



A Meeting of the Care Inspectorate Board is to take place from
11.00 am – 3.00 pm on Tuesday March 2022.

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

AGENDA

PUBLIC SESSION

1.	Welcome and Introductions
2.	Apologies
3.	Declarations of Interest
4.	Minute of Board meeting held on 10 February 2022 (paper attached)
5.	Action Record of Board meeting held on 10 February 2022 (paper attached)
6.	Matters Arising
7.	Chair's Report – Report No: B-05-2022
8.	Chief Executive's Report - Report No: B-06-2022
	STRATEGY AND POLICY
9.	Scrutiny and Assurance Plan – Report No: B-07-2022 (This report will be taken in private session prior to the commencement of the public Board meeting)
10.	Corporate Plan 2022–2025: - Report No: B-08-2022
11.	Budget and Indicative Budgets - Report No: B--09-2022
	MONITORING AND GOVERNANCE
12.	Monitoring our Performance 2021/22 Quarter 3 – Report No: B-10-2022

13.	Report of Audit and Risk Committee (paper attached)
14.	Budget Monitoring and Staffing Update– Report No: B-11-2022
15.	Model Code of Conduct for Members of Devolved Public Bodies – Report No: B-12-2022
12:30 pm	BREAK FOR LUNCH (until 1.00 pm)
16.	Equality Duty Reporting - Annual Progress Report – Report No: B-13-2022
17.	Corporate Parenting Plan – Progress Update – Report No: B-14-2022
18.	Annual Review of Care Inspectorate Financial Regulations – Report No: B-15-2022
	STANDING ITEMS
19.	Identification of Risk
20.	Board Schedule of Business 2022/23 (paper attached)
21.	Any Other Competent Business
22.	Close of Public Meeting and Date of Next Meeting: 16 June 2022 at 10.30 am



BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments
Actions from 16 December 2021					
11.0	MONITORING OUR PERFORMANCE 2021/22 – QUARTER 2 REPORT - REPORT NO: B-44-2021	KPI5 – percentage of registration applications completed within timescales. Standing at 49.3% (target 80%) – further analysis to be undertaken and circulated to Board before March meeting	I Gilray	By the 22 March Board meeting	Update in report to March Board meeting Completed
13.0	COMPLAINTS: MID-YEAR REPORT 2021/22 – REPORT NO: B-45-2021	Further analysis and update to Board on: <ul style="list-style-type: none"> • The rising pattern of Care at Home complaints compared with other service types. • The rise in numbers of complaints from Children and Young People (CYP) – figures to be checked and clarified. • The numbers of CYP complaints received through new text service 	I Gilray	Update to be provided to Board by email	Email to Board members on 17.02.2022 Completed

Agenda item 5

17.0	PROGRESS REPORT ON RACE EQUALITY IN EMPLOYMENT - REPORT NO: B-49-2021	Board to be updated on progress.	J Duncan	March Board meeting	Annual Equalities Progress report to March Board meeting
Actions from 10 February 2022					
9.0	CORPORATE PLAN 2022–2025: PRESENTATION AND REPORT NO: B-03-2022	To note/incorporate comments from Board, as outlined in the minutes.	HoCPC	Immediate – for next iteration of corporate plan	Revised draft to March Board meeting. Completed

CE: Chief Executive
EDSI-DCE: Executive Director of Strategy and Improvement & Deputy Chief Executive
EDSA: Executive Director of Scrutiny and Assurance
EDCCS: Executive Director of Corporate and Customer Services
EDITD: Executive Director of IT and Digital Transformation

HoFCG: Head of Finance and Corporate Governance
ECSM: Executive and Committee Support Manager
HoCPC: Head of Corporate Policy and Communications



Title:	CHAIR'S REPORT
Author:	<i>Paul Edie, Chair</i>
Appendices:	None
Consultation:	n/a
Resource Implications:	No

EXECUTIVE SUMMARY

While I submitted a short report to the February Board meeting that related to two retirements and on interim arrangements for the Chief Executive post, this report summarises some of my activities since the last quarterly Board meeting in December 2021.

The Board is invited to:

- Note the information contained in this report.

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

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

Reason for Confidentiality/Private Report: This is a public board report.

Reasons for Exclusion

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

CHAIR'S REPORT**1.0 MEETINGS WITH MR STEWART, MINISTER FOR SOCIAL CARE:
23 December, 13 January, 3 and 22 February**

These meetings have been continuing on a regular basis and topics touched upon included our response to the pandemic and, recently, to the rise of Omicron within the care sector and a range of other issues.

**2.0 SYSTEM PRESSURES MEETING WITH THE CABINET SECRETARY:
13, 20, 27 JANUARY, 3, 10, 27 24 February, 3 March AND SOCIAL CARE
RESILIENCE MEETINGS: 18 January**

Along with Chairs and Chief Executives of NHS Boards and representatives from local government, I have attended a series of meeting called by Mr Yousef to discuss the pressures on the NHS systems caused by the rapid rise of Omicron variant of Covid.

**3.0 SCOTTISH SOCIAL SERVICES COUNCIL (SSSC) MEMBERS AWAY DAY:
17 January**

The annual away day was held virtually and among items discussed was a new Code of Conduct for Council members.

4.0 NHS CHAIRS MEETING WITH CABINET SECRETARY: 24 January

This was the regular meeting with the Cabinet secretary and Ministers. Issues touched upon included the response to Covid and the system pressures caused by Omicron.

5.0 SINC MEETING: 1 February

This was the latest meeting of European Health and Social Care regulator.

6.0 SSSC MEETING: 28 February

This was the quarterly meeting of the Council and topics discussed included the draft budget and the Corporate Governance Framework

7.0 CARE INSPECTORATE BOARD MEMBER INTERVIEWS

I have been involved with the process of selecting new Board members to replace Anne Houston, who retired from the Board earlier this month, and also Bernadette Malone, who stepped down immediately prior to the pandemic starting. This has involved a series of meetings to determine the right skills mix for the Board and subsequently shortlisting followed by several days of interviewing.

BOARD MEETING 22 MARCH 2022

Agenda item 7
Report Number: B-05-2022

At the time of writing we still have one more day of interviews to conduct. It is hoped that new Board members will be able to take up their duties in April.

8.0 CHIEF EXECUTIVE RECRUITMENT

The process of hiring a new Chief Executive to replace Peter MacLeod has begun. We will shortly be going to advertise this post and hope to have made an appointment by the next Board meeting.



