



2020/2021 ANNUAL REPORT

Finance & Governance



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www.scottishcare.org



25 Barns St, Ayr



FOREWORD

Mary Preston

Scottish Care Chair

Never has there been a more important time to be a part of the great organisation that is Scottish Care. As social care providers, we all faced the unknown challenges of the coronavirus pandemic, and Scottish Care was invaluable in helping providers to navigate constantly evolving regulations, health and safety concerns and commercial difficulties.

My thanks go to Donald Macaskill, Karen Hedge and all the Scottish Care Team for their commitment and determination in steering us through the many challenges presented by the pandemic. As we begin to see signs of a return to normality, we must never forget the heavy human cost of this unprecedented crisis.

While we are made up of individual members, the network makes us collectively stronger. It enables us to face all challenges together, whether in pushing the government to do the right thing, or in helping fellow members daily. While the economy recovers, many organisations will continue to face financial challenges along with ongoing operational issues as we continue to adapt to living with new coronavirus variants and government guidance.

As we emerge from this period of change and uncertainty, it is vital that we as business leaders apply the lessons we have learned in this past year, and that Scottish Government, and all associated bodies continue to recognise the importance of our social care sector. I firmly believe we are on the right course and Scottish Care, driven by our strong management team, led by Donald Macaskill, have already brought us closer to our members in multiple ways. We will continue to ensure we provide a valuable service to existing and new members and that Scottish Care continues to be the voice at the table for all social care reforms originating from The Feeley Review and the coronavirus pandemic.

At its core, Scottish Care is a true members' organisation, representing the authentic voice of independent and voluntary social care provider members. As we transition to charitable status, we remain optimistic for the future and recognise our responsibility to bring value to our membership through information, negotiation, and innovation.

All our members have a vital role in helping shape our future so please do maintain your involvement and engagement with our team at Scottish Care as we look forward to brighter days.

Overall Governance in Scottish Care sits with our Executive Committee, but also a sub-group formed of staff and members of the Exec called the Finance and Staffing Group who feed into the Exec itself.



DIRECT REPRESENTATION

Scottish Care is the Voice of the Independent Care Sector in Scotland. This is part of our obligation to our members, but also to ensure that high quality, rights-based care and support can be delivered across Scotland. We have systems and structures in place to enable us to be representative of what is a remarkably diverse sector.

Scottish Care operates a branch system with reach across Scotland. It is run by volunteer branch chairs who are nominated by local providers and supported by our membership support managers. Together they form our National Committee. As the voice of lived provider experience, they are a critical part of our infrastructure in allowing us to hear a national picture of what is happening on the ground, but also to act as experts, innovators and a sounding

board for our thinking. We have a reputation for making realistic recommendations and much of this stems from this unique structure - it is through our branch network that we can effectively be the Voice of the Independent care sector in Scotland.

This year we created specific materials and hosted the first induction for our branch chairs which was welcomed. The ability to host virtual meetings has created better opportunities for those branch chairs in more remote locations to engage, creating equity for our members regardless of geography.



Scottish Care also hosts Integrated Joint Board Representatives within Health and Social Care Partnerships in the following areas:



- Angus
- Argyll & Bute
- Dumfries and Galloway
- East Ayrshire
- East Renfrewshire
- Fife
- Glasgow
- North Ayrshire
- Perth and Kinross
- South Ayrshire
- South Lanarkshire

Some of these reps are volunteer members and others are Scottish Care Employees (see [Partners for Integration](#)). They are supported via local branches, but also via an IJB Rep Group:



Acting as a formal mechanism to gather a national picture of local IJB activity, raising and addressing concerns and making recommendations for related future activities.

Connecting local and national perspectives on integration governance.



Acting as a governance mechanism to promote best practice.

Offering peer support.



ACTIVITY



Reviewed proposal template for independent sector IJB representation.

Responded to the Independent Review of Adult Social Care.

