four 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%.



<b>Title:</b>	<b>BUDGET MONITORING AND STAFFING UPDATE</b>	
<b>Author:</b>	Kenny Dick, Head of Finance and Corporate Governance	
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director of Corporate and Customer Services	
<b>Appendices:</b>	<b>1</b>	Movement in projected financial position reported to Board in August 2023.
	<b>2</b>	Stage 2 Digital Transformation project summary position
<b>Consultation:</b>		
<b>Resource Implications:</b>	Yes	

#### EXECUTIVE SUMMARY

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

The projected financial position on our core budget (excluding Stage 2 Digital Transformation, expenditure funded by specific grant and grant income from the letter of comfort) is a deficit of £2.778m. This is £0.270m higher than the budgeted deficit and a decrease of £0.197m from the position reported in September 2023.

The general reserve balance as identified in the draft Annual Report and Accounts is £0.846m greater than was anticipated when the 2023/24 budget was set, which will be required to fund expenditure delayed from 2022/23 and the other budget overspends identified in this report. Based on this projected position, we have flexibility of £0.564m to temporarily fund any additional unexpected budget pressures arising during 2023/24. If we use all this flexibility our general reserve balance will be at the minimum of our target range at the end of 2023/24.

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

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

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

#### The Board is invited to:

- |    |  |
|----|--|
| 1. | Consider the projected financial position for 2023/24 and the risks that may affect this position.         |
| 2. | Note the movement in projected financial position from that previously reported to the Board (Appendix 1). |

**BOARD MEETING 9 NOVEMBER 2023**

**Agenda item 10  
Report No: B-26-2023/24**

3.	Note the financial position on the Stage 2 Digital Transformation project (Section 5 and Appendix 2).
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<b>Links:</b>	Corporate Plan Outcome (Number/s)	All	Risk Register (Yes/No)	Yes			
<b>For Noting</b>	✓	<b>For Discussion</b>	✓	<b>For Assurance</b>	✓	<b>For Decision</b>	✓

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

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

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

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

**FINANCE AND STAFFING UPDATE****1.0 INTRODUCTION**

The Board approved a 2023/24 core revenue budget (excluding the specific grant and Stage 2 Digital Transformation project) with a deficit of £2.508m, to be funded by additional in-year funding of £2.050m identified by the Scottish Government and the balance of £0.458m from the general reserve. The projected financial position as at 31 March 2024 projects a deficit of £0.728m which is £0.270m higher than the budgeted deficit. This report provides the key assumptions used to arrive at this projected position and identifies key risks.

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

**2.0 SUMMARY FINANCIAL POSITION****2.1 Core Approved Budget**

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

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

The projected deficit of £0.728m detailed in the table below is £0.270m higher than the budgeted position:

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Programme Expenditure	Approved Budget £m	Virements and Adjustments £m	Revised Budget £m	Projected Expenditure £m	Variance £m
Staff costs	36.602	0.000	36.602	36.671	0.069
Accommodation costs	1.937	0.350	2.287	2.607	0.320
Administration costs	2.141	(0.011)	2.130	2.139	0.009
Travel costs	1.189	0.000	1.189	1.189	0.000
Supplies and services	1.921	0.011	1.932	1.925	(0.007)
<b>Gross Expenditure</b>	<b>43.790</b>	<b>0.350</b>	<b>44.140</b>	<b>44.531</b>	<b>0.391</b>
Grant in aid	(28.078)	0.000	(28.078)	(28.078)	0.000
Fee income	(11.900)	0.000	(11.900)	(11.900)	0.000
Shared service income	(1.197)	(0.350)	(1.547)	(1.547)	0.000
Other income	(0.107)	0.000	(0.107)	(0.228)	(0.121)
<b>Total Income</b>	<b>(41.282)</b>	<b>(0.350)</b>	<b>(41.632)</b>	<b>(41.753)</b>	<b>(0.121)</b>
<b>Net Expenditure before Letter of Comfort</b>	<b>2.508</b>	<b>0.000</b>	<b>2.508</b>	<b>2.778</b>	<b>0.270</b>
Letter of Comfort	(2.050)	0.000	(2.050)	(2.050)	0.000
<b>(Surplus) / Deficit</b>	<b>0.458</b>	<b>0.000</b>	<b>0.458</b>	<b>0.728</b>	<b>0.270</b>

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

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	2023/24 Revised Budget £m	Projected Position £m	Variance £m
Opening general reserve balance	3.225	4.071	0.846
<b>2023/24 projected outturns:</b>			
Surplus / (Deficit) - Core	(0.458)	(0.728)	(0.270)
Surplus / (Deficit) - Stage 2 DT	(2.000)	(0.918)	1.082
Surplus / (Deficit) - Grants	(0.253)	(0.167)	0.086
<b>Projected closing balance</b>		<b>2.258</b>	
<b>Less: prepaid specific grant</b>		<b>(0.187)</b>	
<b>Less: Stage 2 Transformation c/fwd</b>		<b>(1.082)</b>	
<b>Available for general core expenditure</b>		<b>0.989</b>	
<b>Operational reserve target minimum (1.0%)</b>		<b>0.425</b>	
<b>Variance to target balance minimum (1.0%)</b>		<b>0.564</b>	
<b>Variance to target balance maximum (1.5%)</b>		<b>0.352</b>	

The greater than anticipated general reserve opening balance (per the draft 2022/23 Annual Report and Accounts) is mainly due to additional staff slippage in the last two months of 2022/23, the refit of Compass House, public inquiry legal expenses delayed from 2022/23 to 2023/24 and actual travel costs in the last two months of 2022/23 being lower than projected. This means we may fund the £0.270m projected overspend whilst providing flexibility of up to £0.564m to deal with an increase in net expenditure and/or reduce the letter of comfort funding we require from the Scottish Government.

## 2.2 Specific Grants

A deficit of £0.167m is currently projected on work funded by specific grants. This is an underspend of £0.086m compared to the budgeted deficit (funded by prepaid grant held in the general reserve). Discussions will require to be held with the Scottish Government funding providers regarding the treatment of projected grant underspends in 2023/24 and prepaid grant.

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

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

**3.0 STAFFING UPDATE**

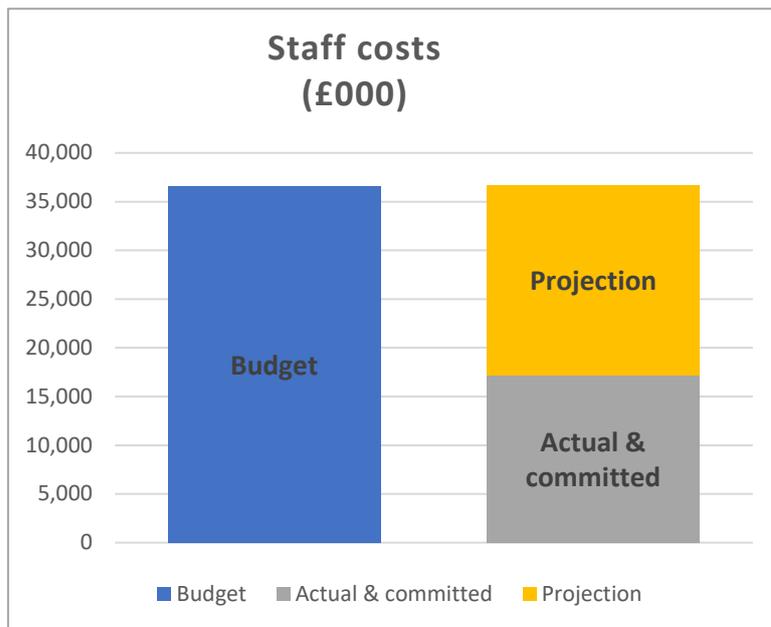
**3.1 Establishment Changes**

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

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

**4.0 BUDGET VARIANCES (CORE PROGRAMME ONLY)**

**4.1 Staff Costs – projected overspend of £0.069m**



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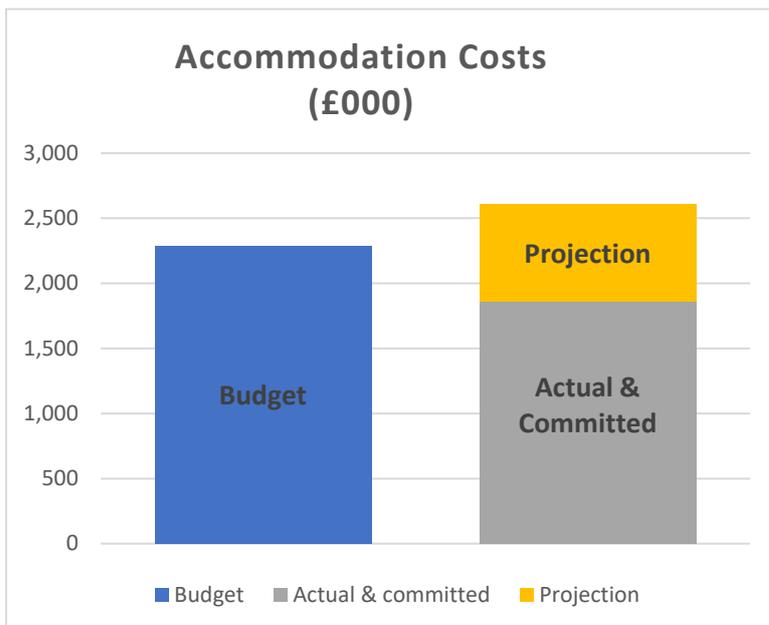
The main areas of variance are:

- The 2022/23 pay award was greater than budgeted resulting in a projected increase of £0.113m in staff costs. The current projection is based on the 2023/24 pay award budget assumptions. It is likely the 2023/24 pay remit we will submit to Scottish Government will exceed the budgeted position. This is reflected in Section 6 Risks to Financial Projections.
- A temporary ELC Service Manager, agreed to 31 March 2024 at a projected cost of £0.089m.
- Additional costs of £0.143m are projected due to the extension of temporary posts within Strategy and Improvement. The additional cost of these is largely offset by other staff cost underspends within the Strategy and Improvement Directorate.
- A projected overspend of £0.197m in IT staff costs associated with difficulty in recruiting to Developer roles.
- Agency assignment fees of £0.034m for the recruitment of IT posts (Software Developers, Senior Developer and Digital Apps Development Manager).

These overspends totalling £0.576m are partially offset by the following projected underspends:

- The securing of additional grant funding for the CAPA programme with effect from 1 July 2023 has led to a £0.054m underspend within core Improvement Support.
- The use of technology to support hybrid meetings has resulted in a decrease in time required to travel for meetings. This has resulted in a projected underspend of £0.020m in Board fees.
- Greater than budgeted slippage of £0.433m, particularly within the Corporate and Customer Services Directorate.

**4.2 Accommodation costs – projected overspend of £0.320m**



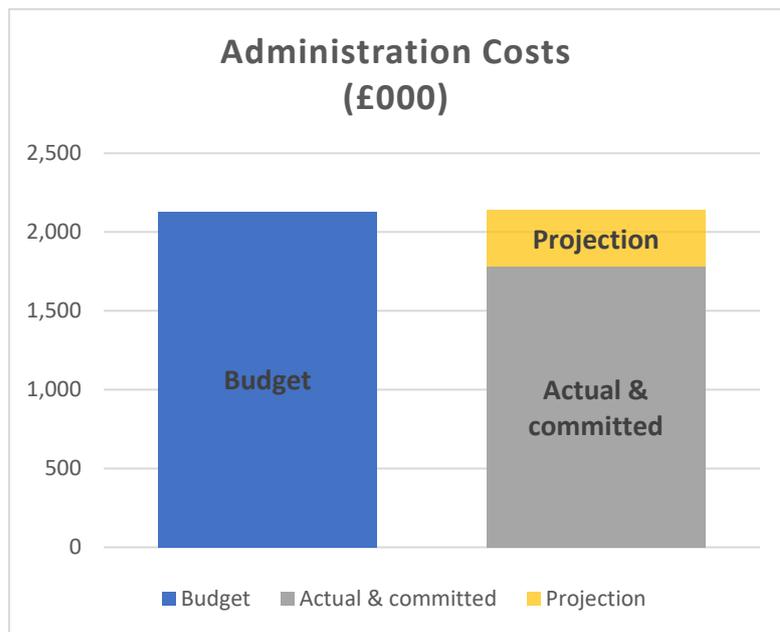
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Our plans for the use of Compass House have changed significantly to accommodate additional sharing opportunities with other public sector organisations. At the time the budget was set we planned to occupy significantly more space than we now plan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

The main reason for the overspend is the projected cost of £0.450m to refit Compass House. We are still finalising costs for this year, including the funding of vacant space as we await our new partners to take up their space. There are other costs likely to arise through changes to other offices.

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

**4.3 Administration Costs – projected overspend of £0.009m**



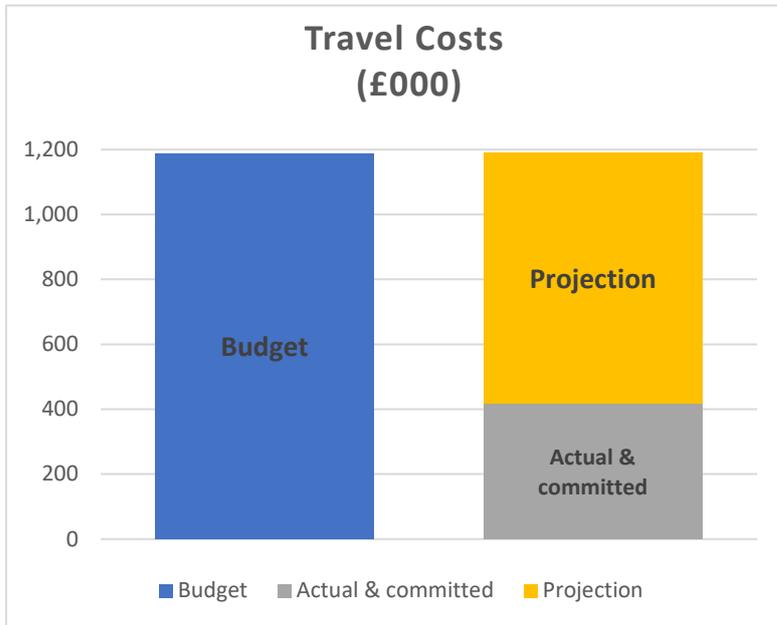
Telephone costs are projected to overspend by £0.025m as a saving detailed in the 2023/24 budget to reflect a move from Horizon to Microsoft Teams will not be fully achieved due to resource availability impacting on the timing of the work being carried out.

Professional fees are anticipated to overspend by £0.032m, largely due to fees within IT (£0.014m), additional payroll service-related costs (£0.003m) and planned work within Intelligence that was incomplete in 2022/23 (£0.015m).