Title:	CHIEF EXECUTIVE'S REPORT
Author:	Edith Macintosh, interim Chief Executive
Appendices:	1. None
Consultation:	N/A
Resource Implications:	N/A

EXECUTIVE SUMMARY

This report presents the Board with information on key strategic areas of work and developments for the Care Inspectorate since the last quarterly report to the Board in December 2021.

The Board is invited to:

- Note the information contained in the report.

Links:	Corporate Plan Outcome	All	Risk Register - Y/N	Y	Equality Impact Assessment - Y/N	N/A	
For Noting	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Decision	<input type="checkbox"/>

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

Reason for Confidentiality/Private Report: N/A – this is a public Board report.

Disclosure after: N/A

BOARD MEETING 22 MARCH 2022

Agenda item 8
Report No: B-06-2022

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
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CHIEF EXECUTIVE'S REPORT

1.0 INTRODUCTION

Following the retirement of Peter Macleod on 10 February, I have had the privilege of taking up the interim role of Chief Executive. As a consequence, we have put in place some other temporary arrangements at directorate level with the appointment of Craig Morris as interim Executive Director of Strategy and Improvement.

1.1 Scottish Policy Conference – Implementation of the National Care Service

In my new role, I attended as keynote speaker the Scottish Policy Conference event on 2 March 2022, alongside the Scottish Social Services Council and other key stakeholders, including the Minister for Mental Wellbeing and Social Care. The event focussed on Priorities for the Implementation of the National Care Service (NCS), and I outlined the Care Inspectorate's views on the NCS as submitted via our consultation response last year.

The Scottish Government has published the [responses](#) that it has received to its consultation on the NCS proposals, as well as [independent analysis](#) of the responses. We await the Scottish Government's formal response, which is expected in Spring 2022, ahead of the framework legislation being laid in the Scottish Parliament in June 2022.

1.2 Public Covid-19 Inquiries – Scotland and UK

1.2.1 Scottish Ministers fixed 28 February 2022 as the setting-up date for the Scottish Covid-19 Inquiry, following discussion with the Chair, the Hon. Lady Poole QC. The setting-up date is a requirement of the 2005 Inquiries Act.

The Scottish Government has also updated its [Covid-19 public inquiry page](#) to provide information on the establishment phase of the inquiry. The inquiry is noted to be "proceeding at pace" - recruiting an inquiry team, putting in place premises and infrastructure and procuring a bespoke website (www.covid19inquiry.scot when available).

The inquiry is aiming for a public launch in early summer 2022, which will be announced on the inquiry website in due course.

1.2.2 I have been invited to attend the UK Covid-19 Inquiry Social Care Roundtable discussion on 17 March. Due to a ministerial meeting on the same day, the Head of Legal Services and Head of Corporate Policy and Communications are attending in my place. This is an opportunity for the Care Inspectorate to help shape the work of the UK Covid-19 Inquiry by providing feedback on its draft Terms of Reference.

1.3 Scottish Care Events

I have been invited to attend two forthcoming events being run by Scottish Care in April, noted below.

1.3.1 Annual Conference and awards - 1 April 2022

The annual conference is entitled “Care Chrysalis: An emerging future” and I will be speaking on the topic of Regulation and Partnership. The focus of the event will be on the significant role care home services play in ensuring individuals can remain connected to their communities and the criticality of their involvement in shaping Scotland’s future health and social care system.

1.3.2 National Care at Home and Housing Support conference and Exhibition - 13 May 2022

The event is entitled “Home is Best: the critical role of homecare and housing support” and I will be speaking on the subject of regulation and its future in homecare.

1.4 Introductory Meetings

Since taking up my role as interim Chief Executive, I have had introductory meetings with Donald Macaskill (Scottish Care), Robbie Pearson (Healthcare Improvement Scotland) and Iona Colvin (Chief Social Work Adviser). In the coming weeks, I am also due to meet with Annie Gunner-Logan (CCPS) and Eddie Follan (COSLA)

2.0 COLLABORATION/PARTNERSHIP WORKING

2.1 The Health and Social Care Improvement Team (H&SCIT)

The H&SCIT has been commissioned by Scottish Government to take forward two pieces of quality improvement work:

- The first project is a study to examine the use and review of psychoactive medication in care homes during the pandemic. This project will run for one year and approximately 160 care homes that met the inclusion criteria for the study will be involved. The project will start in April/May 2022.
- The second project is focused on supporting the Scottish Government’s Rehabilitation Framework in Social Care. The Framework identifies in its scope the rehabilitation of people who have had Covid-19. Also, for those who have experienced a negative impact as a consequence of Covid-19 restrictions. This will build on the learning from the Care About Physical Activity (CAPA) programme, to re-engage with care homes, care at home,

housing support and adults and older people's day services. The project will run for one year from April 2022.

2.2 Infection Prevention Control (IPC) standards

The Health Improvement Scotland (HIS) IPC Standards are entering the final stages in preparation for their planned launch in May 2022. It is proposed that a three-month lead-in period is given to adult care homes to prepare for the Care Inspectorate taking the standards into account during Scrutiny and Assurance activity, from September 2022

2.3 Funding extensions

The Early Learning and Childcare (ELC) improvement programme and the Technology Enabled Care (TEC) work have had their funding extended to March 2023 and March 2024 respectively. This will enable further development of targeted quality improvement support to ELC services not meeting that national standard and TEC programmes to support the understanding and use of digital solutions in social care.

2.4 Bairns' Hoose

We are making good progress with Healthcare Improvement Scotland on the joint development of Bairns' Hoose standards, on behalf of Scottish Government, and are involving children and young people with lived experience directly in developing the standards.

2.5 Self-Evaluation Tool on Use of Restrictive Practices

Following the pilot of our self-evaluation tool on the use of restrictive practices in services for children and young people in December 2021, the children and young people regulated inspection teams launched the self-evaluation tool in January 2022 and supported this launch with the delivery of webinars. The webinars were co-produced with our improvement team, our Promise lead, CELCIS, and providers who took part in the pilot. Feedback on the webinars, and the self-evaluation tool, has been very positive, and shows our commitment as an organisation to Keeping The Promise.

2.6 Learning Review Liaison Group

The Learning Review Liaison group has now been fully established between the Child Protection Committees Scotland (CPC Scotland), Scottish Government and the Care Inspectorate. The group was primarily established to consider recommendations from Learning Reviews (previously Initial case reviews and significant case reviews) where national recommendations have been made and better coordinate improvement action. It will also ensure feedback is given to the respective child protection committees in respect of the recommendation

made and consider key themes and improvements required drawn from the Care Inspectorate's annual reports.