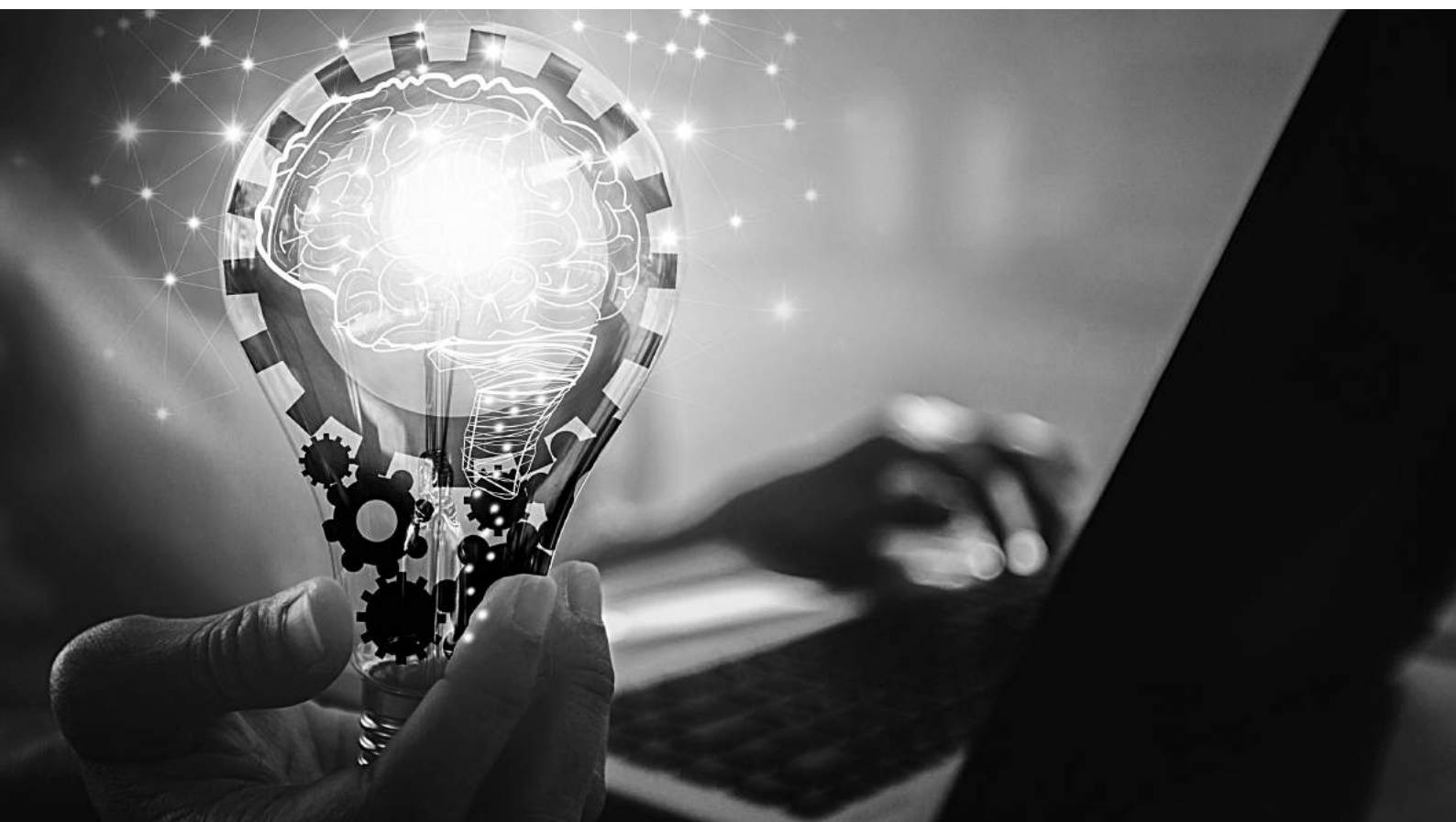


Connection to Health and Social Care Scotland (CO's network).