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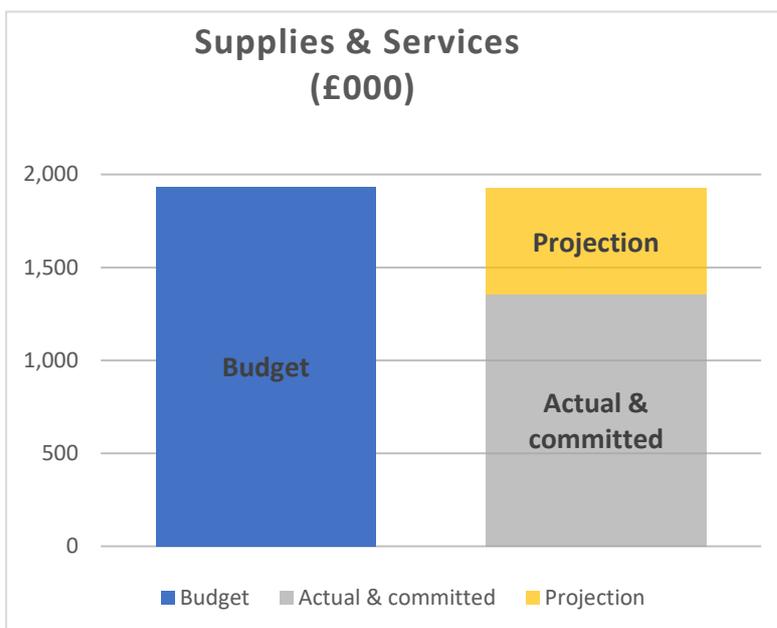
These overspends totalling £0.057m are partially offset by printing, stationery, courier and postages spend not returning to pre-pandemic levels with a projected underspend of £0.048m.

**4.4 Travel Costs – on budget**



Travel costs are currently projected to be on budget. Travel and subsistence will continue to be closely monitored with a full analysis of costs being undertaken as the year progresses and better patterns of travel are established.

**4.5 Supplies and Services – projected underspend of £0.007m**



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A small underspend of £0.007m is projected for supplies and services expenditure, mainly within IT costs.

#### 4.6 Funding and Income – projected income increased by £0.121m

Core grant in aid and fee income are currently projected to be as budgeted. The additional funding offered through the Scottish Government's letter of comfort (£2.050m) is anticipated to still be required in full.

Other income is projected to be £0.121m more than budgeted, due to income from staff on secondment to other organisations and joint inspection travel recharges.

#### 5.0 STAGE 2 DIGITAL TRANSFORMATION

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

The impact of the delays on project expenditure for the full period of the project is shown in the table below. Appendix 2 provides detail of the revised profiled budget to 30 September 2023 and the revised annual budget for 2023/24.

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

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

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

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

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

	<b>2023/24 Projected Expenditure £m</b>	<b>Stage 2 Project Funding £m</b>	<b>%age Funding Utilised</b>
Support Costs	0.484	1.337	36.2%
Licensing Costs	0.000	0.890	0.0%
Transformation Costs	0.435	6.399	6.8%
<b>Project Total</b>	<b>0.919</b>	<b>8.626</b>	<b>10.7%</b>

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

Projected support cost expenditure has reduced by £0.043m compared to the position previously reported to Board. This is due to a member of the team leaving (£0.018m), the Internal Delivery Project Manager and Senior Developer starting later than previously anticipated (£0.027m) and the ending of an internal secondment (£0.021m). This is offset by the procurement of professional services (£0.019m) and an increase in training costs (£0.004m).

Projected transformation expenditure has reduced by £0.253m compared to the position previously reported to Board, largely due to changes in expected start dates of both staff employed directly by the Care Inspectorate (£0.097m) and external contractors (£0.156m).

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

## 6.0 RISKS TO FINANCIAL PROJECTIONS

Budget Area	Description of Risk	Sensitivity	Likelihood
Staff costs	<p>Projected staff costs are based on staff in post and known changes. It is possible further slippage will materialise as the year progresses.</p> <p>The ongoing cost of living crisis continues to put pressure on pay award settlements across the public sector. As with 2022/23, challenging pay negotiations for 2023/24 are anticipated. We are considering the two year pay offer accepted by SG staff and how this could be applied to the Care Inspectorate.</p>	<p>Not quantified</p> <p>Current projections could be understated by £0.730m.</p>	<p>High</p> <p>Very High</p>
Accommodation Costs	<p>As we implement our Estates Strategy that incorporates the impact of hybrid working, we are changing the number, size and configuration of our offices. Projections are based on likely scenarios and cost estimates based on these scenarios. Staff consultation and the development of firm plans and costs is continuing.</p>	<p>Current projection may be up to £0.100m understated.</p>	<p>High</p>
Administration costs – legal fees	<p>The approved budget provides an allowance for costs associated with the Scottish Covid-19 Inquiry and Historical Child Abuse Inquiry. Our role in these inquiries and the UK Covid-19 Inquiry and Operation Koper will involve additional legal fees for instructing Counsel. The costs of these are uncertain but it is likely they will exceed the £0.200m available.</p>	<p>Projected costs could be understated by up to £0.270m.</p>	<p>High</p>

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Travel costs	Projected costs assume that travel will return to normal pre-pandemic levels for the remainder of the financial year. Spend patterns will require to be analysed as the year progresses to assess if they reflect the assumptions made.	Projection could be overstated by up to £0.175m.	High
Fee income	The number of services newly registering is intrinsically difficult to predict, with a prudent approach taken at the budget setting stage. Projected income has been based on average periods to complete a registration. The actual number of services completing their registration by 31 March is uncertain and it's possible the income may either exceed or be less than projected.	Projection risk in the range of £0.100m understated to £0.150m overstated.	High
Stage 2 Digital Transformation	Formal approval of the £8.6m funding has been received, however the phasing of expenditure remains fluid. The risk of delays in recruiting to certain posts or securing contracts for procured services is high. Likewise, a number of the costs in the original business case are based on 'rate card' assumptions and may require to be reviewed. The project is now anticipated to stretch over four years and will require to be strictly kept within the £8.6m funding available.	Not quantified	High

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

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

## 7.2 Sustainability

There are no direct sustainability implications arising from this report.

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

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

## 7.4 Customers (Internal and / or External)

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

## 8.0 CONCLUSION

An overspend of £0.270m against the 2023/24 budget is currently projected, which can be funded by the greater than budgeted opening general reserve balance. This overspend is largely due to additional temporary staffing, delayed and increased reconfiguration and fit out costs of Compass House and increased IT costs.

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

The risks to this projected position are set out in section 6.0 of this report. Taking a balanced view of these risks at this stage in the financial year it is more probable the projected overspend will increase between now and the end of the financial year rather than reduce. Our general reserve balance provides flexibility of up to £0.564m to deal with an increase in net expenditure and/or reduce the letter of comfort funding we require from the Scottish Government.

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

<b>Budget Area</b>	<b>Increase/ (Decrease) £m</b>	<b>Main Reasons</b>
Staff costs	0.026	<p>1. The provision through agency of developer resources within IT has increased by £0.148m. This is partially offset by a reduction of £0.085m within administration costs following the reclassification of expenditure from professional fees to hired agency.</p> <p>2. Agency assignment fees of £0.034m have been incurred for the recruitment of various IT posts.</p> <p>3. A projected increase of £0.023m in Team Manager costs to support Operation Koper.</p> <p>4. An increase of £0.057m from other net movements in staff costs across the organisation.</p> <p>These projected increases are partially offset by:</p> <p>5. A combination of recruitment slippage, flexible retirement and new leavers within Scrutiny &amp; Assurance, decreasing costs by £0.216m.</p> <p>6. Projected Board fees have decreased by £0.020m.</p>
Accommodation costs	0.220	<p>7. The Care Inspectorate has become the lead occupant for Quadrant House at an additional cost of £0.350m. This will be recharged in full to the occupants of Quadrant House with a corresponding increase in income.</p> <p>This projected increase is partly offset by a reduction in running costs:</p> <p>8. A decrease in cleaning costs of £0.065m, largely due to savings from a new contract.</p> <p>9. £0.020m built into the budget for possible additional service charges at replacement office(s) will not be required this year.</p> <p>10. A £0.045m reduction to the contingency set aside for unexpected costs arising across the estate.</p>
Administration costs	(0.170)	<p>11. Print, stationery, courier and postages costs are not expected to return to pre-pandemic levels with a projected decrease of £0.048m.</p>

Budget Area	Increase/ (Decrease) £m	Main Reasons
		<p>12. Our projected overspend on telephone costs has decreased by £0.023m as the move from Horizon to Teams is rolled out across the organisation.</p> <p>13. Costs relating to IT developers have been reclassified from professional fees to hired agency within staff costs based on the nature of the contract in place - a reduction to administration costs of £0.085m.</p> <p>14. Professional fees within Finance are also expected to reduce by an estimated £0.014m.</p>
Supplies and Services	0.004	15. The projected increase of £0.004m relates to costs associated with the ongoing office rationalisation programme.
Income	(0.355)	<p>16. An increase in shared service income of £0.350m in respect of the recharge of rent to the occupants of Quadrant House.</p> <p>17. Additional income from VAT recovery of £0.005m.</p>
<b>Total</b>	<b>(0.275)</b>	<b>(Increase) / Decrease in general reserve position</b>

**BUDGETED ADJUSTMENTS TO SUBMITTED BUSINESS CASE**

	23/24 Budgeted spend per Submitted Business Case £000	Revisions £000	23/24 Revised Annual Budget £000	Profiled Budget to 30 Sept 2023 £000	Revisions £000	Revised Budget Profile to 30 Sept 2023 £000
<b>Pre Mobilisation:</b>						
Professional Services	139.7	(139.7)	0.0	139.8	(139.8)	0.0
<b>Development:</b>						
Staff costs	0.0	0.0	0.0	0.0	0.0	0.0
Agency & Contractors	336.4	(336.4)	0.0	0.0	0.0	0.0
Professional Services	326.3	(326.1)	0.2	0.0	0.0	0.0
<b>Business Transformation:</b>						
Staff costs	491.7	(352.2)	139.5	154.5	(151.8)	2.7
Agency & Contractors	423.5	(241.8)	181.7	199.5	(199.3)	0.2
Professional Services	128.0	(74.0)	54.0	58.2	(40.8)	17.4
<b>Licences</b>	115.8	(115.5)	0.3	0.0	0.0	0.0
<b>Stage 1 Support Staff</b>	559.5	0.0	559.5	279.7	0.0	279.7
<b>TOTAL</b>	<b>2,520.9</b>	<b>(1,585.7)</b>	<b>935.2</b>	<b>831.7</b>	<b>(531.7)</b>	<b>300.0</b>
Contingency	225.1	(153.6)	71.5	0.3	0.0	0.3
<b>TOTAL POTENTIAL EXPENDITURE</b>	<b>2,746.0</b>	<b>(1,739.3)</b>	<b>1,006.7</b>	<b>832.0</b>	<b>(531.7)</b>	<b>300.3</b>

**2023/24 BUDGET AND PROJECTIONS**

	BUDGET PROFILE			2023/24 ANNUAL PROJECTION		
	Revised Budget Profile to 30 Sept 2023 £000	Actual & Committed Expenditure to 30 Sept 23 £000	Variance to Profiled Budget £000	23/24 Revised Annual Budget £000	Projected Expenditure as at 31 March 2024 £000	Projected Annual Variance £000
<b>Transformation Costs:</b>						
Staff costs	2.7	1.9	(0.8)	139.5	96.9	(42.6)
Agency & Contractors	0.2	0.0	(0.2)	181.7	181.7	0.0
Professional Services	17.4	122.5	105.1	54.2	155.2	101.0
Licences	0.0	0.0	0.0	0.3	0.0	(0.3)
Other costs	0.0	0.0	0.0	0.0	1.5	1.5
<b>Total Transformation Costs</b>	<b>20.3</b>	<b>124.4</b>	<b>104.1</b>	<b>375.7</b>	<b>435.3</b>	<b>59.6</b>
<b>Stage 1 Support Costs:</b>						
Support Staff costs	279.7	181.5	(98.2)	559.5	450.0	(109.5)
Professional Services	0.0	18.7	18.7	0.0	18.7	18.7
Other costs	0.0	10.7	10.7	0.0	15.5	15.5
<b>Total Support Costs</b>	<b>279.7</b>	<b>210.9</b>	<b>(68.8)</b>	<b>559.5</b>	<b>484.2</b>	<b>(75.3)</b>
<b>TOTAL EXPENDITURE</b>	<b>300.0</b>	<b>335.3</b>	<b>35.3</b>	<b>935.2</b>	<b>919.5</b>	<b>(15.7)</b>
<b>FUNDING AVAILABLE:</b>						
General Reserve	(300.0)	(335.3)	(35.3)	(935.2)	(919.5)	15.7
SG in-year additional grant	0.0	0.0	0.0	0.0	0.0	0.0
<b>TOTAL FUNDING</b>	<b>(300.0)</b>	<b>(335.3)</b>	<b>(35.3)</b>	<b>(935.2)</b>	<b>(919.5)</b>	<b>15.7</b>
<b>NET EXPENDITURE</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**PROGRAMME SUMMARY 2023/24 TO 2026/27**

	PROGRAMME POSITION				
	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000	Total £000
<b>Original Funding Profile</b>					
General reserve	(2,000.0)	0.0	0.0	0.0	(2,000.0)
SG Grant	(746.0)	(4,287.0)	(1,593.0)	0.0	(6,626.0)
<b>Total Original Funding profile</b>	<b>(2,746.0)</b>	<b>(4,287.0)</b>	<b>(1,593.0)</b>	<b>0.0</b>	<b>(8,626.0)</b>
<b>Revised Funding Profile</b>					
General reserve	(1,006.0)	(994.0)	0.0	0.0	(2,000.0)
SG Grant	0.0	(2,536.0)	(3,395.0)	(695.0)	(6,626.0)
<b>Total Revised Funding profile</b>	<b>(1,006.0)</b>	<b>(3,530.0)</b>	<b>(3,395.0)</b>	<b>(695.0)</b>	<b>(8,626.0)</b>
Projected Expenditure	919.5	3,616.5	3,395.0	695.0	8,626.0
<b>FUNDING REMAINING</b>	<b>(86.5)</b>	<b>86.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>



<b>Title:</b>	<b>ANNUAL PROCUREMENT PERFORMANCE REPORT 2022/23</b>
<b>Author:</b>	Gillian Berry, Accounting and Procurement Manager
<b>Responsible Director</b>	Jackie Mackenzie, Executive Director of Corporate and Customer Services
<b>Appendices:</b>	1. Care Inspectorate Annual Procurement Report
<b>Consultation:</b>	The draft report has been considered by the Procurement Development Group
<b>Resource Implications:</b>	None

**EXECUTIVE SUMMARY**

This report provides an overview of our procurement performance for 2022/23. The Annual Procurement Report is appended to this report, which documents our progress towards achieving our strategic procurement objectives.

**The Board is invited to:**

- Note, comment and approve the Annual Procurement Report 2022/23 (Appendix 1) which we will publish on the intranet and website, adjusted for any feedback received from the Board.

<b>Links</b>	Corporate Plan Outcome (Number/s)	2,3,4	Risk Register (Yes)	1			
<b>For Noting</b>	<input checked="" type="checkbox"/>	<b>For Discussion</b>	<input checked="" type="checkbox"/>	<b>For Assurance</b>	<input type="checkbox"/>	<b>For Decision</b>	<input checked="" type="checkbox"/>

**Equality Impact Assessment**

<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/> (One is planned or is already in progress)	<b>No</b> <input checked="" type="checkbox"/> Reason: An EIA has been completed for the overarching Procurement Strategy and this reports our performance in achieving our procurement strategic priorities.
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## BOARD MEETING 9 NOVEMBER 2023

**Agenda item 11**  
**Report No: B-27-2023/24**

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

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

<b>Reasons for Exclusion</b>	
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 PROCUREMENT PERFORMANCE REPORT 2022/23**

### **1.0 INTRODUCTION / BACKGROUND**

The Care Inspectorate has a duty to ensure compliance with the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations. The Accountable Officer also has a specific responsibility to ensure compliance with the procurement section of the Scottish Public Finance Manual. This report provides an overview of procurement developments and reports on procurement performance for 2022/23.