2.7 Strategic Scrutiny- Joint inspection of Adult Services (JIAS)

A Programme Reference Group has been established for the JIAS, including HSCP and Scottish Government leads for health and social care, to support, inform and promote the joint inspection programme in adult services. Members will contribute the views and expertise of the organisations and groups that they represent and provide feedback from the reference group back to their organisations and groups. This is co-chaired by the Care Inspectorate and Healthcare Improvement Scotland. An Engagement Group, with membership drawn from individuals and groups with lived experience, will also be established to ensure that the programme continues to be informed by the experiences of people who use health and social care services.

2.8 ELC partnership with Further and Higher Education providers

One of our service managers from ELC inspection presented at two meetings to providers of HNC/HND childcare qualifications to raise awareness of the need for new staff to have a good grounding in childcare development and safety in light of recent incidents regarding an increase in children leaving premises. Providers were directed to our work in SIMOA (Safety / Inspect / Monitor / Observe / Act) and the revisions within the Early learning and childcare: national induction resource to highlight and minimise risk to our youngest children. As a result of this, further requests have been made for inputs to students at colleges in Highland and South Lanarkshire

2.9 ELC Practice Notes

We have identified a number of key priority areas where we will write practice notes to support our scrutiny work and current government policy in ELC and Out of School Care. We will collaborate with colleagues in Allied Health Professionals to publish these practice notes, which include:

- further advice to the sector on children leaving premises extension of our SIMOA campaign;
- a note entitled 'Sing for joy and learning' for ELC sector to promote creative singing and musical experiences;
- focussed work on critical importance of quality mealtime experiences; and
- good practice and research on quality environments and experiences for one – two-year-olds in light of expansion agenda for younger children.

2.10 Generations Working Together

We have made links with 'Generations Working Together', a nationally recognised centre of excellence supporting the development and integration of intergenerational work and identified key areas where we will strengthen our

knowledge and skills. This will better support applicants wishing to register care homes with ELC provision attached. We will collaborate with colleagues in Generations Working Together who have allocated three places at their conference, to further support this work. From this, we will publish guidance for the sector and internally.

2.11 Accommodation-based care and support for adults with learning disability and autistic adults

In support of the policy position on accommodation-based care and support for adults with learning disability and autistic adults we are working with the Scottish Commission for People with Learning Disabilities (SCLD) who have produced a draft easy read version of the policy. Representatives from the registration team have been invited to attend the SCLD housing advisory group on 14 April to talk to the policy position. The work of the Care Inspectorate in relation to this policy was referred to [The Coming Home implementation report](#), published by the Scottish Government on 21 February.

3.0 STAFF/PARTNERSHIP FORUM ENGAGEMENT

3.1 Partnership Forum Working

Following externally facilitated development sessions, we have established a Partnership Forum Short Life Working Group to review how staff and management side can work together more effectively. We are considering new structures to Forum meetings and how we can interact most positively.

3.2 Recruitment

During 2021, the HR team collaborated with Organisational Workforce Development (OWD) on a project to review inspector recruitment. Following this work, a campaign was run in September 2021 to test several changes. Our current inspector campaign (advertised 18 February) is being managed on a similar basis and will allow us to further review and evaluate outcomes. Learning from this work will also be transferred to improve other campaigns where relevant.

3.3 Welcome to Your Vote

As part of raising the awareness of the rights for young people to vote in the Scottish Council Local elections on 5 May 2022, we co-hosted Welcome to your Vote webinars. These took place on 25 February 2022, in partnership with the Electoral Commission, Aberlour Childcare Trust and the office of the Children and Young People's Commissioner for Scotland.

3.4 Stonewall

The Care Inspectorate as an employer has been awarded the Bronze Award through the Stonewall Diversity Champions Programme. It was the first time the Care Inspectorate had made a submission under the Diversity Champions Programme and the first time that the organisation had been audited externally through the Stonewall Workplace Equality Index assessment scheme.

3.5 Wellbeing

‘Time to Talk Day’, the nation’s biggest mental health conversation, took place on 3 February 2022. We continue to signpost staff to the range of resources available to them, both internally and externally. In February, we focussed on resilience and change to promote developing the right strengths and coping strategies, to support health and wellbeing.

3.6 Supporting the Hybrid Working Trial

Our 12-month hybrid working trial started on 7 March, and we have spotlighted a range of learning resources, including webinars for managers and staff, to support them with new ways of working whilst ensuring organisational needs. Guiding principles have been shared with the workforce on how to maximise learning outcomes in a virtual, face-to-face, or blended environment.

3.7 Skills matrix for regulated care inspectors

An approach to developing a skills matrix for regulated care inspectors has been agreed with the Chief Inspectors, and a small working group set up comprising representatives from OWD, ELC, Adults, Children and Young People, Registration and Complaints teams. The matrix will support us to strengthen our approach to identifying learning needs, give a shared understanding of the core requirements for the role of inspectors and demonstrate a clear alignment between learning and development and the strategic direction of the organisation. The matrix will be published in April 2022.

3.8 Employee Survey

Our 2022 joint partnership survey opened on 14 March 2022 for a period of two weeks. The employee survey is an important tool in providing our staff with a strong voice so we can understand how things have changed for our staff over the last three years and how can we build on this learning to support the continued development of our staff, managers and culture. The survey results will be used to develop and prioritise any actions where improvement is identified.

4.0 BUDGET/TRANSFORMATION

4.1 HR Structure

We are moving to a new HR structure with permanent roles for all staff, thereby ending the temporary and acting up arrangements that have been in place and leading to more stability. We have recruited three new Senior HR staff - two business partners in the Care Inspectorate and SSSC respectively and a senior advisor to manage the transactional services and payroll interface across the team.

We have also recruited to a recruitment advisor role to lead a recruitment team for the Care Inspectorate and SSSC and finalised the structure for HR advisor and HR assistant roles across the team with a commitment to have all posts filled by the end of March.

4.2 Procurement and Accounts Process

During quarter 4 we have continued to review and improve our business processes in Accounting and Procurement to improve the customer experience and realise process efficiencies across disciplines.

We have completed the annual review of the Procurement Strategy which has been updated to include the seven principles of Fair Work First into our Sustainability duties. We have also published 12 procurement notices on Public Contracts Scotland procurement portal and have awarded 15 contracts with a combined contract value of £1.278m.