Connection to IJB Chairs network.



The Independent Review of Adult Social Care has offered an opportunity in recognising the importance of and the need to involve the sector going forward. The approach and systems of the Pfl team and this IJB Rep Group hosted by Scottish Care would allow for easy implementation of such a concept but would require additional resource.



STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS

Scottish Care is the only membership organisation set up to represent all who make up the independent care sector and are recognised by key stakeholders across health and social care as being the 'go-to' experts. This reach has found international footing as we have been selected to host the Global Aging Network in 2023.

Scottish Care sits on senior leadership groups with stakeholders across the sector, including the Ministerial Strategy Group, chaired by the Cabinet Secretary for Health and Social Care. Our reports are highly regarded across the sector as being informative and realistic and are used to influence policy. It is an agile organisation, able to respond quickly to changes in social care policy and market.

Scottish Care is a small organisation, but with great reach, however this is limiting in terms of ability to engage on the ground. The organisation relies on local presence through our network of Branch Chairs. Pandemic response, recovery, and remobilisation has put additional pressure on this network. Scottish Care will need to review the support mechanisms they have in place to ensure that our branches can function effectively.

A successful application for charitable status will support Scottish Care to increase its reach and gravitas by collaborating more with HEIs at a reduced cost and widening funding opportunities. There is opportunity to repeat the success of secondments into the organisation as was previously arranged with the Care Inspectorate.

Fragmented funding from annual grants is a risk to the organisation so Scottish Care will look to increase the number of multi-year agreements, and to diversify income streams.





2. FINANCIAL SUMMARY

2.1 FUNDING

Scottish Care is financed via various sources. In the main, the Senior Management Team (SMT) and office staff are funded via membership fees, with projects and workstreams from funders and partners including Health and Social Care Partnerships, Scottish Government, the Life Changes Trust, and some partnerships with HEIs. Significant success has been achieved in 20/21 in eradicating bad debt.

2.2 COSTING AND PRICING STRATEGY

Scottish Care budgets by reviewing previous years spend against budget and reviewing activity against organisational aims and objectives to seek out opportunity and efficiency, or the potential for further funding bids or collaboration with other organisations. CPI increases are applied annually.

Most of the organisations spend is on staffing costs, but with some attached to events.



2.3 ANNUAL TURNOVER



Annual turnover 20/21 -

£442,294

In the event of an underspend, funding would be used to support innovation, improvement and stability in care and support for the people of Scotland.

2.4 PAYMENT

Membership fees are gathered annually via an invoicing system.



Payment for events is collected in advance, using Stripe, a payment online platform through our website.



Grant funded projects run between

1 - 3

years, invoiced to their various funders.

Our financial reports from 20/21 are available below:

[Profit and Loss Statement](#)

[Statement of Financial Position](#)



2.5 PREMISES

Scottish Care has an office at 25 Barns Street Ayr, KA7 3AQ.

Much of the team works remotely nationwide. The Aberdeen Partners Team office closed on 27th October 2020 to make better use of funds. Where local staff are co-located with partner organisations, Scottish Care does not have responsibility for the upkeep of these locations.



2.6 EQUIPMENT

Scottish Care has limited equipment in the form of general office equipment and software, as well as some additional software to enable marketing and communications.



2.7 LEGAL REQUIREMENTS

Scottish Care is in the process of applying to OSCR for Charitable status and has worked to achieve compliance with their regulations and guidance.¹The National Director is overseeing the process. The Executive Board will effectively become Trustees upon transition.



Scottish Care is bound by employment and health and safety legislation and contracts with external experts Citation²to support in ensuring appropriate policies and practice are in place and followed. The relationship is managed by the Office Manager.



There are times when Scottish Care's activity comes under the Lobbying (Scotland) Act,³this is managed by the Policy and Research Manager.