### **2.0 PROCUREMENT PERFORMANCE**

The procurement strategy and annual procurement report are part of the reporting landscape for organisations that have an estimated regulated procurement spend of £5m or more. Whilst the Care Inspectorate does not meet this criterion, we develop an annual procurement report and will publish it on our website as good practice.

The annual report is attached as Appendix 1.

### **3.0 PROCUREMENT SHARED SERVICE FROM SCOTTISH GOVERNMENT**

We partner with the Central Government Procurement Shared Service (CGPSS) to benefit from both operational and strategic support to make sure the Care Inspectorate maximises value and performance from its third-party expenditure, manages risk and remains compliant with changing legislation and policy. This partnership provides benefits in further improving our procurement capability by providing specialist advice for more complex aspects of procurement.

The shared service is provided on the basis of a Memorandum of Understanding.

### **4.0 PROCUREMENT CAPABILITY**

Scottish Government assesses procurement capability through the Procurement and Commercial Improvement Programme (PCIP). The PCIP focuses on the policies and procedures driving procurement performance, and the results they deliver.

The PCIP includes Full, Medium and Lite Assessments and, for those bodies with an annual procurement spend of less than £7m, a Healthcheck.

The Care Inspectorate's last assessment was completed in November 2019 and was a joint assessment with the SSSC. We scored green in all nine key areas assessed using a RAG assessment tool. A revised PCIP is in development and our next assessment is scheduled for completion in the Autumn of 2024.

## **5.0 IMPLICATIONS AND/OR DIRECT BENEFITS**

Sections 6.1 to 6.5 note the implications and direct benefits arising from this report.

### **5.1 Resources**

There are no direct resource implications associated with this procurement update report. This section provides details of the Care Inspectorate's procurement performance for the year, and any benefits realised from procurement are incorporated into the 2023/24 budget.

The procurement processes in place are compliant with legal requirements.

### **5.2 Sustainability**

The progress towards meeting our strategic sustainability priorities is reported in the Annual Procurement Report.

### **5.3 How does this report directly/indirectly improve the provision of care?**

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

### **5.4 Customers (Internal and/or External)**

The objectives of strategic theme 4 relate to our commitment to measure, monitor and publish our procurement performance. This report demonstrates how we carry out and monitor our activities in this area.

## **6.0 CONCLUSIONS/NEXT STEPS**

This report summarises the developments in procurement over the last financial year. The Annual Procurement Report highlights that the Care Inspectorate continues to have very strong procurement capability.



# Annual Procurement Report 2022/23

Prepared by: Gillian Berry, Accounting and Procurement Manager  
Kate Chirnside, Procurement Officer

Contact: 01382 207140 / 01382 207157

Approved by Board on:

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## Glossary

## **1.0 INTRODUCTION**

### **1.1 About the Care Inspectorate**

The Care Inspectorate is a scrutiny body which supports improvement. That means we look at the quality of care in Scotland to ensure it meets high standards. Where we find that improvement is needed, we support services to make positive changes.

Our vision is that everyone experiences safe, high-quality care that meets their needs, rights and choices.

Our staff work across Scotland, specialising in health and social care, early learning and childcare, social work, children's service, and community justice.

We:

- inspect individual care services.
- inspect how care is provided across areas.
- support improvement and driving up standards.

## **2.0 PROCUREMENT STRATEGY**

The Care Inspectorate and Scottish Social Services Council (SSSC) published a joint Procurement Strategy in 2020. This strategy covers the period April 2020 to March 2023 and is designed to take a responsible and sustainable approach to procurement. The strategy has the following key priorities:

1. Achieve value for money.
2. Deliver sustainable procurement.
3. Raise the level of procurement knowledge, skills and expertise.
4. Provide timely performance information.
5. Achieve the benefits derived from collaborative working.
6. Strengthen contract and supplier management processes.
7. Provide a procurement service which supports effective procurement which delivers best value.

The purpose of this report is to record and publish the Care Inspectorate's procurement performance and achievements in delivering its procurement strategy.

A new strategy has been published to cover the period April 2023 to March 2026.

## **3.0 KEY PRIORITIES**

### **3.1 Achieve Value for Money**

Procurement spend subject to procurement legislation and procedures excludes the following:

- Payroll expenditure
- Internal spend - ie spend or cross charging between departments
- All direct payments to Her Majesty's Revenue and Customs

- Rent
- Rates
- Shared services
- Reimbursement of travel and subsistence

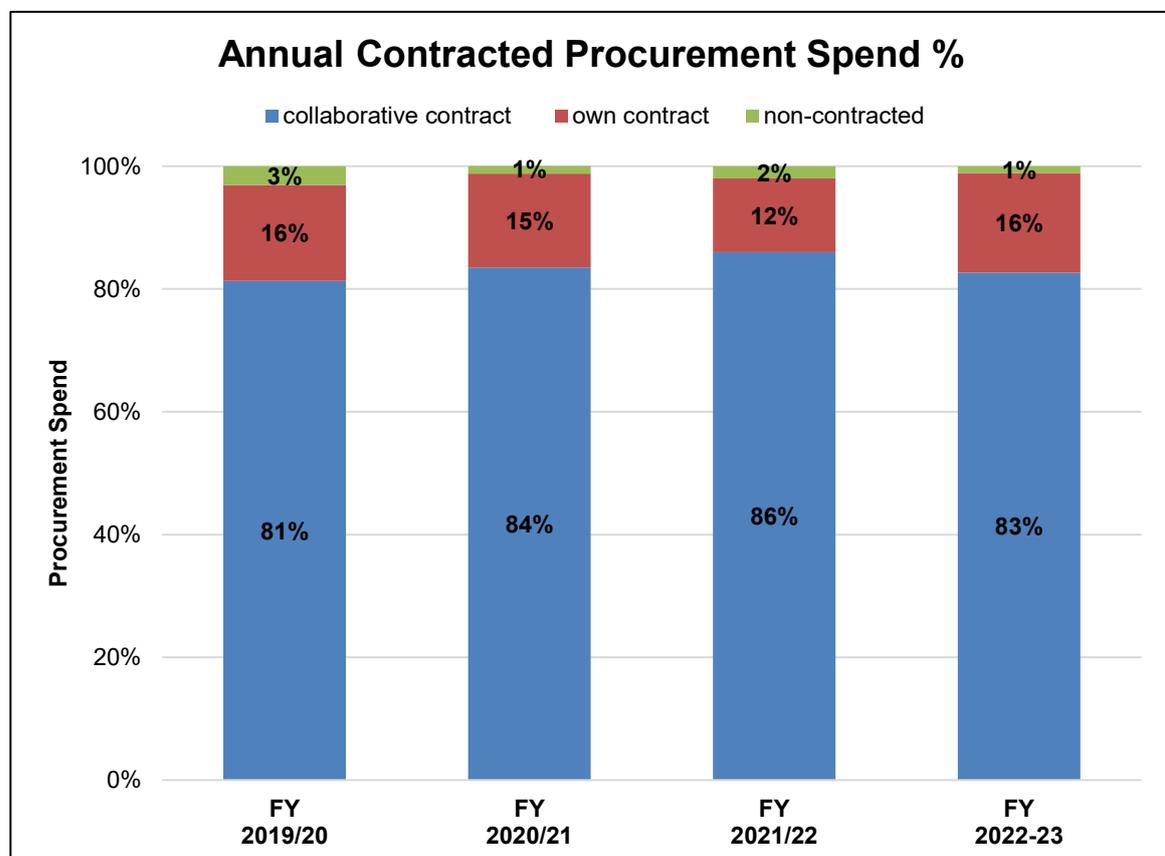
To make sure we achieve value for money in our procurement activity, we prepare sourcing strategies for all standard tenders.

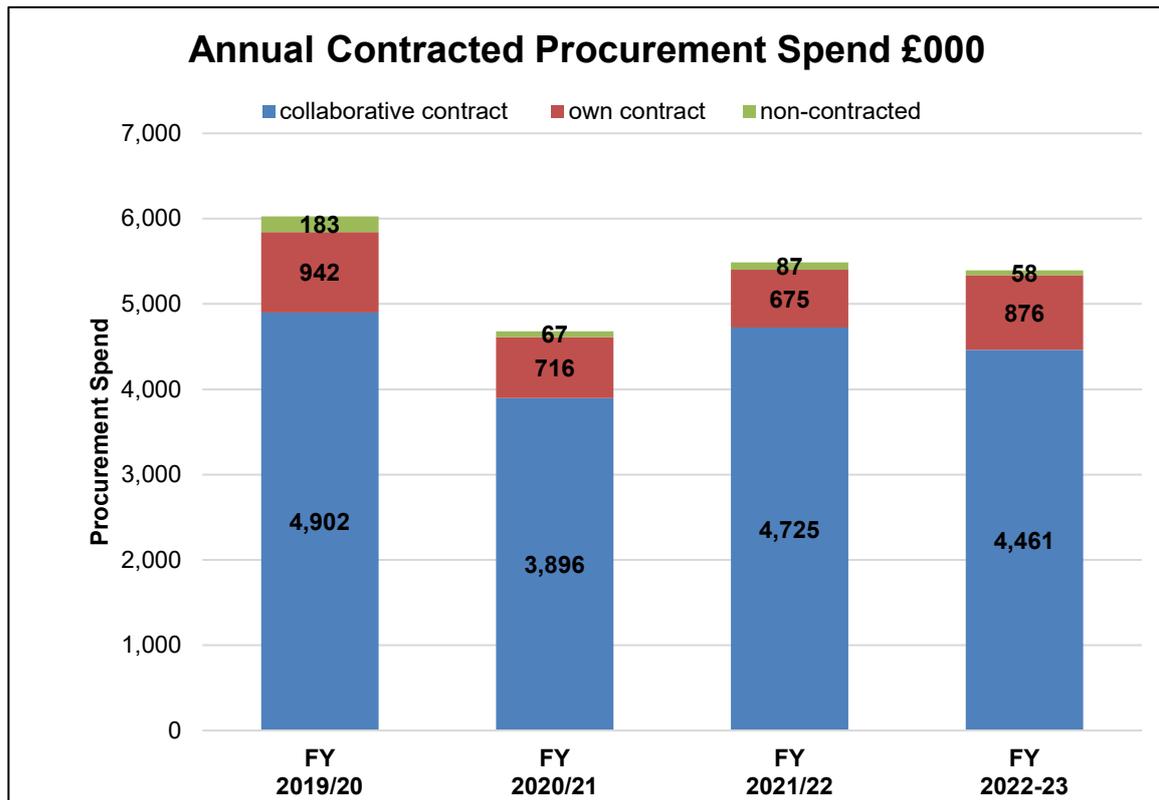
The table below shows the value and volume of procurement activity for the year to 31 March 2023 (figures for the year to 31 March 2022 are shown for comparison):

<b>Table 1: Value and Volume Summary</b>		
	<b>2021/22</b>	<b>2022/23</b>
Total Spend	£7,408,948	£7,538,013
Total Procurement Spend	£5,486,986	£5,395,125
Total Invoice Value	£6,780,826	£7,415,847
Number of Invoices	1,977	1,891
Number of Suppliers Paid*	326	393
Average Invoice Value	£3,430	£3,922

\* No of suppliers includes 173 paid by electronic purchasing card (2021/22; 112).

The analysis of procurement spend between spend on collaborative frameworks and spend on organisation owned contracts and frameworks is as follows:





As can be seen from the analysis above, contracted spend represents 99% of procurement spend. This is an increase of one percentage point from 2021/22. A very small proportion of spend is classified as non-contracted. This represents spend with suppliers where there is no contract in place and an analysis of this is provided in 3.1.2.

### 3.1.1 Collaborative procurement

We use collaborative frameworks wherever possible and only tender for our own procurement where there is not a suitable framework in place. Spend on collaborative procurement continues to represent the highest value of procurement spend. During the year we have undertaken mini-competitions or continued to call off frameworks with the following contract or framework owners:

- Scottish Procurement and Property Directorate (SPPD)
- Advanced Procurement for Universities and Colleges (APUC)
- Scottish Prison Service
- Crown Commercial Services (CCS)
- Health Trust Europe (HTE)
- Eastern Shires Purchasing Organisation (ESPO)
- Yorkshire Purchasing Organisation (YPO)
- National Services Scotland (NSS)
- Audit Scotland
- Fusion21
- HMRC

Where possible, we collaborate with the SSSC in the award of contracts.

### 3.1.2 Non-contracted spend

Non-contracted procurement spend comprises expenditure with suppliers who are not on our contracts register and for which our below threshold procurement guidance has not been followed. Non contracted spend for 2022/23 is £58,469, representing 1% of total procurement spend. An analysis of this is:

Description	Value (£000)	Percentage
<b>Total no-contracted spend</b>	<b>58</b>	<b>100%</b>
Spend which should have followed a non-regulated procurement process <sup>1</sup>	(31)	(53%)
Spend now regularised	(26)	(44%)
Legacy banking contract for which transactions are being phased out	(1)	(3%)
<b>Total unidentified spend</b>	<b>0</b>	<b>0%</b>

All non-compliant spend is addressed directly with the relevant officers.

All regulated procurement spend is compliant with our procurement guidance.

### 3.1.3 Contract benefits realised

We have calculated reported procurement savings following the 'Procurement Benefits Reporting Guidance' which was developed for the Scottish Public Sector.

We have realised savings totalling £0.344m (2022/23: £0.325) from procurement during the year. This comprises £0.291m cash savings (2021/22: £0.241m) and £0.053m non-cash savings (2020/21: £0.084m). The highest savings were realised from the following contracts:

- Learning Management System (LMS)
- Digital technology products
- Building Maintenance
- Cloud services
- Digital Communications Platform

Sustainability benefits realised during the year are detailed in 3.2.

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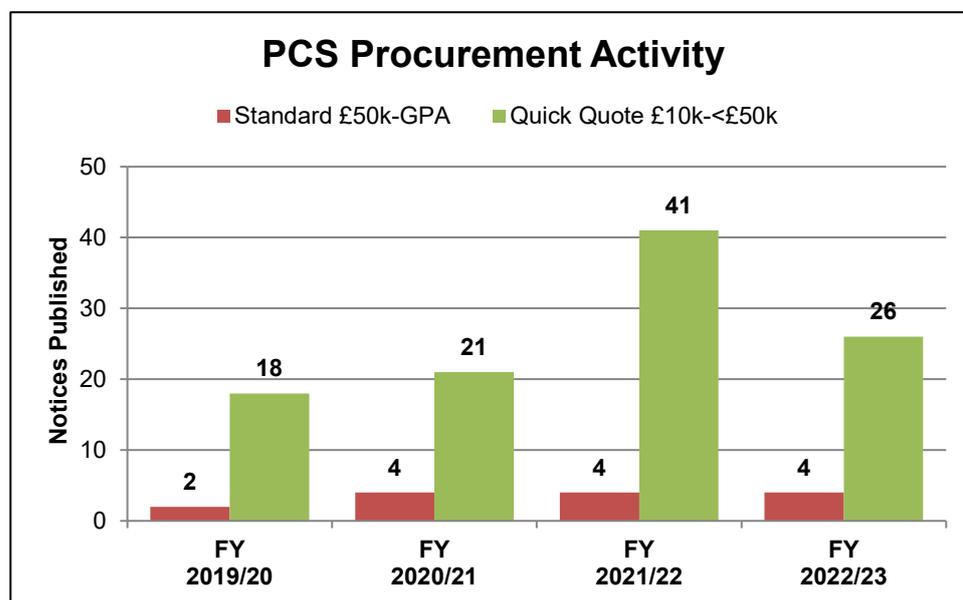
<sup>1</sup> This spend relates to 11 contracts with different suppliers.