4.3 Podcasts

Prior to the pandemic, the communications team had begun researching and developing its approach to podcasting as a new communication and engagement channel for the organisation. This work has now resumed and is at a stage where production can begin. The first podcasts will involve the corporate parenting group and help staff understand what corporate parenting is and what it means for them. The podcasts will feature members of the group, and external guests, for example young inspection volunteers and people from organisations. We will then look at developing public podcasts aimed at an external audience, with content and guests that are highly relevant and engaging for our audiences.

4.4 Election period

We will be following the Scottish Government's local election guidance regarding the handling of business up to and during the pre-election period, which runs from 14 April to 5 May 2022, although some local authority pre-election periods may commence from 14 March 2022.

4.5 Learning from Complaints about the Care Inspectorate

Professional Standards and Practice is currently reviewing the learning from complaints about the Care Inspectorate from 1 January 2021 to 31 January 2022. The objective of this exercise is to consider what the types of issues raised by complainants can tell us about how Care Inspectorate business is perceived externally. It also gives us the opportunity to consider the extent to which existing practices may require further development. The resulting report will take into account the impact of the Covid-19 pandemic externally and internally.

5.0 POLICY AND STRATEGIC DEVELOPMENT

5.1 Consultation Responses

We have responded as an organisation to the following consultations:

- Community Justice Outcome Activity Across Scotland Annual Report 2020-21 (Community Justice Scotland)
- Bail and release from custody arrangements in Scotland (Scottish Government)
- Survey for employers re changes to HNC Social Sciences qualification (Scottish Qualifications Authority)
- Theory of Change for Making Children's Rights Real in Scotland – Interim Paper.

5.2 Evidence Provision

We have responded to the Scottish Parliament's Covid-19 Recovery Committee's call for evidence on scrutiny of the Coronavirus (Recovery and Reform) (Scotland) Bill.

Through the Chief Inspector (Strategic) we also provided evidence to the Health, Social Care and Sport Committee in January 2022. This related to the committee's inquiry into the health and wellbeing of children and young people in Scotland.

5.3 Media Engagement

We continue to engage positively with media enquiries on a range of issues including the quality of care experienced, complaints, improvement support and legal action.

5.4 Children and Young People Services

The children and young people regulated inspection teams have published a protocol and procedures for secure accommodation services on the use of registered emergency beds. Guidance has also been produced for providers of care homes for children and young people on the emergency relaxation of conditions of numbers in response to the Age of Criminal Responsibility (Scotland) Act 2019 which prescribes duties to provide places of safety to children in certain circumstances. Both of these guidance documents are designed to ensure consistent practice, expectations and outcomes, and uphold the rights of children and young people using care services in Scotland as part of our commitment to Keeping The Promise.

The children and young people regulated, and strategic inspection teams have carried out an Analysis of data we hold on young people placed on Deprivation of Liberty (DoL) orders between September 2018 and December 2021; and a Short thematic review of children and young people placed on DoL orders, carried out across January 2022. This work was completed at the request of Scottish Government, to inform future legislative changes.

5.5 Thematic Inquiry of Carers experiences of social work and social care

The Strategic Scrutiny Adults team is undertaking a national inquiry into unpaid carer experiences of specifically social work and social care. This is an important area of work, with estimates being that during the pandemic the number of unpaid carers in Scotland has risen to more than one million. This inquiry will give opportunity for carers to engage with us about their experiences with the aim being to identify national learning and ultimately improve the social work experiences of carers across Scotland. We have engaged with Scottish Government and social work in preparation for this and national and local carers organisations and experiences are informing the design and timing of the work.

5.6 Anne's Law

We have been working with Scottish Government on the introduction of new Health and Social Care Standards and legislation to ensure that the rights of families to visit residents are upheld during restrictions. This has included supporting the public consultation and drafting of the new standards.

On 9 March, Kevin Stewart, Minister for Mental Wellbeing and Social Care, announced in Parliament during a debate on Anne's Law that the Scottish Government "will introduce by the end of this month those two new strengthened statutory care standards, which will ensure that visitors can be involved in the care and support of their loved ones and provide a strong emphasis on helping residents and their families remain connected". He added "that also means that the Care Inspectorate, under its existing legal powers, will now have a strengthened role to ensure that the new standards are implemented and, more

importantly, upheld. The Care Inspectorate is committed to that work and, to augment it, we will provide further support and dedicated resource to enhance the Care Inspectorate's role in supporting visiting rights". The Minister noted that the legal standards that are being put in place will provide an immediate route to implement Anne's Law as the Care Inspectorate is required to take account of them in their inspections and enforcement activity.

5.7 Methodology

5.7.1 Quality Framework for care homes for adults and older people

The revised Quality Framework for care homes for adults and older people was published in February 2022. A webinar took place for the sector on 9 March to advise them of any changes and to address any questions they might have.

5.7.2 Self-evaluation toolkit

A self-evaluation toolkit was published alongside the revised quality framework. This will support providers with self-evaluation and improvement.

5.7.3 Quality assurance process

The methodology team has completed a review of the quality assurance process for our scrutiny activities. A new process with guidance for staff has been developed and will be rolled out in the new inspection year.



Title:	CORPORATE PLAN 2022 - 2025
Author:	<i>Lisa Rooke, Head of Corporate Policy and Communications</i>
Appendices:	1. Final draft of Corporate Plan (2022 – 2025)
Consultation:	Outlined in report.
Resource Implications:	No

EXECUTIVE SUMMARY

Our current Corporate Plan set out our vision, purpose, and values for the 2019 – 2022 period. It also set out our business model, three strategic outcomes and the key principles we would follow to help us achieve these.

The Board agreed in August 2021 that we would develop a new Corporate Plan to cover the three-year period from 2022- 25.

This paper sets out the consultation that has taken place throughout October 2021 to February 2022 to gather feedback and views to inform the development of this new Corporate Plan. The feedback, from a wide range of individuals and organisations, has shaped the development of the new plan. The paper also sets out the timetable to publication.

The Corporate Plan 2022-25 sets out the context that we are working within and recognises the changing landscape coming forward. It then sets out our vision, mission, strategic outcomes, priorities, and measures for the next three years.

Appendix 1 contains the final draft of the Corporate Plan.

The Board is invited to:

1. The Board is invited to approve the final draft of the Corporate Plan.

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

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.

BOARD MEETING 22 March 2022

Agenda item 10
Report No: B-08-2022

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

a)	Matters relating to named care service providers or local authorities.
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CORPORATE PLAN 2022 - 2025

1.0 INTRODUCTION

Our current Corporate Plan was published in 2019 and set out our vision, purpose, and values for the 2019 – 2022 period. Work began in 2020 to produce a revised corporate plan, but this was put on hold when the second wave of Covid-19 began to develop.