The Office Manager is the Data Controller for Scottish Care, managing GDPR⁴and much has been done to improve digital storage systems, now up-to-date, and held and managed by external experts Solutions on Demand IT.⁵



2.8 INSURANCE

Scottish Care has insurance both for tangibles, and directors and staff. This is reviewed annually.

¹ www.oscr.org.uk/guidance-and-forms/

² www.citation.co.uk

³ www.lobbying.scot

⁴ www.ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/

⁵ <https://www.solutionsondemand.co.uk/>

2.9 MANAGEMENT & STAFF

Scottish Care employs:

25

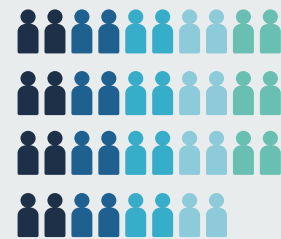
Full Time Staff
(18 of whom are
grant funded)

13

Part Time Staff
(9 of whom are
grant funded)

38

Staff in total



In the last year, we have switched to home working. We were ahead of the curve, having half of our team already working virtually and making the decision to adopt Microsoft Teams in the previous year. However, we recognise that this year has been the hardest that our staff have ever worked. To address this, we hosted an all-team meeting to workshop to determine how we could get the most out of our new work environment, and what was needed from the organisation. Actions included:

- Increased and changed the format of team meetings to allow better connection with staff across the entire organisation. This allowed for improved networking and support to be established as well as a more agile environment in which the organisation could raise and respond to issues quickly.
- Discussion around working hours and an acknowledgement that 9-5 might not work for everyone in these circumstances e.g., if they had to undertake caring responsibilities. This may mean working irregular hours, but with no expectation of a response in those times.
- Signed up to and promoted access to a wellbeing support line throughout HR experts Citation.
- Commissioned an external body to carry out an HR survey on staff experience and wellbeing. Results to be received in the following financial year.
- Trialled an app to support more social connectivity, but this was not successful because it functioned in a hierarchical way which contradicted the collegiate structure of the organisation.
- Introduced the tax-free weekly payment to homeworking staff towards electricity and heating costs.

2.10 RISKS

Scottish Care anticipates continued membership, but the fragility of the sector both because of the pandemic and homecare sector has caused changes to membership as larger organisations buy-out smaller ones. Whilst concerns about the sustainability of the care sector obviously has implications for the sustainability of the organisation it is likely that in the short-term there will be increased need for a cohesive and unified voice and support from an organisation such as Scottish Care.

Staffing is another risk for two reasons:

Firstly, our staff have mirrored the activity of the social care sector in pandemic response, and many are experiencing fatigue. See Section 2.9 Management and Staff for actions we have taken to date. It is important that once the results of the staff survey are returned, the organisation acts quickly to respond to recommendations.

Other risk lies in the number of staff employed through short-term contracts (27). Action has been taken to capture the impact of the projects for funders and those who access care and support in Scotland, and to accrue redundancy funds to cover these posts where appropriate.





CLOSING STATEMENT

Karen Hedge

National Director, Scottish Care

There is no doubt in my mind that this has been the most challenging year for the organisation in terms of form, function, and emotion. We have all been battling the pandemic both in our personal and in our professional lives.

The organisation has flexed more than ever before, both our workplace and our workplans have changed significantly. Yet at the end, we have come through closer as a team, albeit virtually, and with stronger systems and process upon which we can rely to function effectively.

The inability to deliver our events in venue has of course cost us financially, but more importantly, we are missing in-person connectivity with our colleagues and peers. I know we all look forward to gathering again once it is safe to do so.

I would like to take the opportunity to formally congratulate our team who have worked tirelessly to perform outstandingly in the face of adversity.

I would also like to thank our Executive and National Committee, and others who have been there to guide us through these challenging times.





If you have any questions relating to this report, please contact Scottish Care:

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