### 3.1.4 Summary of procurement activity

We are committed to making public procurement open and accessible to businesses, especially small and medium sized enterprises (SMEs), the third sector and supported businesses. Most of our tender opportunities greater than £10,000 are advertised on the Public Contracts Scotland (PCS) advertising portal. We also publish our contract register on PCS.

The PCS portal has a 'Quick Quote' facility which is a proportionate process to request and receive quotes for lower value goods and services and for goods and services which are competitively advertised using collaborative framework suppliers.

The following summarises the tenders which were advertised on PCS and shows that all the Care Inspectorate's 2022/23 procurements are below the GPA threshold.



2021/22 quick quote activity includes a higher demand than normal for interim and temporary staff. This reduces to more normal activity levels in 2022/23.

All regulated procurement followed a compliant procurement route.

### 3.1.5 Forward procurement plan

We publish a two-year plan of our procurement activity to promote wider participation in our procurement process. This plan gives notice to suppliers of future opportunities and provides the following information:

- the subject matter
- whether it is a new, extended or re-let procurement
- anticipated route to market
- the expected contract notice publication date
- expected award date
- expected start date

### **3.1.6 Electronic purchasing card**

We encourage purchasing and payment by electronic purchasing card (ePC) when paying for low value, high volume goods and services. There were 568 transactions (2021/22: 475) totalling £81,145 (2021/22; £65,814) using this method in 2022/23 with an average transaction value of £142.86 (2021/22; £137.40).

The value and volume of spend has seen an increase from the position reported in 2021/22. This was due to an increase in requirement for low value goods and services relating to our regulatory duties returning to pre-pandemic levels.

### **3.1.7 Invoice analysis**

We processed a total of 1,891 invoices (2021/22: 1,977), totalling £7.416m (2021/22: £6.781m) during the year.

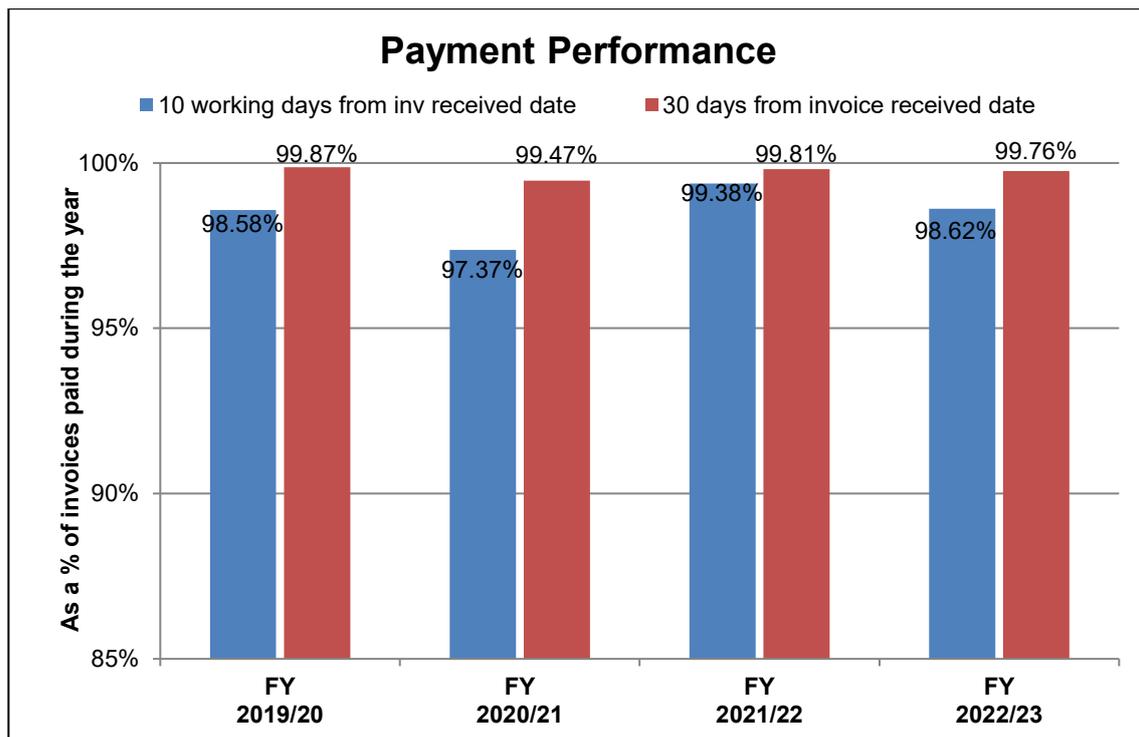
We continue to explore opportunities for consolidating invoicing and purchasing low value goods and services using ePCs, where savings are realised from the reduction in volume of invoices processed. The cumulative saving from this is £25k (2021/22; £23k) and is reported in the non cash savings in 3.1.3.

## **3.2 Deliver sustainable procurement**

The Care Inspectorate has a duty to comply with the sustainable procurement duty as detailed in the Procurement Reform (Scotland) Act 2014. The procurement strategy details our sustainability priorities and our progress towards achieving those are outlined in 3.2.1 to 3.2.6.

### **3.2.1 Prompt payment to suppliers**

We are committed to paying our suppliers promptly and payment performance continues to be maintained at a high level. 99.76% of suppliers were paid within 30 days of the invoice received date, and 98.62% paid within the Scottish Government's target of 10 working days. The following shows payment performance for the financial years 2019/20 to 2022/23.



### 3.2.2 Paying the living wage through regulated procurement

We promote fair work practices in all of our tender documentation and are committed to promoting the payment of the Real Living Wage. The Care Inspectorate is an accredited living wage employer.

During the year we have awarded 39 contracts or call-offs where sustainability benefits were secured. Of those, 24 suppliers documented that they pay either the Real Living Wage or the Living Wage for the provision of the following services:

Contracted Service	Award Value £000
Provision of temporary/interim staff	428
Digital services	162
IT related training	160
Software development and support	123
Cloud services	108
Transformation services	100
Website services	89
Executive coaching and mentoring	60
Document management	58
Staff engagement	54
Interpreting, translation and transcription services	35
IT design review consultancy	19
ELC improvement evaluation	16
Server and infrastructure maintenance	6

### **3.2.3 Community benefits**

We promote the use of community benefits within procurement exercises where they are relevant and proportionate to the contract. We have not had any contracts exceeding £4m in value, however, we continue to call-off of Scottish Procurement and Property Directorate collaborative contracts which supports the provision of apprenticeships and work placements.

Our contracts awarded during the year provide the following benefits:

- provision of apprenticeship schemes
- sub-contracting arrangements with Scottish companies and SMEs
- provision of locally based providers
- modern apprenticeship scheme
- work placements

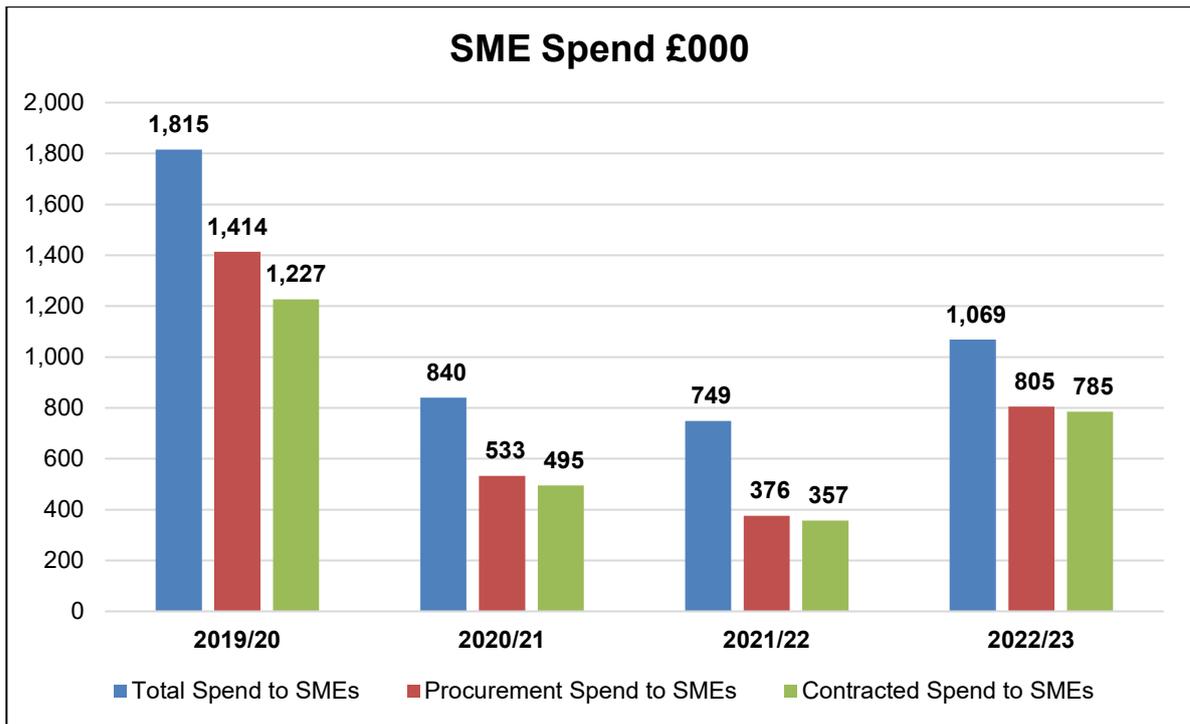
We also continue to realise the following benefits from the award of contracts:

- the provision of approved work placements for secondary school pupils and support for events to promote and encourage entrepreneurship.
- an opportunity for a modern apprentice to be involved in the delivery of the contract.
- free advice and help to charity and not for profit clients around financial and fundraising activities. As a new client, we have access to this.
- a commitment to working with us in supporting charitable causes.
- a commitment to work closely with Elevator on the Dundee Accelerator Programme and provide financial and specialist business improvement advice to the business incubator which assists fledgling companies to become market and investor ready.
- recruitment of school leavers for Association of Accounting Technicians (AAT) via the modern apprenticeship route and the Institute of Chartered Accountants of Scotland (ICAS) direct entry route towards the CA qualification.

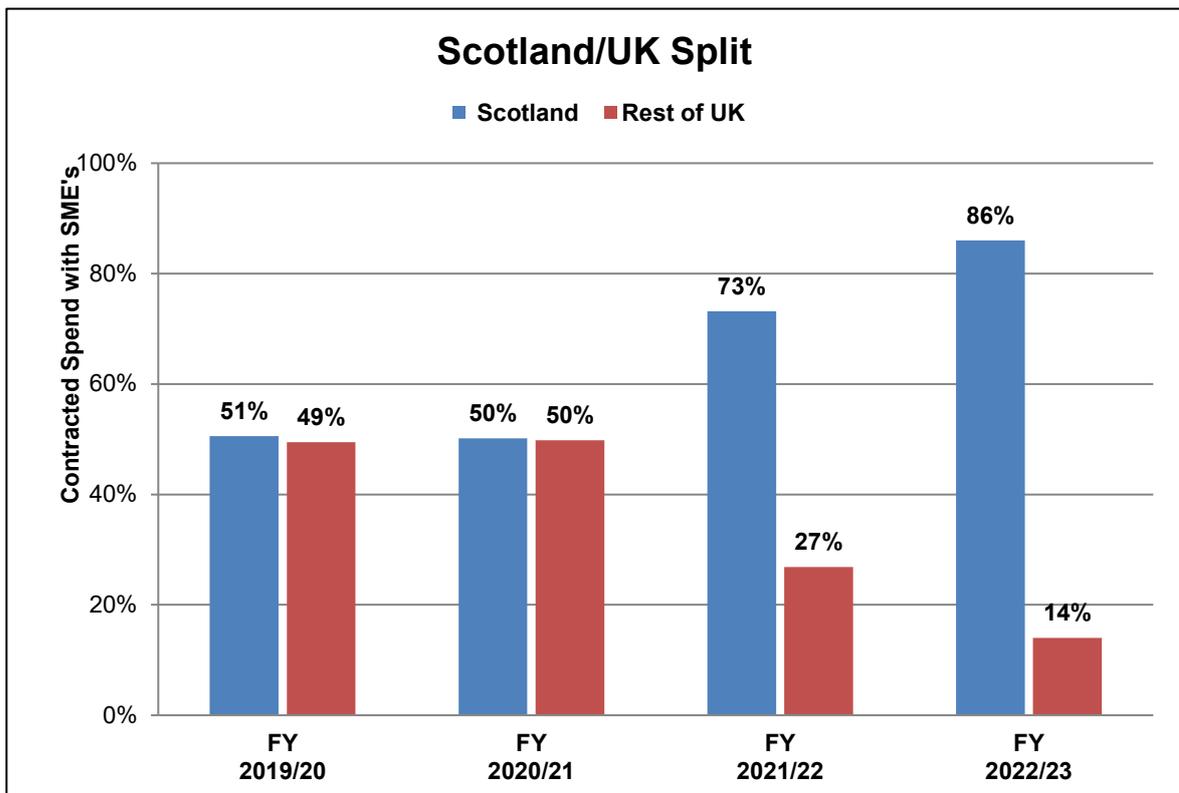
### **3.2.4 SME's local businesses, supported businesses and the third sector**

During the year we have continued to address sustainability in procurement. A directory of supported businesses is published on the Care Inspectorate intranet. This directory provides supported business supplier names, contact details including website links and a summary of goods and services provided by each supported business.

We continue to capture spend with SME's, social enterprises and third sector suppliers. Our annual spend with SMEs is £1m, representing 14% (2021/22: 10%) of our total spend and 15% (2021/22: 7%) of our procurement spend. An analysis of our annual spend with SMEs is shown below:



A breakdown of the procurement spend between Scottish and other UK SMEs is represented in the table below:



### **3.2.5 Fair and ethical trading**

Our standard procurement procedures involve assessing a bidder's suitability to be awarded the contract. This process includes considering whether the bidder has been convicted of certain offences or committed any acts of professional misconduct while running their business. There were no tenders where mandatory or discretionary grounds for exclusion were applied.

Our standard terms and conditions allow us to end a contract if the contractor or subcontractor fails to keep to their legal duties in the areas of environmental, social or employment law when carrying out that contract.

### **3.2.6 Other sustainability benefits**

We continue to maintain a sustainability tracking tool where we capture sustainability benefits in our procurement activity. For 2022/23 the Care Inspectorate awarded ten contracts and 29 call-off agreements where the following social, environmental and economic benefits were realised:

#### Environmental Benefits

- Vehicle emission reduction
- Carbon and energy consumption reduction
- Waste & efficient resource consumption

#### Socio-economic benefits

- Fair work first principles
- Equality & human rights
- Employment skills and training
- Award and subcontracting to SMEs
- Equalities within the workforce.

These benefits relate to regulated and lower value contracts and include the following:

Our executive coaching and mentoring suppliers have committed to:

- provide coaching sessions remotely where possible and consider public transport as their choice of travel where face to face sessions are required. Where this is not possible, they will use electric or hybrid vehicles.
- for every 50 hours of coaching provided through the framework they will directly support 10 young adults.
- deliver community-based benefits that will help young or 'disadvantaged' people into work and transform their skills.