In August 2021, the Board agreed to a new Corporate Plan being developed to cover the three-year period from 2022 – 2025; setting out our strategic outcomes for this period and providing clarity on how we will deliver these outcomes and how we will measure our performance.

Consultation took place throughout October 2021 to February 2022, to gather feedback and views to inform the development of the new three-year Corporate Plan.

2.0 CORPORATE PLAN CONSULTATIVE GROUP

A Corporate Plan consultative working group was established in September 2021 and has continued to meet monthly. The group consists of Board Member, Bill Maxwell, and representatives from across the organisation. It was set up to provide input on the development of the Corporate Plan and advise on engaging as widely as possible both internally and externally. The group will continue to meet monthly until the Corporate Plan is finalised.

3.0 CONSULTATION PROCESS

Various activities have been undertaken to consult on the new Corporate Plan. Our primary focus was to gather views through a survey, facilitated discussion and workshops with our stakeholder groups.

We have ensured our consultation is open, accessible, and inclusive using the Citizen Lab platform and in our promotion and communications relating to the consultation.

The following consultation activities took place:

- We held over **20** internal meetings with staff and volunteers resulting in over **300** colleagues contributing their ideas and views.
- We also held **11** meetings with external partners and carer groups with over **80** people attending these meetings.
- In addition to our consultation sessions, we had over **150** responses to our online surveys.

4.0 KEY THEMES FROM THE CONSULTATION

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The key themes that arose from the consultation can be summarised as follows:

- The need for clarity in language, terminology, and statements.
- The need to keep the corporate plan concise, easy to read and easy to understand.
- The need to effectively promote who we are and what we do, communicating any changes and taking people with us on our journey.
- Understand the groups that we are trying to reach and find new ways of communicating to ensure we involve as many people as possible.
- Ensure we are open to everyone.
- Support people to understand their rights.
- Collect and share good practice and experiences.
- Find ways to gather feedback on a continuous basis out with the inspection and complaints process.
- Continue the collaborative approach that has been adopted throughout the pandemic and develop relations between inspectors and services.
- Collaborate internally by developing cross-team and cross-directorate opportunities.
- Collaborate externally and reach out to organisations and services to understand how we can best support them
- Continue to develop self-evaluation as a powerful tool and ensure it is understood, realistic and honest.
- Look at how we use our data to be proactive and inform our strategic approach.
- Develop our digital platforms to improve communications, enable more feedback and gather information. Understand the customer experience.
- Promote rights, choice, positive risk taking and safety.
- Adopt permanently the more flexible risk and intelligence-led approach adopted during the pandemic.

5.0 PERFORMANCE MEASURES

The performance measures have been developed in consultation the Board, Strategic Leadership Team and with an organisation-wide consultative group. These measures are included in the new Corporate Plan.

They will be reported on throughout this year and reviewed annually to ensure they remain relevant. Proposed targets for each Key Performance Indicator are being developed and will be presented to the Board at the next meeting.

6.0 PROPOSED TIMESCALES

Timescale	Activity
March	Communications plan for publishing and promotion finalised
22 March	Board sign off
March	Final revisions
April*	Publish and promote new Corporate Plan

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April 2022	Develop Directorate Business Plans aligned to Corporate Plan
May 2022	Develop Team business plans aligned to Corporate Plan and Directorate Plans

**subject to confirmation that it can be published during the pre-election period.*

7.0 IMPLICATIONS AND/OR DIRECT BENEFITS

7.1 Resources

None.

7.2 Sustainability

None.

7.3 Policy

As we begin to look ahead, we need to anticipate how the next set of changes will impact us and ensure that we are ready and able to respond. The new corporate plan will require flexibility to address these drivers of change.

This paper should be considered in the context of intense policy attention on social care throughout the Covid-19 pandemic. The pandemic continues to be a major subject of policy discussion, both in terms of the challenges it presents and the reflection and scrutiny that is taking place as we move towards a public inquiry.

These include:

Workforce: Covid-19 has shone a light on the care sector, its workforce and the extraordinary efforts of health and social care workers across Scotland in meeting the unprecedented challenges of the pandemic. We have a highly skilled workforce and our strategic workforce plan details how we are supporting colleagues to further develop their skills and expertise. Our strategic workforce plan will be updated alongside the corporate plan to ensure that the two are aligned. Similarly, we will look at how we can support the sector in attracting the skills and resources it needs to operate successfully considering the ongoing impact of Brexit on the sector.

National Care Service / Review of Adult Social Care (Feeley): The Feeley report recommended improvements to the adult social care system of support in Scotland, in terms of the outcomes achieved by and with people who experience care. The Review recommended the establishment of a National Care Service, setting out how it could “drive consistent, high quality social care support in partnership with people who have a right to receive that support, unpaid carers and the workforce”. It set out **53** formal recommendations, including revisiting the role of existing national care and support bodies – such as the Care Inspectorate and Scottish Social Services Council - to ensure they are fit for purpose in a new system. This will influence the strategic direction and work of the Care Inspectorate, particularly in the following areas:

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- Market Oversight
- Data sharing
- Quality improvement
- Partnership working
- Involving people
- Rights based care

The Scottish Government recently consulted on proposals for a National Care Service, which followed Feeley's recommendations. As the National Care Service is developed, debated, and implemented in the coming years this is likely to have a significant impact on social care and social work, with implications for our role and function.

The Promise: The Scottish Government has committed to a review of the 'care system' to meet the needs of children and families and ensure the rights of children must be at the heart of the new framework. The Care Inspectorate is required to demonstrate an understanding of what children and families value, and inform, support, enable and make any changes necessary to ensure the Promise is kept. It will require us to ensure that our inspection and regulation place children's and families' values at its heart.

Early Learning and Childcare (ELC) expansion: We have supported the Scottish Government's expansion of ELC for every three and four-year-old and eligible two-year-olds by contributing to the national governance of the expansion plan. With the rollout of the statutory requirement to provide 1,140 hours of funded ELC coming into force in August 2021, the next stage is to ensure the implementation of 'Funding Follows the Child' and ensuring providers meet the National Standard. As a result, our scrutiny work is key to monitoring the quality of provision and eligibility to provide funded ELC. We will also need to assess the implementation of the Strategic Framework for school age children and the commitment to build a wraparound childcare system providing care before and after school. We will need to consider the impact of these commitments on our role in the scrutiny or improvement support of these services.