Our website hosting and maintenance framework also provides the following to reduce carbon emissions:

- code minification allowing faster webpage loading time reducing energy consumption.
- user focussed website which reduces user time and network/hardware energy consumption

- The hosting infrastructure partner's energy consumption comes from 100% green renewable energy source.

A number of our service contracts involve the delivery of services remotely, the provision of digital material and local resources where face to face is needed to support our commitment to reduce carbon emissions.

Other sustainability benefits secured include:

- delivery of carbon neutral services
- sub-contracting arrangements with Scottish companies and SMEs
- supply of paper from sustainable chains and active promotion of carbon capture
- energy consumption from certified renewable sources
- modern apprenticeship scheme
- work placements
- removal and recycling of packaging

We continue to maintain more sustainable methods of working where our paper requirement continues to be lower than pre-pandemic levels and has reduced from 101 boxes in 2021/22 to 40 boxes this year.

### **3.3 Raise the level of procurement knowledge, skills and expertise**

The Care Inspectorate continues to invest in ensuring our staff are equipped with the right tools and experience in order to discharge their procurement duties effectively and efficiently. A central procurement training register is maintained by the Procurement Team. Activities during the year included:

- The Procurement Team continued to deliver training at Care Inspectorate team level. This allowed the training to be delivered around individual team requirements, ensuring it was meaningful and relevant. During the year, they delivered seven formal training events.
- Our shared service partner delivered evaluation training to our IT and Digital Transformation staff.
- Informal training is provided on an on-going basis by the Procurement Team and procurement continues to form part of the induction that staff with delegated procurement authority undertake when they join the Care Inspectorate.
- Numerous external courses were attended by members of the Procurement Team.

The Procurement Development Group (PDG) meets at least twice each year.

### **3.4 Provide timely performance information**

The PDG provides an opportunity where key procurers within the Care Inspectorate and SSSC can discuss best practice, new developments and procurement plans with a specific aim of developing and improving the organisations' procurement capability and the effectiveness of our internal processes. The PDG informs the development of our internal procedures and reporting requirements, both internally and to Scottish Government.

A set of agreed performance measures are reported to this group bi-annually where progress against targets is reviewed and solutions are sought for further improvement.

This report on annual performance is presented to the Procurement Development Group, and the Board. Feedback from this report will be incorporated into the 2023/24 procurement action plan where required.

Outwith the above, any areas of concern are reported to the relevant management team as they occur.

### **3.5 Achieve the benefits derived from collaborative working**

As can be seen from the information reported in 2.1, we continue to use collaborative frameworks where available and continue to explore opportunities for collaboration through CGPSS and our membership of our Procurement Cluster Group.

Our relationships with CGPSS and the Procurement Cluster Group facilitate the sharing of knowledge and encourage partnership working to ensure we deliver value for money and pool resources and expertise.

Savings of £0.290m (2021/22: £0.270m), representing 84% (2020/21: 83%) of our total procurement savings, have been realised from the use of collaborative frameworks.

### **3.6 Strengthen contract and supplier management processes**

Contract management training has been delivered to all staff with responsibility for managing contracts. This training provides staff with the resources required to better manage their contracts and suppliers.

Contract and supplier management e-learning modules were launched this year. We also provide a contract management handbook to provide further support and guidance to staff who have a role in managing contracts and suppliers. The effectiveness of this handbook was tested during the year with positive feedback received and no recommendations for improvements identified.

We appoint contract managers for all relevant contracts, and we hold regular contract management meetings for all key contracts. We effectively manage supplier performance on key contracts to deliver value for money.

The procurement team collate contract management information bi-annually and maintain a central record of this which is linked to the contract register.

### **3.7 Provide a procurement service which supports effective procurement which delivers best value**

We review the procurement business processes on a cyclical basis to make sure they reflect current legislation and meet the needs of the users. We have amended and continue to amend and develop several of our processes to support the changing procurement landscape.

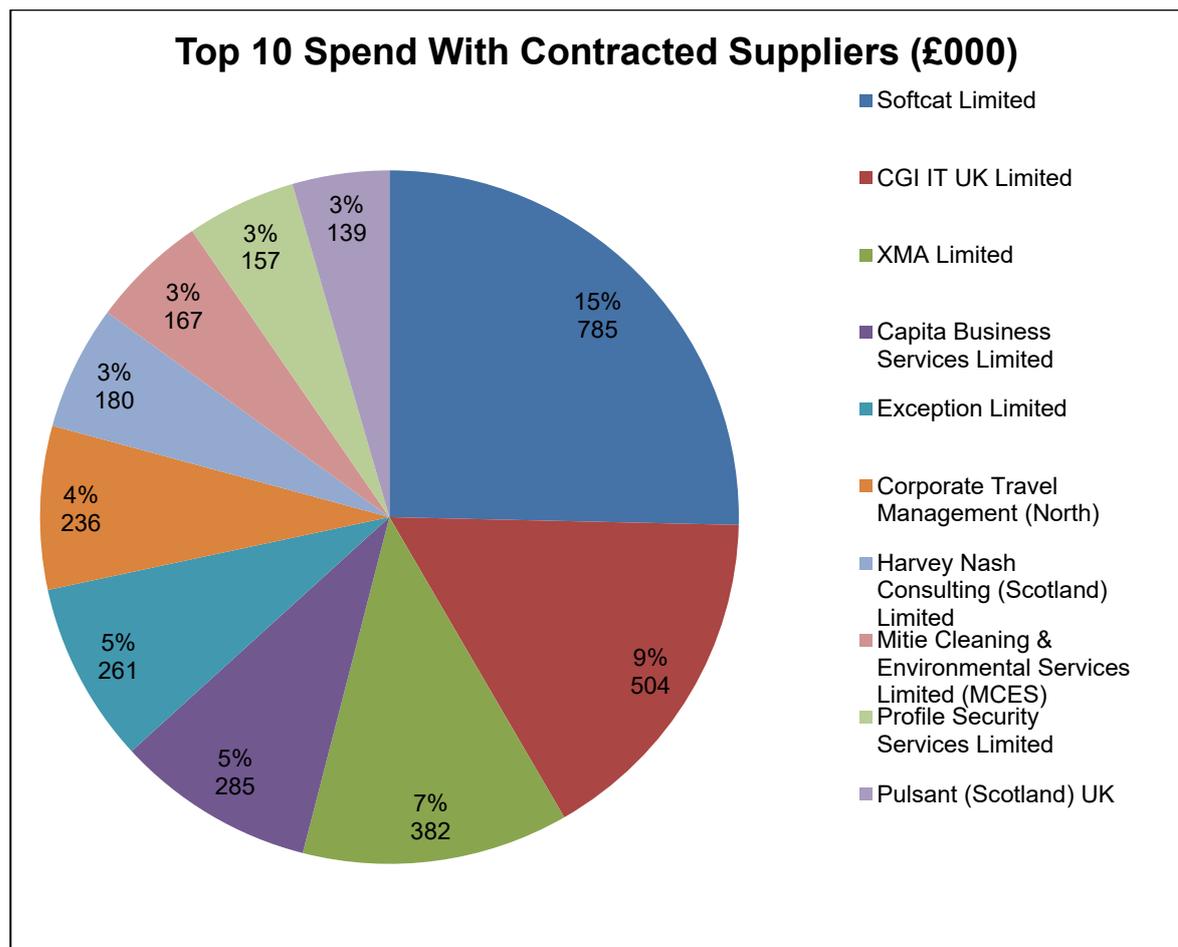
The Procurement Team has also had an integral role in the creation of lessons learned reviews during the year. These are shared with the wider internal procurement community to make sure they consider these valuable lessons for future procurements.

Internal audit reviewed our procurement and creditors function. The audit report was rated as satisfactory with no recommendations for the procurement function.

The success of the service delivery is informed by the independent 'healthcheck', agreed performance measures, regular feedback from users of the procurement service and a customer survey which we distribute annually. This feedback and follow-up actions contribute to making sure that we deliver the right level and quality of service.

#### **4.0 TOP 10 CONTRACTED SUPPLIERS**

Together, the top 10 suppliers account for 57% (2021/22: 62%) of our total procurement spend, and 58% (2021/22: 63%) of our contracted spend.



The top 10 contracted suppliers provide goods and services across the following categories of expenditure:

<b>Spend category</b>	<b>Spend value £000</b>
Information systems	1,307
Professional fees	758
Property costs	322
Telephones	240
Transport costs	236
Staff costs	180
Training and development	44
Advertising, publicity, subscriptions & publications	7
<b>Total</b>	<b><u>3,094</u></b>

## **5.0 SUPPLIER ACTIVITY**

The Procurement Team reviews active suppliers quarterly, with the aim being to ensure only suppliers we do regular business with are set up in the creditors' ledger. Suppliers who have not been used for a period of 13 months are made 'inactive' and any request to use them requires completion of a procurement template to ensure procurement procedures are being complied with. Only when this has been undertaken can new suppliers be created, or inactive suppliers updated to 'active' status. This ensures current contract arrangements have been analysed to ensure we are buying from a contract wherever possible. This is also good practice to mitigate the risk of purchasing or supplier fraud.

The number of active suppliers as of 31 March 2023 was 204 (2021/22: 250). Comprising the following:

- 187 supplier sites for the supply of goods or services (2021/22: 182)
- 17 supplier sites for reimbursing inspection volunteers and associate assessors for travel and subsistence expenses (2021/22: 68).

## **6.0 CONCLUSION**

The Care Inspectorate continues to make good progress towards the achievement of the published procurement priorities and the procurement action plan which supports the procurement strategy has been updated to reflect current priorities. The implementation of this plan will support continued development in procurement.

**Glossary**

Term	Description
Call-off	Either mini competition or direct call-off from a collaborative framework using framework conditions.
CGPSS	Scottish Government Central Government Procurement Shared Service.
Collaborative Frameworks	A collaborative framework is a framework which has been awarded to meet the needs of a number of public sector organisations.
Community Benefits	Contractual requirements which deliver a wider social benefit in addition to the core purpose of the contract. In particular, requirements in relation to targeted training and employment outcomes.
Contract spend	Spend which is compliant with Care Inspectorate procurement governance.
GPA	Government Procurement Agreement. Applies to procurement of minimum estimated value equal to or exceeding certain specified financial value thresholds.
Living Wage	National minimum wage for workers aged over 25.
Non contracted	Spend not linked to a formal contract which is recorded on the contract register.
Own contracts	Contracts advertised and awarded by the Care Inspectorate.
Procurement Cluster Group	Group of Scottish Public Sector bodies of differing sizes who meet to discuss best practice, new developments and procurement plans. This facilitates the development of procurement capability within the Scottish Public sector.
Procurement spend	Spend which is influenced by Procurement governance arrangements.
Public Contracts Scotland (PCS)	Public procurement advertising portal where contract notices and awards are published.
Regulated procurement	Procurement seeking offers in relation to a contract with a value of £50,000 or over.
Real Living Wage	Living wage calculated to be sufficient to provide the necessities and comforts essential to an acceptable standard of living. Applies to all workers over the age of 18.
SME	The usual definition of small and medium sized enterprises (SMEs) is any business with fewer than 250 employees.
Supported Business	A supported business' primary aim is the social and professional integration of disabled or disadvantaged persons. At least 30 per cent of the employees of those businesses should be disabled or disadvantaged.
Third Sector	Term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.





<b>Title:</b>	<b>HR REPORT QUARTER 2 2023/24</b>
<b>Author:</b>	Lucy Finn, Head of Human Resources
<b>Responsible Director:</b>	Jacqueline Mackenzie, Executive Director of Corporate and Customer Services
<b>Appendices:</b>	1. Workforce Profile Data
<b>Consultation:</b>	Not applicable
<b>Resource Implications:</b>	No

**EXECUTIVE SUMMARY**

HR metrics for the Board covering Quarter Two – July 2023 to September 2023.

Includes data on staff absence and turnover as well as an overview of recruitment during the period and other relevant HR updates.

Appendix 1 outlines additional workforce data.

**The Board is invited to:**

1. Note the details in the report.
2. Consider whether any other information would be relevant to receive in future reports.

<b>Links</b>	Corporate Plan Outcome (Number/s)	4	Risk Register (Yes/No)	No
<b>For Noting</b>		<b>For Discussion</b>	<b>For Assurance</b>	<b>For Decision</b>

**Equality Impact Assessment**

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

## BOARD MEETING 9 NOVEMBER 2023

**Agenda item 13**  
**Report No: B-29-2023/24**

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

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

<b>Reasons for Exclusion</b>	
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 9 NOVEMBER 2023**

**Agenda item 13**  
**Report No: B-29-2023/24**

**HR REPORT QUARTER 2 2023/24****1.0 INTRODUCTION / BACKGROUND**

The Human Resources (HR) Quarterly report provides the Board with an update on the activities of the HR team during the previous quarter.

This report covers Quarter 2, July to September 2023.

**1.1 Data Included**

We report on metrics under Corporate Plan Outcome 4: Our People are skilled, confident and well supported to carry out their roles, specifically staff absence and turnover.

We also report on recruitment information over the period and an update on progress or changes in the HR team.

We have provided information and analysis on the organisation's workforce profile at Appendix 1.

**2.0 PROGRESS MADE JULY TO SEPTEMBER 2023**

The new HR structure is now well embedded and we are receiving positive feedback on the work that the team are involved in.

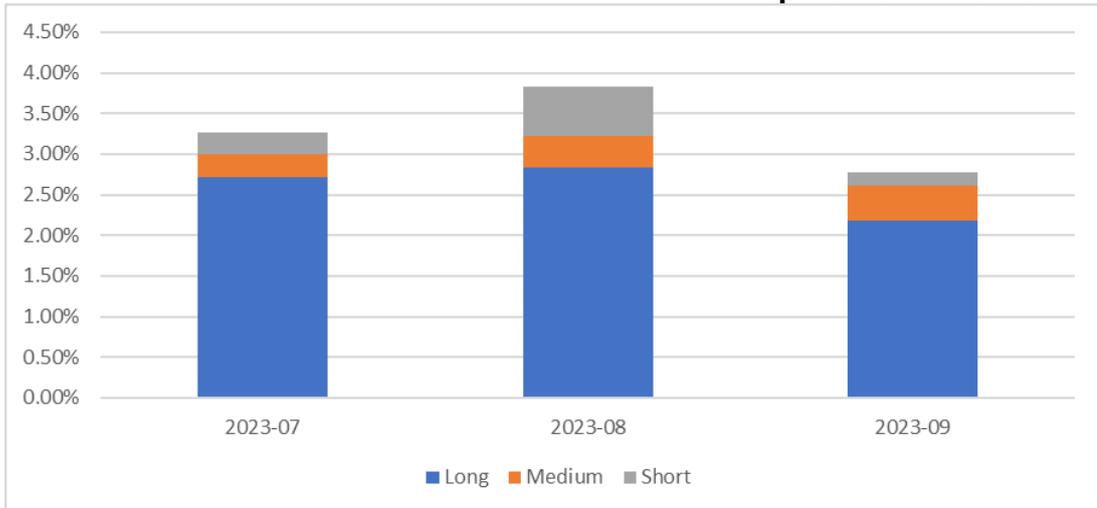
**3.0 WORKFORCE DATA****3.1 Sickness Absence**

The following table and graph show the relative impact of short, medium and long term absence on working time. As evidenced, most lost working time was due to long term absence. The median figure for public bodies in 2022 (as reported in March 2023) was 3.8% (from a range of 2.6% to 5.2%), compared to 2.2% in private sector organisations.

<b>Month</b>	<b>Long</b>	<b>Medium</b>	<b>Short</b>	<b>Total</b>
July 2023	2.72%	0.28%	0.27%	3.27%
August 2023	2.84%	0.38%	0.60%	3.83%
September 2023	2.19%	0.43%	0.16%	2.78%

**BOARD MEETING 9 NOVEMBER 2023**

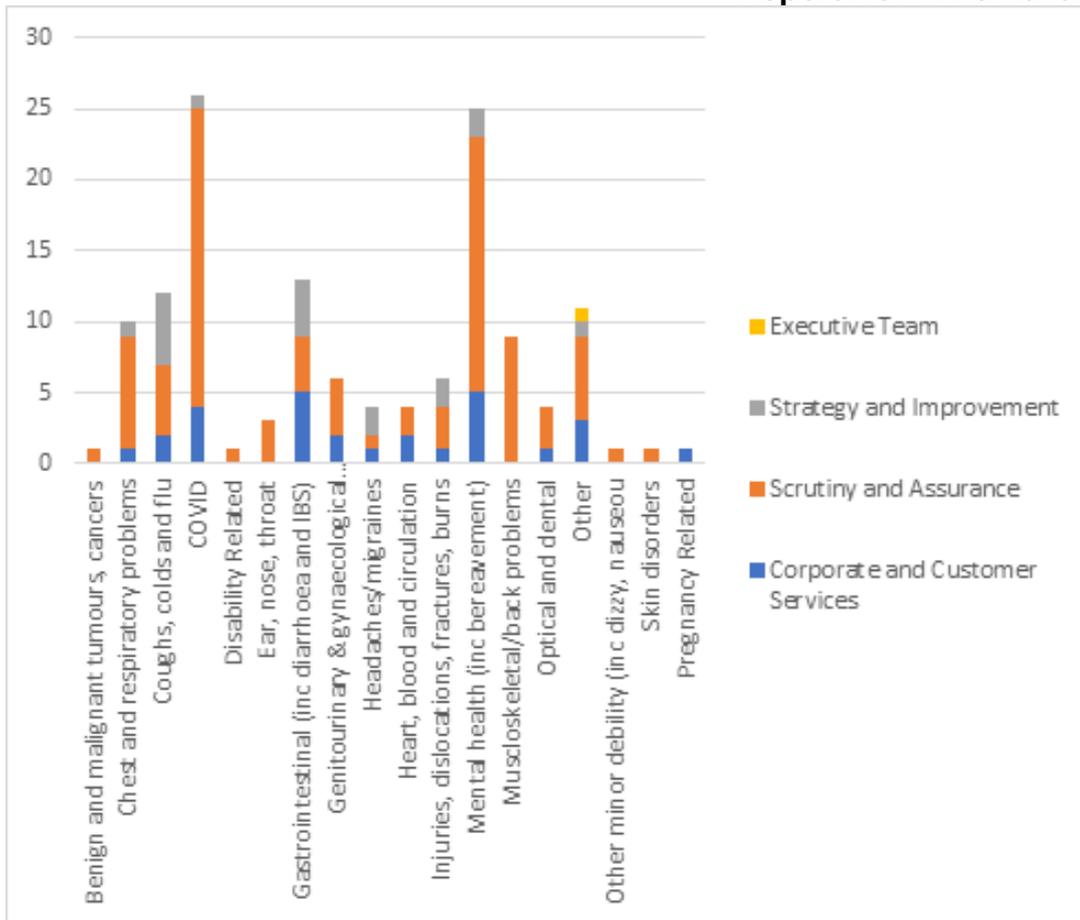
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Our absence rate in Quarter 2 is lower than the median figure for public bodies, except in August 2023 where it was 0.03% above this.

The following chart outlines the reasons given for absence. The largest is the 'COVID' category with 26 employees.

The 'other' category covers a number of reasons for absence. These have not been separated out as the numbers for each type are low and therefore there would be a danger of inadvertently identifying individual staff when reporting.



### 3.2 Staff Turnover

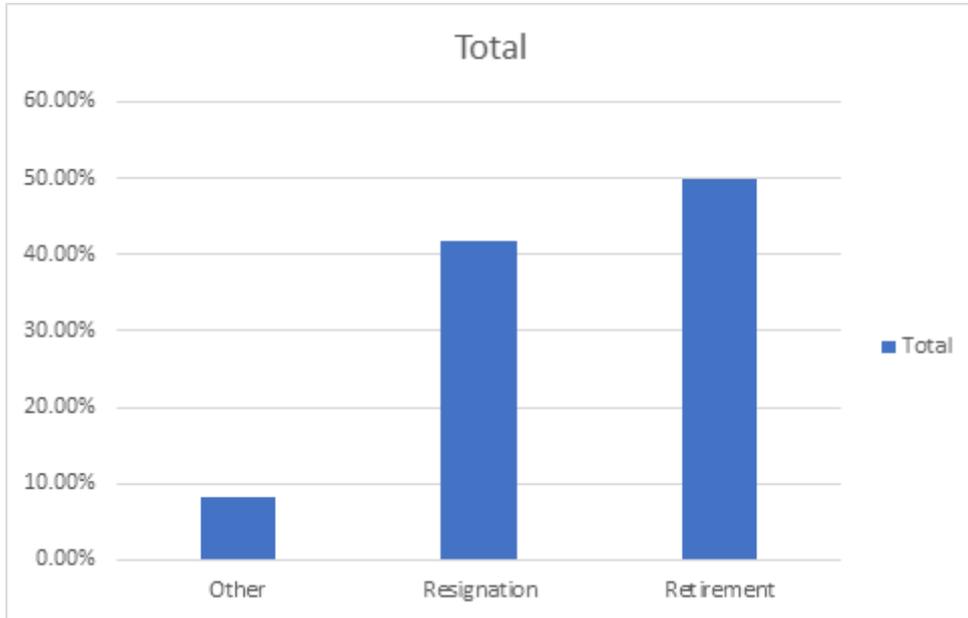
The overall turnover rate for July to September 2023 is 10.27%. This is below the public sector median figure of 16.2% (12.7% for voluntary turnover) for 2022, as reported in March 2023. The following table shows turnover over the last 12 month period – the highest month was June 2023 and the lowest November 2022:

2022 10 (Oct 2022)	9.79%
2022 11 (Nov 2022)	9.59%
2022 12 (Dec 2022)	9.72%
2023 01 (Jan 2023)	9.86%
2023 02 (Feb 2023)	10.14%
2023 03 (Mar 2023)	9.95%
2023 04 (Apr 2023)	9.62%
2023 05 (May 2023)	10.22%
2023 06 (Jun 2023)	10.68%
2023 07 (Jul 2023)	10.67%
2023 08 (Aug 2023)	10.22%
2023 09 (Sep 2023)	9.92%

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A breakdown of turnover by directorate and by reason for leaving are shown in the following chart and table. 42% of staff leavers were due to voluntary resignations and 50% due to retirement, with the remaining 8% being for other reasons.



The figures for Scrutiny and Assurance are 25% for voluntary resignations and 33.33% for retirement, indicative of the age profile in the directorate as summarised in Appendix 1.

Directorate	Other	Resignation	Retirement	Total
Corporate & Customer Services		1	2	3
IT, Transformation & Digital		1		1
Scrutiny & Assurance		3	4	7
Strategy & Improvement	1			1
<b>Total</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>12</b>

Directorate	Other	Resignation	Retirement	Total
Corporate & Customer Services	0%	8.3%	16.7%	<b>25%</b>
IT, Transformation & Digital	0%	8.3%	0%	<b>8.3%</b>
Scrutiny & Assurance	0%	25%	33.4%	<b>58.4%</b>
Strategy & Improvement	8.3%	0%	0%	<b>8.3%</b>

**4.0 RECRUITMENT ACTIVITY**

- Between 1 July 2023 and 30 September 2023, we have worked with all directorates to complete nine recruitment campaigns.

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Report No: B-29-2023/24**

- Over the last three months we have filled six vacancies in total. One vacancy was filled by a new employee and five were internal appointments.
- The vacancy fill rate during this period was 54.5%
- In this period up to 30 September 2023, two agency workers were engaged.

From July 2023 through September 2023 the following recruitment activity has taken place across the Care Inspectorate:

We have run nine recruitment campaigns of which five were internal only. There were five campaigns for temporary posts and four campaigns for permanent posts.

- Scrutiny and Assurance – 1 in total
- Corporate and Customer Services – 7 in total
- Strategy and Improvement – 1 in total
- IT & Digital Transformation – 0 in total
- Executive – 0

We have filled six vacancies in total. One vacancy was filled by a new employee and five were internal appointments.

**By Directorate**

The number of vacancies filled by directorate was:

- Scrutiny and Assurance – 0 externally / 1 internally = 1 in total
- Corporate and Customer Services – 1 externally / 3 internally = 4 in total
- Strategy and Improvement – 0 externally / 1 internally = 1 in total
- IT & Digital Transformation – 0 externally / 0 internally = 0 in total
- Executive – 0 externally / 0 internally = 0 in total

We were not successful in recruiting to the ERP Migration Lead, Senior HR Adviser \*, Customer Support Adviser and in the BSA recruitment we only recruited to 1 of the 3 posts. As a result, the vacancy fill rate was 54.5% and down on the last quarter. This lower fill rate is partly due to the summer holiday period, typically a difficult time to recruit.

\* The re-run of the Senior HR Adviser (Transactional) post took place in Q3 with a successful outcome.

We have processed 148 applications in total this quarter. The average number of applications received per campaign is 16. This is an interesting result despite the fill rate – perhaps showing that the recruitment market is recovering from earlier this year/last year when we were struggling to achieve above single figures.

#### 4.1 Scrutiny and Assurance Recruitment

Our last inspector campaign ran from April to July 2023 with 379 applications and 239 candidates being processed following the initial sift. From this campaign, 20 inspectors joined the organisation throughout September and October.

We also have a sizeable inspector talent pool of 12 successful candidates – of which seven are for ELC, four are for Adults and one CYP that are ready to backfill any vacancies going forward.

#### 4.2 Value Added Recruitment

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

#### 5.0 POLICY REVIEW

The following policies have been progressed through the Policy Review Working Group this quarter and will be approved by Strategic Management Group and ratified by Partnership Forum in the next quarter:

- Recruitment and Selection and Workforce Change
- Maximising Attendance and Family Friendly

The Capability, Discipline, Grievance, Dignity at Work and Dress Code Guidance have all been updated during this quarter and were progressed to the Policy Review Group on 1 November.

#### 6.0 EMPLOYEE RELATIONS APPEALS

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

#### 7.0 IMPLICATIONS AND/OR DIRECT BENEFITS

##### 7.1 Resources

There are no additional resource implications because of this report.

##### 7.2 Sustainability

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

### 7.3 Policy

There are no direct policy implications in relation to this report but, as outlined there has been pressure on recruitment and retention across the social care sector during the period covered by this report and we expect that to be ongoing throughout the coming year. This will have an impact on the HR team in terms of recruitment and workforce planning support.

The ongoing review of health and social care and the implementation of the National Care Service remains an unknown in terms of the impact on the Care Inspectorate and Scottish Social Services Council and therefore the support that will be required from HR. We will keep a close eye on developments and resource plan accordingly.

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

HR data reporting is used to support Corporate Plan Outcome 4: Our People are skilled, confident and well supported to carry out their roles.

The use of HR metrics in these areas allows us to focus our efforts on areas that will ensure our employees are well supported and equipped to deliver their roles and can deliver a high-quality service which will in turn improve the provision of care.

### 7.5 Customers (Internal and/or External)

This report is for information only and there are no direct customer issues or benefits because of it. However, customer service remains a key priority for HR and we will seek customer feedback as appropriate to inform and improve our service.

### 8.0 CONCLUSIONS/NEXT STEPS

This report highlights some of the key HR metrics for the Care Inspectorate which we continue to monitor and review in line with our aims in both the Corporate Plan and the Strategic Workforce Plan. We welcome feedback on this report and any additional or different measures that the Board would like to see in future reports.

**WORKFORCE PROFILE DETAILS**

The following detail covers various information on the workforce not included in the main Board report.

HR will update these on a quarterly basis and include any other metrics considered of interest and/or relevance.

Commentary will be provided to draw out pertinent points and/or to outline any risk or action based on the data.

**Headcount and FTE**

Directorate	Headcount	FTE
Corporate and Customer Services	128	118.68
Executive Team	5	4.75
IT and Digital Transformation	25	25
Scrutiny and Assurance	398	376.1
Strategy and Improvement	74	70.28
<b>Grand Total</b>	<b>630</b>	<b>594.81</b>

These figures exclude any locum staff, agency staff and consultants. It includes all staff on payroll whether they are currently at work or not (ie includes staff on maternity leave or absent due to long term sickness).

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

**Breakdown by sex**

Directorate	Female	Male
Corporate and Customer Services	117	11
Executive Team	3	2
IT and Digital Transformation	8	17
Scrutiny and Assurance	331	67
Strategy and Improvement	56	18
<b>Total</b>	<b>515</b>	<b>115</b>
<b>% of workforce</b>	<b>81.75</b>	<b>18.25</b>

## Staff Locations

The following table shows the office locations where our staff are based – it includes the nearest office location for our contractual homeworkers. Most of our staff are based near to the Dundee or Paisley offices with some offices being much smaller having a small employee base.

We have been able to attract employees who live further away from one of our offices due to the hybrid working trial we were undertaking. We will monitor whether the return to in person working for 40% of working time will mean any change to this and report accordingly.

Office Location	Headcount	%
Aberdeen	44	6.98
Dumfries	11	1.75
Dundee	149	23.65
Dunfermline	46	7.30
Edinburgh	77	12.22
Elgin	7	1.11
Hamilton	63	10.00
Inverness	24	3.81
Oban	5	0.79
Paisley	145	23.02
Selkirk	14	2.22
Shetland	1	0.16
Stirling	42	6.67
Stornoway	2	0.32

## Age profile

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

Directorate/Age	Under 25	25-34	35-44	45-54	55-64	65+
Corporate and Customer Services	Fewer than 5	16	22	30	50	6
Exec Team	Fewer than 5 in each category so not listed for data protection					
IT Transformation and Digital		Fewer than 5	6	10	7	
Scrutiny and Assurance		12	75	137	164	19
Strategy and Improvement		10	17	27	18	Fewer than 5

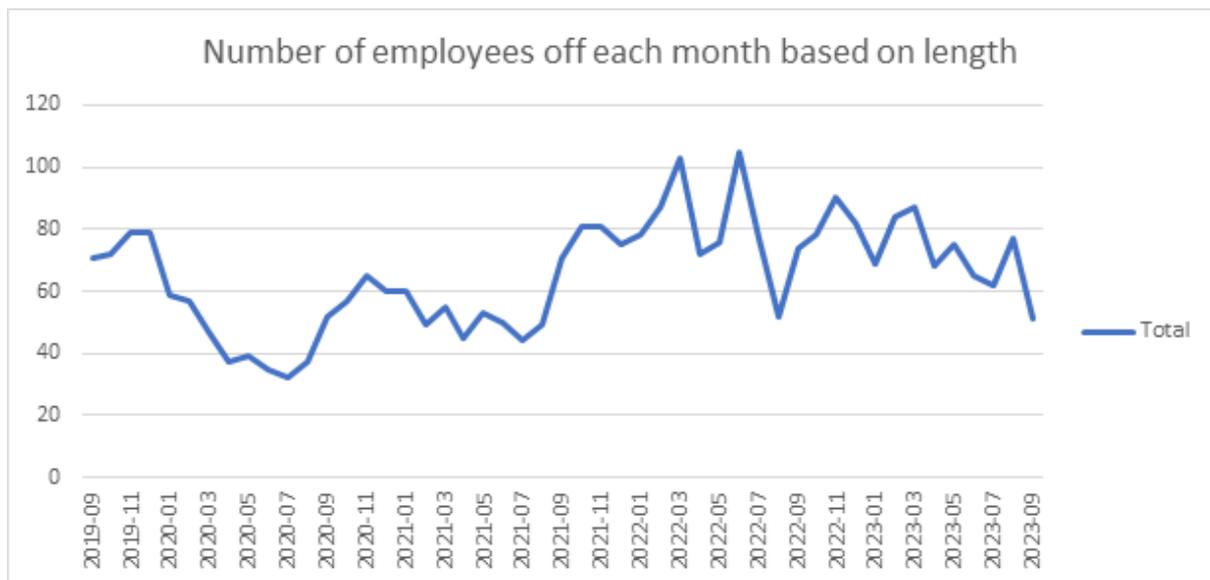
The following table shows the age profile of the organisation on 31 December each year (as at 30 September for 2023).