Reform of Education Scotland / Scottish Qualifications Authority: Following the report by the Independent Advisor on Education Reform '[Putting Learners at the Centre: Towards a Future Vision for Scottish Education](#)', the Care Inspectorate notes the recommendations for new bodies to replace Education Scotland and the Scottish Qualifications Authority, including proposals for a shared inspection framework for early learning and childcare settings. We have committed to working collaboratively on this shared framework.

The National Performance Framework (NPF): The NPF is due to be refreshed during this Parliament.

Corporate Parenting role: We will continue to review our progress as a corporate parent and our duties to support care experienced by young people and promote their needs and interests. Our corporate parenting plan will be required to be updated in the lifetime of this new corporate plan to ensure that we are achieving our commitments and remain aligned to The Promise.

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United Nations Convention on the Rights of the Child (UNCRC): The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill passed Stage 3 in March 2021 and embeds the UNCRC into domestic law. The Bill was subject to a legal challenge by the UK Government but, if enacted as expected, the Care Inspectorate will be required to publish a report highlighting its actions to ensure compliance with the convention. As well as demonstrating compliance, it will be important for us to show how we are living and breathing children's rights across our work and decision making.

Equalities: Our equality outcomes and action plan map out how we plan to meet duties in relation to equalities. This includes how we develop and evaluate rights-based care; how we train our employees and volunteers; and how we procure services and goods from others. We will continue to work towards meeting our equality goals and will publish details as we progress these actions. We are committed to being inclusive and accountable on making equality, diversity, and inclusion integral to everything we do.

Digital transformation: We started a transformation journey over three years ago, implementing a digital system for managing complaints about care services. We then replaced the paper registration form with an online version and streamlined the processing of registration applications onto our main Register. The next stage will support a new business approach to scrutiny, by providing a digital platform to capture and consolidate intelligence so that scrutiny activities can focus on areas of greatest potential risk. This will be underpinned by the creation of a common data hub to gather and share relevant information from stakeholders including public sector partners, providers and those experiencing care. It will provide oversight of care provision from market level down to individual providers and services, which will enable the organisation to be more proactive in identifying improvements, moving from remedial to preventative interventions, and being more flexible in response to changing circumstances and demands. Again, this links in with the recommendations of the Feeley review and will be key to shaping our future role.

Societal and economic recovery: Covid-19 has exacerbated existing inequalities disproportionately affecting those living in disadvantaged areas and from ethnic minority backgrounds. There is a need to address the deep-rooted inequalities across Scotland and tackle child poverty. There is an opportunity to amplify our role in supporting improvements across public services to help reduce health and social inequalities across the country.

7.4 People Who Experience Care

It is imperative that the Care Inspectorate's core purpose of scrutiny, assurance and improvement support is set out clearly though a Corporate Plan which is easily understood and accessible to people experiencing care services, our partners and all who we work with. In developing our new Corporate Plan, particularly in the light of the pandemic, it will ensure our critical work is carried out in a way that focuses on safety and outcomes for people, paying particular attention to overall health and well-being of people experiencing care.

7.5 Customers (Internal and/or External)

The new Corporate Plan has been developed through a consultative process which involved internal colleagues, external partners and people experiencing care.

8.0 NEXT STEPS

The Board is invited to **approve** the final draft of the corporate plan.

It is anticipated that the new Corporate Plan will be published in April 2022* and a communications plan will support its promotion, both internally and externally.

**subject to confirmation that it can be published during the pre-election period.*



Corporate Plan 2022-2025

Care. It's what we do



HAPPY TO TRANSLATE

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Foreword
Paul Edie, Chair

Our continuing vision for world-class social care and social work





We will work collaboratively to maintain a focus on supporting services to improve and ensure that people are able to influence and shape their care and support.”

Our Corporate Plan 2022-25 sets out our vision, purpose, ambition and priorities for the next three years. Through our core purpose of providing scrutiny, assurance and quality improvement support we will contribute towards world-class care, support and learning opportunities in Scotland, where everyone, in every community, experiences high-quality social care and social work that is compassionate and tailored to their rights, needs and wishes.

The Covid-19 pandemic has and continues to cause incredible challenges for many across our society, not least staff working in social care services across Scotland to deliver the best possible care.

I would like to express my thanks to all those across health, social care, social work and early learning and childcare who have worked so tirelessly over the past couple of years, as well as to the staff at the Care Inspectorate who have dedicated so much commitment, resilience and professionalism to support the sector during these challenging times.

This corporate plan has been developed in consultation with staff, volunteers, care services, partners and the island communities, taking into account the lessons learned throughout the pandemic and the ongoing and significant changes in the political and social care landscape.

The Care Inspectorate will work collaboratively and continue to maintain a focus on supporting services to improve and ensure that people are able to influence and shape their care and support.

We will keep the Health and Social Care Standards central to all that we do. In doing so, our staff will play a crucial role in protecting people, and importantly, providing assurance for those who care for them, such as relatives, friends and local communities, and driving quality improvement.

We will do this by maintaining our commitment to our core purpose and statutory duties and delivering our four high-level strategic outcomes in our corporate plan. These outcomes support our vision and values and positively promote equality, improved health and wellbeing and social justice for all.

There are developments that the Care Inspectorate will continue to influence, shape and contribute to, such as the implementation of The Promise, and the rollout of the expansion of funded early learning and childcare (ELC). We will also work with the Scottish Government and partners on delivering the recommendations of the Independent Review of Adult Social Care and the implementation of changes coming forward as part of the National Care Service.

I remain committed to the Care Inspectorate’s vision of world-class social care and social work in Scotland, and I look forward to working with everyone to implement our ambitions in our Corporate Plan 2022-25.

Paul Edie signature

Paul Edie, Chair

Introduction

Edith Macintosh, Interim Chief Executive

Collaborating for world-class social care and social work





No matter what challenges we face, those experiencing care and support must remain at the very heart of all we do.”

Many people in Scotland will experience social care and social work services at some stage in their lives. Everyone has the right to experience high-quality social care and social work that meets our national Health and Social Care Standards. Care must be compassionate, rights-based, respects choices and helps to realise individual rights, hopes and ambitions.

The Covid-19 pandemic has seen social care and social work services of every kind face unprecedented challenges. Every person, service and organisation involved in the care sector has had to rapidly adapt to continue supporting and caring for people experiencing care within the context of the pandemic.

No matter what challenges we face, those experiencing care, support and learning opportunities – infants, children, young people and adults – must remain at the very heart of all we do. We have an important role to play in keeping The Promise to care-experienced infants, children, young people, adults and their families so that every child grows up loved, safe and respected, and is able to realise their full potential.