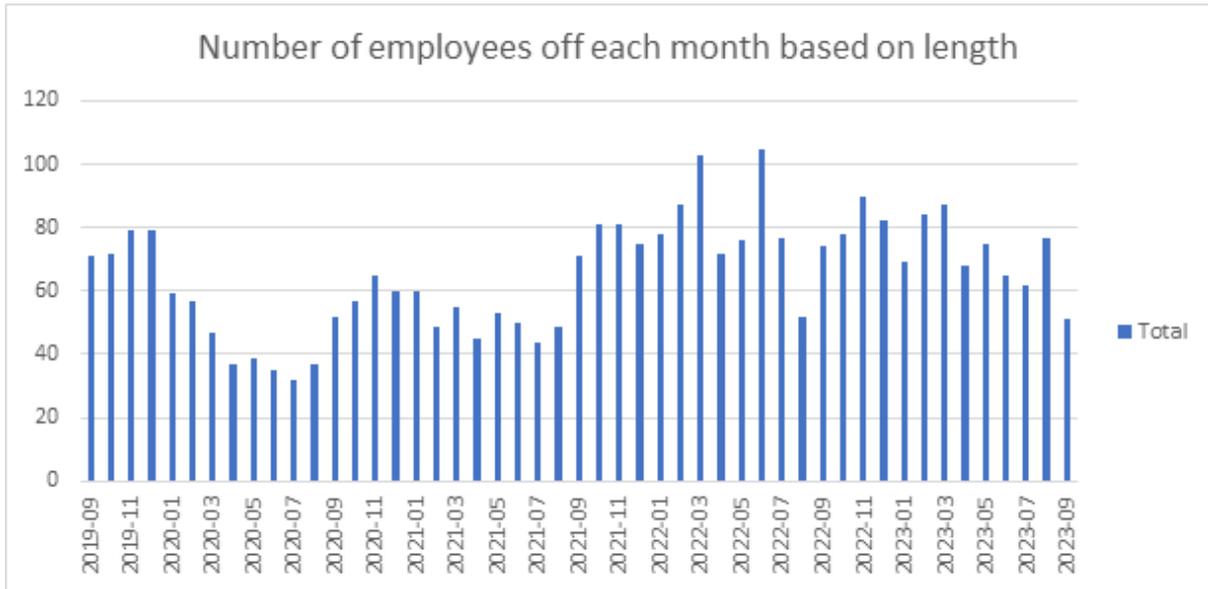
There has been a gradual increase of staff aged 55 to 64 but the most significant increase is in the 35 to 44 age range.

Age Range	2018	2019	2020	2021	2022	2023	2023 %
<b>Under 25</b>	8	8	6	5	6	4	<b>0.6</b>
<b>25 to 34</b>	42	41	38	44	40	40	<b>6</b>
<b>35 to 44</b>	93	92	96	113	127	120	<b>19</b>
<b>45 to 54</b>	239	227	202	206	209	203	<b>32</b>
<b>55 to 64</b>	221	222	228	230	244	236	<b>38</b>
<b>65+</b>	22	30	33	29	26	27	<b>4.4</b>

**Sickness Trends**

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





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



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

#### EXECUTIVE SUMMARY

The Strategic Risk Register monitoring position is presented for the Board's consideration. The Audit and Risk Committee reviewed the position at its meeting of 28 September 2023.

#### The Board is invited to:

1. Consider the current risk monitoring position.
2. Agree risk 6 "Shared Service Governance" is removed from the strategic risk register and this risk is monitored at directorate level.

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

#### Equality Impact Assessment

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

## BOARD MEETING 9 NOVEMBER 2023

**Agenda item 14**  
**Report No: B-30-2023/24**

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

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

Not applicable – this is a public Board report.

**Disclosure after:** Not applicable

<b>Reasons for Exclusion</b>	
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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d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

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

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

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

The Independent Review of Inspection, Scrutiny and Regulation (IRISR) is included in the cause section. The IRISR report was published on 27 September 2023 and after consideration of the report there was no need to amend our risk position.

There is no change to the residual risk score which remains at 8 (medium).

This risk is at its target level.

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

The following changes have been made to this risk:

- “Member/Officer Budget Working Group” has been removed from *Key Controls* as no group constituted at this point.
- Financial reporting of Stage 2 transformation project to Board has been added to *Key Controls* and removed from *Further Actions* as reporting to the Board is now in place.
- “Early consideration of IRISR report financial implications following report publication has been added to *Further Actions*
- The revised Financial Strategy was approved at the August 2023 meeting of the Board. This has been removed from *Further Actions*.

There is no change to the residual risk score which remains at 16 (high).

It is likely this risk will remain high until we have concluded funding discussions with the Scottish Government and there is more known about the National Care Service.

This risk exceeds its target level and has now done so for 21 months. We are working with the Sponsor Department and Health Finance to reduce the risk level.

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

A new statement is included in the *cause* to reflect our financial position may be such that we are unable to afford the workforce capacity we believe we need.

The residual likelihood score has increased from 2 (Unlikely) to 4 (Likely) due to the increasing workload demands from dealing with public inquires and Operation Koper. The residual risk score has increased from 6 to 12 and is now in the high band.

Risk velocity has increased to high as the risk will require frequent monitoring as the inquiry related workload demands continue to escalate.

In line with the increased risk velocity, management reviewed this risk during the period between the Audit and Risk Committee meeting and the Board. Management decided to increase the likelihood score from the 3 (Possible) as considered at Committee to 4 (Likely) to reflect the increasing resources being diverted to support the Scottish and UK Covid 19 Inquiries, the Historical Abuse Inquiry and Operation Koper.

This risk is now high and above its target level.

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

There is no change to the residual risk score which remains at 8 (medium).

This risk is at its target level.

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

There is no change to the residual risk score which remains at 12 (high).

The target level for this risk is low and our tolerance has been set at medium. This risk therefore exceeds target and tolerance levels. This risk has been above target and tolerance levels for 26 months and therefore the tolerance rating is Red.

The *Key Controls* and *Further Actions* have been updated to reflect the latest position.

We are managing risk with respect to legacy infrastructure and lack of historical investment. It is this that keeps the risk scoring at High. This should stay at this level until we have addressed the legacy infrastructure risk and brought all

systems into a “managed state” where our software and hardware components are in a supportable state. A “supportable state” means that we are able to proactively patch (maintain) our systems to reduce risk, or react quickly with an emergency patch, if/when an exploit is discovered. It would be misleading to reduce our risk score to anything lower than High until these risks are addressed. It is expected that these risks will be addressed during 2023/24, however this is subject to our capacity and not having to redirect resource to other unplanned projects.

## 2.6 Strategic Risk 6 – Shared Service Governance Risk Owner – Executive Director CCS

The Board and SSSC Council recently agreed to reduce the scope of shared services to transactional services lessening the impact of a shared service governance failure.

In addition, there have been three internal reports on the governance of shared services over two years (1 good and 2 satisfactory overall rating). The management actions have been implemented.

On this basis the Audit and Risk Committee agreed it was now more appropriate to monitor this risk via the Corporate and Customer Services directorate risk register and not include on the strategic risk register. It is recommended that the Board agrees this risk is removed from the strategic risk register and future monitoring reports.

The is no change to the residual risk score which remains at 6 (medium).

This risk is at its target level.

## 2.7 Strategic Risk 7 – Legacy Business Applications Risk Owner – Executive Director IT&DT

This risk has been reviewed in the light of the Stage 2 Transformation project getting underway with changes made to the *Potential Situation, Cause, Key Controls* and *Further Action* sections.

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

## 3.0 RESIDUAL RISK TOLERANCE RATING

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

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

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

#### **4.0 IMPLICATIONS AND/OR DIRECT BENEFITS**

##### **4.1 Resources**

There are no resource implications associated with this report.

##### **4.2 Sustainability**

There are no sustainability implications associated with this report.

##### **4.3 Policy**

There are no policy implications associated with this report.

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

There are no direct or indirect improvements in the provision of care.

##### **4.5 Customers (Internal and/or External)**

There are no direct customer implications or benefits.

#### **5.0 CONCLUSIONS/NEXT STEPS**

The Board is requested to review the Strategic Risk Register and provide comment as appropriate.

**SUMMARY STRATEGIC RISK REGISTER: 2023/24 (as at 9 November 2023)**

No.	Risk Area	Corporate Plan	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Initial Residual Grade	Current Residual Grade
1	Delivery of Strategy	SO 1,2,3,4	CE	16	High	8	Medium	Medium
2	Financial Sustainability	SO 1,2,3,4	EDCCS	16	High	16	Medium	High
3	Workforce Capacity	SO 4	EDSI & EDCCS	16	High	12	Medium	High
4	Partnership Working	SO 1,2,3	EDSA	16	High	8	Medium	Medium
5	ICT Data Access & Cyber Security	Digital Trans	EDIDT	20	Very High	12	High	High
6	Shared Service Governance	Value: Efficient	EDCCS	16	High	6	Medium	Medium
7	Legacy Business Applications	Digital Trans	EDIDT	25	Very High	15	High	High

**SCORING GRID**

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

**IMPACT**

**Black = Very High**

**Red = High**

**Amber = Medium**

**Green = Low**

**White = Very Low**

**Lead Officers**

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

Strategic Risk Register Monitoring

Date																
for Board review 9 November 2023																
Risk		Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Movement	Key Controls	Further Actions	Risk Appetite / Target / Tolerance	Risk Owner	
1	<p><b>Delivery of Strategy</b></p> <p><b>What is the Potential Situation?</b> We are unable to fulfil our core purpose due to our inability to adapt and manage change necessitated by the impact of external factors</p> <p><b>What could cause this to arise?</b> Change to macro environment adversely impacts together with an inability to influence or react / adapt appropriately; ineffective leadership and/or decision making in adapting to the change; insufficient capability or capacity to manage the changes required. The set-up of the National Care Service, the Independent Review of Inspection, Scrutiny and Regulation (IRISR) and the availability of public sector funding are the currently identified external factors that could have a significant impact on the Care Inspectorate</p> <p><b>What would the consequences be?</b> Inability to provide the desired level of scrutiny, assurance and improvement support. Reduction in the quality of care and protection for vulnerable people across Scotland. Reputational damage with reduced public and political confidence. Possible reduced SG funding. Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation.</p>	4	4	16	H	2	4	8	M	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Corporate Plan 2022 – 25 in place with supporting operational plans and performance measures and under continuous review</li> <li>ii. Regular Sponsor liaison meetings</li> <li>iii. Regular meetings with the Minister for mental health and wellbeing and other Ministers</li> <li>iv. Attendance at Strategic Scrutiny Group</li> <li>v. Horizon scanning through our policy team</li> <li>vi. Scrutiny and Assurance Plan agreed by Minister</li> <li>vii. Attendance at key national forums</li> <li>viii. Attendance at meetings related to the NCS</li> <li>ix. Improvement and involvement support strategy Action Plan</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Strengthening use of risk and intelligence to inform our work.</li> <li>ii. Further promotion of the ‘improvement offer’ of the organisation to be undertaken alongside reporting on improvement work plan to date</li> <li>iii. Implementation of Stage 2 Transformation</li> </ul>	<p>Appetite: cautious Target: <b>medium</b> Tolerance: <b>high</b></p> <p>At target level</p> <p>Rating: <b>Green</b></p> <p>Response: <input type="checkbox"/> Accept</p>	CE	
2	<p><b>Financial Sustainability</b></p> <p><b>What is the Potential Situation?</b> Funding level fails to increase in line with inflation, external cost pressures and additional demands</p> <p><b>What could cause this to arise?</b> Inability to influence and agree sufficient funding with the Scottish Government; financial planning not aligned to corporate, operational &amp; workforce plans, unexpected additional or changes to demands; insufficient data or information to accurately cost activities; potential costs arising from Covid 19 public inquiry; current “cost of living crisis”.</p> <p><b>What would the consequences be?</b> Resulting in adverse impact on our ability to deliver the scrutiny and improvement plan, reputational damage, reduced confidence in care and protection arrangements, reduced future funding, reduced ability to influence change and policy development.</p>	4	4	16	H	4	4	16	H	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Medium term budget and financial strategy are regularly reviewed</li> <li>ii. Monthly budget monitoring. This includes specific monitoring of the Stage 2 Transformation project budget.</li> <li>iii. Positive working relationships maintained with SG</li> </ul>	<p>Further Actions</p> <ul style="list-style-type: none"> <li>i. Agree financial monitoring process for Stage 2 of Business and Digital Transformation</li> <li>ii. Early consideration of National Care Service and Independent Review of Inspection, Scrutiny and</li> </ul>	<p>Appetite: cautious Target: <b>medium</b> Tolerance: <b>high</b></p> <p>Above target for 21 months and at high end of tolerance level</p> <p>Rating: <b>Red</b></p> <p>Response: <input type="checkbox"/> Treat</p>	EDCCS	