Social care and social work are changing, driven by the emerging changes in national policy and the evolving impacts and ongoing challenges of the Covid-19 pandemic. We must be ready to implement public policy changes, new legislation and reform to deliver the new National Care Service, which will mean change across the sector;

both for services themselves, providers and partnerships, and the agencies that support and oversee them. We need to retain our capacity and ability to adapt and respond effectively to the demands such changes might bring while remaining true to our core purpose that people experiencing care are at the heart of all that we do.

With change, comes the opportunity to make improvements and do things better. Any reform must be focused on equality, human rights, be person-led and recognise the value of those who provide social care and social work in Scotland. People who experience care are essential members of our wider communities and should be supported to contribute and participate. Emerging different models of care and support represent an opportunity to strengthen these values and to strengthen our society as a whole.

As we await the outcomes and decisions that will follow the public consultation on a new national care service, this corporate plan will support us to continue placing people at the heart of all we do and reflects our duties and responsibilities, so we can play our part in ensuring that everyone in Scotland can experience world-class social care and social work.

Edith Macintosh, Interim Chief Executive

The Care Inspectorate

Who we are and what we do

The Care Inspectorate is the independent scrutiny and improvement support body for social care and social work services in Scotland.

We support and regulate 11,762 services

38

adoption services

71

adult placement services

3,886

childminders

17

childcare agencies

3,559

day care of children services

59

fostering services

5

offender accommodation services

62

school care accommodation services

5

secure accommodation services

1,058

housing support services

1,392

care home services

255 Adults

336 Children and young people

801 Older people

121

nurse agencies

1,489

support services

1,095 Care at home

394 Other than care at home

We also carry out scrutiny assurance and improvement activity for social work services, including joint inspections services with partners, across services for:

- children and young people
- adults
- older people
- justice services

Across
32
local authorities

31
integration authorities

Current partners in our strategic joint inspection programmes include

- Healthcare Improvement Scotland
- Her Majesty's Inspectorate of Constabulary in Scotland
- Education Scotland
- Her Majesty's Inspectorate for Prisons in Scotland



Where we are now

Covid-19 continues to significantly impact people's lives and livelihoods, more so than any events of recent times. It has brought tragedy to Scotland, as it has around the world, and has presented the most challenging of times. Health, social care and social work professionals across Scotland have shown dedication, compassion, professionalism and talent in caring for Scotland's most vulnerable people throughout. The Care Inspectorate and the social care and social work system in Scotland have adapted and learned as a result of the challenges of the pandemic and will continue to do so.

We are committed to protecting people from harm and to providing public assurance in the quality of care and support delivered by individual services, health and social care partnerships and across local communities.

All social care services in Scotland, including early learning and childcare, must be registered with us. We inspect these services, reporting on performance and identifying improvements they need to make. We have powers to enforce change where it is needed. We also investigate and resolve complaints about services.

We take an intelligence-led, risk-based and targeted approach to scrutiny, assurance, and quality improvement support. We rigorously monitor services, gathering and analysing intelligence, which helps to target our approaches effectively and efficiently, as well as helping to shape and influence local and national policy and practice.

Our expert workforce provides scrutiny and support for quality improvement to services every day, sharing information, guidance and good practice to deliver sustainable improvements that lead to high-quality care.

Working with our colleagues in social care, social work, healthcare, and education, we are committed to the health and wellbeing of those experiencing care, support and early learning services.

We place human rights and the Health and Social Care Standards at the heart of all that we do so that services and communities are safe places for people to live well and flourish, with their rights, needs and choices respected.

Involving people who experience care in our work is essential to inform, influence and improve what we do. We keep equality and diversity central to all we do as we continue to embed our duties of assurance, furthering quality improvement, and involvement.





Where we are going

Throughout the pandemic we have worked closely with our colleagues in social work, social care, healthcare and education to support the health and wellbeing of those experiencing care, support and early learning opportunities. The pandemic has highlighted the interdependencies across health, social care, social work and education and the need for system-wide approach. Healthcare, social care, social work and early learning and childcare all bring value and unique benefits and there must be a shared understanding of each sector and the issues and risks each face.

As we look ahead to the next three years, it is essential to continue to apply our learning as we live with Covid-19 and ensure that we are fully prepared for any public health emergencies in the future. We must ensure that we have a holistic, collaborative system with the required capacity to continue to meet the needs of those experiencing care and support, both now and in the future.

The National Care Service will have a significant impact on the delivery of social care and social work services in Scotland. As the National Care Service is debated, developed, and implemented, this will have significant implications for our

role and function. It presents an opportunity to influence and adapt to this changing environment, strengthening our role, purpose and ability to support and contribute to the delivery of world-class social care, social work and support in Scotland.

We are committed to achieving the ambitions set out for us in The Promise and welcome the reform that is under way and aimed at improving outcomes for infants, children and young people. We will also contribute to changes that are coming forward as part of the education reform agenda. It is essential that the needs of the different groups and services within education are taken into account, as well as the wider impact on the inspection and scrutiny landscape to deliver a streamlined, consistent and collaborative approach.

The Care Inspectorate will support the priorities of the National Performance Framework, contribute to reducing health and social care inequalities and empower communities. We support the building of the wellbeing economy where everyone has access to the opportunities they require to support their wellbeing.

National Performance Framework

All of the Care Inspectorate’s work supports the delivery of the National Performance Framework and is focused on delivering the National Outcomes. Our work has a particular emphasis on creating opportunities for everyone living in Scotland, improving their wellbeing, reducing inequalities, and achieving social progress.

While the pandemic has impacted upon these in different ways, our Corporate Plan for 2022-25, focuses on our contribution to helping achieve the National Outcomes over the next three years. These include ensuring people:





Key plans and strategies to help us achieve our vision

- ▶ Carbon Management Plan 2018-23
- ▶ Corporate parenting plan
- ▶ The Promise
- ▶ Digital Transformation programme
- ▶ Equality, Diversity and Inclusion Strategy 2021-25
- ▶ Financial strategy
- ▶ Learning and development strategy
- ▶ Procurement strategy
- ▶ Quality Improvement and Involvement strategy
- ▶ Scrutiny and assurance plan
- ▶ Strategic workforce plan
- ▶ Race Equality in Employment Plan

The Health and Social Care Standards



The Health and Social Care Standards set out what people have the right to expect when experiencing health, social care and social work services in Scotland.

Published in 2017, these seek to provide better outcomes for everyone and ensure that people are treated with dignity and respect and their human rights are upheld.