												<ul style="list-style-type: none"> <li>iv. Regular liaison meetings with SG Health Finance</li> <li>v. Ongoing review and development of savings and income generation options</li> </ul>	Regulation (IRISR) financial implications following any announcement by SG		
3	<p><b>Workforce Capacity</b></p> <p><b>What is the Potential Situation?</b> We are required to curtail our activities to prioritise areas of we identify as highest risk due to a lack of workforce capacity.</p> <p><b>What could cause this to arise?</b> We do not have an effective strategic workforce plan to support the delivery of our corporate plan objectives; we do not have effective workforce planning at directorate and team level; there is ineffective monitoring of workload and capacity; we fail to recruit and retain staff in sufficient numbers and with the required skillset, we have an inefficient organisation structure and/or job design; there are ineffective staff learning and development plans; our reward offer is uncompetitive; we do not adequately address the aging demographic of a significant element of our workforce; the public enquiry process diverts resources from our intended activities. Our funding is insufficient to deliver the workforce capacity we need.</p> <p><b>What would the consequences be?</b> Inability to provide the desired level of scrutiny, assurance and improvement support Reduction in the quality of care and protection for vulnerable people across Scotland Reputational damage with reduced public and political confidence Possible reduced SG funding Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation</p>	4	4	16	H	4	3	12	H	High	↑	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Strategic workforce plan</li> <li>ii. Workload and capacity monitoring</li> <li>iii. Staff learning and development plan</li> <li>iv. LEAD process</li> <li>v. Recognised job evaluation system</li> <li>vi. Regular salary benchmarking</li> <li>vii. Partnership working agreement</li> <li>viii. Strategic Workforce Plan 2023 -26 and associated action plan agreed by Board</li> <li>ix. Biennial staff survey with PULSE surveys in between</li> <li>x. Dedicated recruitment team</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Develop succession planning</li> <li>ii. Strengthen use of risk and intelligence</li> <li>iii. Pay and grading review</li> <li>iv. Inspector Resources thematic review</li> <li>v. Increase Sponsor awareness of impact of inquiry workload demands</li> </ul>	<p>Appetite: cautious Target: <span style="background-color: yellow;">medium</span> Tolerance: <span style="background-color: yellow;">medium</span></p> <p>Above target level</p> <p>Rating: <span style="background-color: yellow;">Amber</span></p> <p>Response: <span style="border: 1px solid black; padding: 2px;">Accept</span></p>	EDS&I & EDCCS
4	<p><b>Partnership Working</b></p> <p><b>What is the Potential Situation?</b> The Care Inspectorate collaborative working with our key scrutiny and delivery partners is compromised and we are not able to:</p> <ul style="list-style-type: none"> <li>• participate in, or progress, work which would help deliver our strategic objectives</li> <li>• deliver public service scrutiny in a joined up and collaborative way</li> <li>• deliver our agreed scrutiny and improvement plan</li> </ul> <p><b>What could cause this to arise?</b> Scrutiny and delivery partner strategies are not aligned well enough to our own; our ability to fully resource our own or our partners' strategic priorities; unexpected changes in environment (PESTEL); unclear, misaligned or incomplete individual and joint plans; collaborative work does not have or adhere to legal underpinning; inadequate or deficient Information Technology; inaccurate or inappropriate information sharing.</p> <p><b>What would the consequences be?</b> Reputational damage; loss of confidence and credibility, unable to fulfil statutory obligations; damage to relationship with scrutiny and delivery partners.</p>	4	4	16	H	2	4	8	M	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Wide consultation and regular meetings at Senior level inter-organisation meetings</li> <li>ii. Effective external comms strategy in place</li> <li>iii. Membership of National Strategic Scrutiny Group</li> <li>iv. MoUs or agreed protocols in place with all relevant partners</li> <li>v. Chief Executive and Directors monitor and carefully manage relationships with scrutiny and delivery partners</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Continuing engagement with Scottish Government officials and others on the development of a National Care Service, IRIRS and educational reform.</li> </ul>	<p>Appetite: cautious Target: <span style="background-color: yellow;">medium</span> Tolerance: <span style="background-color: red;">High</span></p> <p>At target level</p> <p>Rating: <span style="background-color: green;">Green</span></p> <p>Response: <span style="border: 1px solid black; padding: 2px;">Accept</span></p>	EDS&A

												<ul style="list-style-type: none"> <li>vi. Deputy Chief Exec has specific role to promote parentship working with other scrutiny/public bodies/provider groups</li> <li>vii. Inspection Plan for 2023-24 and Scrutiny &amp; Assurance Strategy approved by Board on 9.2.23 includes ongoing commitment to collaborative scrutiny.</li> <li>viii. Improvement Strategy details collaboration with other bodies.</li> </ul>			
5	<p><b>IT Data Access &amp; Cyber Security</b> <b>What is the Potential Situation?</b> Our systems or data are compromised due to cyber security attack.</p> <p><b>What could cause this to arise?</b> Low overall maturity in security policy, procedure and controls. Lack of security awareness training, failure to invest in the controls and infrastructure to limit, detect and respond quickly to threats.</p> <p><b>What would the consequences be?</b> Serious disruption to business and operational activities, we are held to ransom or face significant fines, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud, additional scrutiny overhead.</p>	5	4	20	VH	3	4	12	H	High	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. IT security protocols and monitoring of compliance with the protocols</li> <li>ii. Trained IT staff</li> <li>iii. Physical security measures</li> <li>iv. Business Continuity plans in place</li> <li>v. Cyber Security assessments (including Cyber Essentials+) to be maintained annually</li> <li>vi. Routine penetration testing</li> <li>vii. Cyber Security Maturity baselined and improvement plan in progress</li> <li>viii. Specific budget allocated to security</li> <li>ix. Security compliance included in the monthly IT Operations report and therefore regularly reviewed and discussed.</li> <li>x. Established regular vulnerability testing</li> <li>xi. Established Information Security Working Group supporting org-wide security consultation</li> <li>xii. Regular updates to Leadership teams on</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Implement Phase 2 of the Cyber Security improvement plan, to develop security maturity towards a Managed state</li> <li>ii. Enhance IT staff cyber security awareness and technical training</li> <li>iii. Implement additional security controls and reporting capabilities</li> <li>iv. Projects designed to reduce infrastructure security risks</li> <li>v. Extend security testing to include end-user awareness</li> <li>vi. Managers versed on supporting a security incident response.</li> <li>vii. Implement an Information Security Management System to evidence that all policy and controls in place</li> </ul>	<p>Appetite: cautious Target: <span style="background-color: #90EE90;">low</span> Tolerance: <span style="background-color: #FFD700;">medium</span></p> <p>Has exceeded tolerance for 26 months. It is expected that these risks will be addressed during 23/24, however this is subject to our capacity and not having to redirect resource to other unplanned projects..</p> <p>Rating: <span style="background-color: #FF0000; color: white;">Red</span></p> <p>Response: <span style="border: 1px solid black; padding: 2px;">Treat</span></p>	EDIT&D

												<ul style="list-style-type: none"> <li>xiii. progress on Cyber Security improvements</li> <li>xiii. Communication plans in place to maintain Security awareness and engagement across organisation</li> <li>xiv. Plans established to support recovery of key systems</li> <li>xv. Multi-Factor authentication is the default for user access to systems</li> <li>xvi. Bi-annual updates to the ARC on progress to security improvement plan.</li> <li>xvii. Confirmed a Defined state of security maturity</li> <li>xviii. Established a Managed Detection &amp; Response service with security partners.</li> <li>xix. Established a permanent role to support Cyber Security maintenance and development.</li> <li>xx. Cyber Security training is mandatory, to be refreshed on an annual basis, for all staff</li> </ul>	<ul style="list-style-type: none"> <li>viii. are being actively managed.</li> <li>viii. Define a Cyber Security Strategy</li> <li>ix. Establish a Cyber Security sponsor at Board level.</li> <li>x. DR plans are developed and tested as part of planned Infrastructure upgrade works</li> <li>xi. Establish formal Security Objectives, Roles and Responsibilities across the wider organisation</li> </ul>		
6	<p><b>Shared Service Governance</b></p> <p><b>What is the Potential Situation?</b> The new shared service governance arrangements are ineffective</p> <p><b>What could cause this to arise?</b> There is a lack of clarity over the services to be delivered, the standard of service delivery required and the consequences of service failure. Resources are not aligned to service delivery or standards. There is insufficient or ineffective reporting on performance, cost and risk. There is a lack of clarity on accountability and responsibility for decision making.</p> <p><b>What would the consequences be?</b> Failure to secure best value through ineffective deployment of resources and ineffective procurement, non-compliant statutory reporting, employee relations and health &amp; safety issues, customer dissatisfaction, strained SSSC/CI working relationship, failures in physical, cyber and information security, failure to deliver legal obligations and reputational damage</p>	4	4	16	H	2	3	6	M	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. joint shared services strategy</li> <li>ii. Management agreement</li> <li>iii. Specifications of Service.</li> <li>iv. Risk register and risk management process.</li> <li>v. Performance measures and service standards</li> <li>vi. Regular meetings of Review Board</li> <li>vii. Regular meetings of shared service oversight group</li> <li>viii. Internal audit positive review of arrangements</li> <li>ix. Board received first annual review report</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Develop assurance maps for Service Review Board</li> </ul>	<p>Appetite: Cautious Target: <b>Medium</b> Tolerance: <b>Medium</b></p> <p>At target level</p> <p>Rating: <b>Green</b></p> <p>Response: <input type="checkbox"/> Accept</p>	EDCCS
7	<b>Legacy Business Applications</b>	5	5	25	H	3	5	15	H	Med	↔	In Place:	Further Actions:	Appetite: Low	EITD

<p><b>What is the Potential Situation?</b> Legacy business systems are inefficient, ineffective and no longer financially and technically viable or sustainable. The domain knowledge of the bespoke code and database constructs are known to a very limited number of staff members. There is limited supporting documentation, low maturity of coding standards, limited capacity and scope for extensibility, and low confidence in the legacy business system platforms as being suitable for the current or future needs of the organisation. The legacy business system platform presents a single point of failure for supporting business operations that are critical to the remit and function of the organisation. The Stage 2 Transformation Business Case was submitted to Scottish Government to secure funding to enable the digital transformation of the scrutiny, assurance and improvement business processes, including replacing the inflexible, outdated technologies with digital services. The business case is essential to fulfilling the objectives in the Corporate Plan. The risk is that the legacy systems fail prior to the replacement system being in place and the incumbent team are unable restore the system to support continuity of business operations.</p> <p><b>What could cause this to arise?</b> Loss of key personnel, and domain knowledge that is critical to maintaining continuity of service that are dependent upon legacy systems.</p> <p><b>What would the consequences be?</b></p> <ul style="list-style-type: none"> <li>• Ever increasing likelihood of service outage, degradation, and unresolved errors, resulting in information becoming inaccessible or inaccurate.</li> <li>• Legacy applications cannot be enhanced to meet internal and external stakeholder needs.</li> <li>• No capability to support NCS and evolving needs of government and partner organisations.</li> <li>• Unable to meet statutory requirements and to produce accurate reports on time.</li> <li>• Staff resort to cumbersome and inefficient workarounds, decreasing efficiency and increasing operational costs. This could result in missed reporting deadlines, staff frustration, provider frustration and ultimately reputational risk.</li> <li>• Increasing operational costs required to maintain a basic level of service.</li> </ul>																														
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xi. Secondary RMS Platform for DR and Security Testing

xii. RMS hardware platform replaced by cloud platform

xiii. Market appraisal suggests that a 3<sup>rd</sup> party support service is a feasible option.

vi. Document the legacy design to facilitate ongoing support (linked to Managed Service Procurement activity)

vii. Provide a capability to provide access to data if legacy systems fail

viii. Define plan/procedures for business continuity in event of legacy system failure

ix. Secure extended support resourcing for legacy systems

x. Enhance legacy system testing. Upgrade cloud hosting platform and develop DR capability with 3<sup>rd</sup> party partners.

Note:  
Mitigations require on-going substantial investment to contain the operational risk

Target: **Low**  
Tolerance: **Low**

Above target and tolerance level for 12 months

Rating: **Red**

Response: **Treat**



# BOARD

## Schedule of Business 2023/24

BUSINESS TOPIC	11 May 2023	10 Aug 2023	9 Nov 2023	8 Feb 2024	28 Mar 2024 (Budget Only)
Chair's Report (quarterly)	✓	✓	✓	✓	
Chief Executive Report (quarterly)	✓	✓	✓	✓	
<b>STRATEGY AND POLICY ITEMS</b>					
<b>Approval of Care Inspectorate Strategies on a rolling/as required basis</b> <ul style="list-style-type: none"> <li>• Customer Engagement Strategy</li> <li>• Communications Strategy</li> <li>• Estates Strategy</li> <li>• Financial Strategy (to August meeting)</li> <li>• Health and Safety Strategy</li> <li>• ICT Strategy</li> <li>• Improvement and Involvement Support Strategy and Delivery Plan (2022-25)</li> <li>• Information Governance Strategy</li> <li>• Intelligence Strategy</li> <li>• Legal Services Strategy</li> <li>• Shared Services Strategy</li> <li>• Workforce Strategy (Plan to Feb 2023 Board, thereafter annual presentation to Board. Refer to B-48-22/23)</li> <li>• Procurement Strategy (3 year cycle, next due 2026-29, to last meeting of Board cycle)</li> </ul>		✓			
Scrutiny and Assurance Strategy and Plan 2024/25				✓ (Plan)	

BUSINESS TOPIC	11 May 2023	10 Aug 2023	9 Nov 2023	8 Feb 2024	28 Mar 2024 (Budget Only)
(Plan to be marked as <b>“Private item”</b> )					
Budget and Indicative Budgets					✓
Strategic Risk Register 2023/24		✓			
Approval of Risk Appetite and Risk Policy		✓			
MOWG Budget Development – update report	✓ (verbal)				
<b>MONITORING AND GOVERNANCE ITEMS</b>					
Monitoring our Performance Quarterly Report	✓ (Q4)	✓ (Q1)	✓ (Q2)	✓ (Q3)	
Minutes/Report of Audit and Risk Committee	✓ (30 March 2023 meeting)	✓ (25 May meeting)	✓	✓	
Complaints Activity Report ( <i>normally to 1<sup>st</sup> meeting of Board cycle, but to August meeting in 2023/24</i> )		✓ (annual)	(mid-year – tbc) <i>Not required as agreed with Chair</i>		
Annual Accounts 2022/23 Progress Report ( <i>to 1<sup>st</sup> Quarter meeting of Board</i> )	✓				
Budget Monitoring and Staffing Update	✓	✓	✓	✓	
Health and Safety Annual Report 2022/23 ( <i>normally to 1<sup>st</sup> meeting of Board cycle, but to August meeting in 2023/24</i> )		✓			
UNCRC Report		✓			
Equality Duty Reporting – Annual Progress Report				✓	
Annual Review of the CI’s Financial Regs				✓	
Annual Procurement Performance Report			✓		
<b>OPERATIONAL ITEMS</b>					
HR Quarterly Update report	✓(Q4)/Annual	✓(Q1)	✓(Q2)	✓(Q3)	
Estates Update Report (Annual - to first meeting of cycle w.e.f 2024/25)	✓ (verbal update)				
Board and Committee Cycle 2023/24: meeting dates		✓			
Shared Services Update Report Annual Report		✓			
Corporate Parenting Plan Progress Update and Triennial Report (2021-2023)				✓	

BUSINESS TOPIC	11 May 2023	10 Aug 2023	9 Nov 2023	8 Feb 2024	28 Mar 2024 (Budget Only)
Approval of Pay Remit for submission to Scottish Government <b>(tbc)</b>					
Update on Significant Organisational Restructures <i>(when required)</i>					
Approval of Compensation Payments <i>(when required)</i>					
<b>STANDING ITEMS</b>					
Identification of Risk <i>(to be replaced by “Strategic Risk Register” for presentation at every Board meeting, as agreed by Board at BDE held on 11 May 2023)</i>	✓	✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	
CI Employee Relations Appeals <i>(standing item, but only when required)</i>					
<b>PRIVATE AND CONFIDENTIAL ITEMS</b>					
Scrutiny and Assurance Plan 2024-25				✓	
Care Inspectorate Financial Strategy		✓			
IT and Security Compliance Role		✓			
Shared Services Annual Update Report		✓			
Annual Report and Accounts					
- Audit and Risk Committee Annual Report			✓		
- Draft Annual Report and Accounts 2022/23					
- Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit					
- Letter of Representation					