Standards drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services should refer to and meet the standards when planning and delivering the care they provide.

These standards also drive what we do.

Our quality frameworks use these standards to illustrate the quality of care we expect to see. When we develop national scrutiny and quality improvement resources and guidance for the care sector, we always take the standards into account. This supports services and providers to evidence that they are using them to improve care.

The principles of the Health and Social Care Standards:

- Dignity and respect
- Compassion
- Be included
- Responsive care and support
- Wellbeing



Involving and engaging those who experience care

Outcomes for the those in Scotland who experience care are at the heart of everything that we do. We are passionate and committed to improving the quality of care, support and early learning experiences for those who use services, which will contribute to our vision for world-class social care and social work.

We will continue to listen to and hear the views of those who experience care, their families and carers and act upon these views, protecting rights and providing public assurance about the quality of care in Scotland.

We will build upon our work to encourage and facilitate feedback from those experiencing care and their communities and review our methods of engagement to allow more to have their say.

We will work with and support services and those who experience care to share their experiences both locally and nationally and seek out good practice, information and collaborative opportunities with the key focus of improving care.

Access to information and support is vital and we will continue to work hard to make sure we offer that to everyone, through our websites, social media channels, newsletters, or our customer contact centre. Our processes are easily accessible and provide a good customer service whether this be making a complaint, registering a service, finding an inspection report, or sharing the outcomes from our improvement support activity.

Our volunteer programme

We believe everyone has the right to high-quality, safe and compassionate care, whatever the setting and we believe we can improve care by working with people who have personal experience of care services. Not only does this add great value to our work, but it is the right thing to do.

We work with volunteers who have personal experience of social care and social work services and they play a crucial part in our inspection process of regulated care services and social work services delivered through health and social care partnerships and community planning partnerships.

As well as being involved in inspections of regulated care, strategic inspections and quality improvement activities, our volunteers make invaluable contributions to the wider work of our organisation. For instance, they co-design our strategic inspection methodologies and sit on the recruitment panel for interviews.

Our volunteers bring invaluable experience to our work and their contributions are always sought throughout the organisation.

The value of our volunteers



Being interviewed by two young inspection volunteers, who were very much equal partners in the process of interview and selection, demonstrated the Care Inspectorate's real commitment to meaningful participation."

Involvement adviser for children and young people



Since starting as an inspection volunteer - and because of the inspections in which I have been involved - I firmly believe that the inspection volunteers are contributing greatly in maintaining the quality of care for those who need it."

Inspection Volunteer



For me, the involvement of the volunteers has been invaluable in informing the inspections and outcomes for people. Sometimes what we learn on inspection is so different to the experience of the families and friends of those being cared for and without their feedback, the inspection somehow feels incomplete."

Inspector

Improving outcomes for infants, children and young people

The Promise

The Promise is responsible for enabling and growing the work of change identified by the findings of the Independent Care Review. The Care Inspectorate has a key role to play in pioneering and supporting necessary shifts in policy, practice, and culture so Scotland can **#KeepThePromise** it made to care-experienced infants, children, young people, adults and their families – that every child grows up loved, safe, respected and able to realise their full potential. There is also a clear call to action to maximise the provision of early help to children and families who need this, to minimise the circumstances through which a child may be unable to live within their own family. All our work will be underpinned by a commitment to contribute to the vision of [The Promise](#).



The Care Inspectorate is working to deliver the ambitions set out for us in the Promise Change Programme One 2021-24. We have established six workstreams to help us to achieve these ambitions. Internally, the workstreams span our work on methodology, quality frameworks, reporting, developing our own trauma-informed workforce as well as further strengthening our involvement and participation activities through listening and responding to care-experienced voices. Externally, we will be working with our scrutiny partners and national stakeholders to influence and contribute to the development of national practice and the implementation of policy and landscape changes to realise the vision of The Promise.

Our role as a Corporate Parent

Corporate Parents are public bodies with legal duties and responsibilities towards care experienced children and young people. This applies to every child who is looked after by a local authority, and every young person under the age of 26, who was looked after on their 16th birthday. We recognise corporate parenting as a whole organisation responsibility and a key driver to keeping The Promise. Every employee of the Care Inspectorate is a corporate parent.

We pledge to listen to our children and young people, act and do our best to improve their life chances. To help us deliver on this, our [Corporate Parenting Plan \(2021-23\)](#) has six high-level commitments with four areas of focus and a set of detailed actions. We have also developed a version of our [Corporate Parenting Plan for Children and Young People](#). Our corporate parenting group drives the implementation of the plan and receives regular reports on its progress.

The Care Inspectorate is working as part of the partnership Stand Up for Siblings, to raise awareness of the importance of sibling relationships and to encourage and support practice improvements.

Our role as a Corporate Parent is one of the areas where we are committed to keeping The Promise, along with the implementation of the United Nations Convention on the Rights of the Child (UNCRC) to contribute to making Scotland the best place to grow up.

We are getting ready for the UNCRC (Incorporation) (Scotland) Bill. The UNCRC sets out basic human rights that we should all celebrate and support. Every three years, we produce a report setting out how our work protects, supports and defends the rights of children and young people and we recently [mapped](#) some of our work against the UNCRC articles. Our UNCRC implementation group oversees continued innovations in how we promote and embed the UNCRC in the work that we do and in how we provide regulation, scrutiny, and quality improvement support across Scotland's care sector. This approach supports children's human rights to be better protected, respected and fulfilled throughout Scotland.

The Care Inspectorate's vision, purpose, values



Our Vision

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



Our Mission

We will provide public assurance about the quality of social care, social work and early learning services, promote innovation and drive continuous improvement. We will collaborate and take action where experiences and outcomes are not meeting individual needs.



Our Values

Our values are at the heart of all that we do. We practice and demonstrate these daily to build and maintain relationships and respect everyone's human rights.

Our values are under regular review in consultation with staff to ensure they remain relevant and reflective of our work and purpose.

Person-centred:

we will put people*, compassion and kindness at the heart of everything we do.

Fair:

we will act fairly and consistently, be transparent and treat everyone equally.

Respectful:

we will be respectful in all that we do

*infants, children, young people and adults

Integrity:

we will be impartial and act to improve care for all those in Scotland.

Efficient:

we will provide the best possible quality and public value from our work.

Equality:

we will promote and advance equality, diversity and inclusion in all our work and interactions.


Collaborating for world-class social care and social work



Our four strategic outcomes to achieve our vision

- 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

The following pages outline the four strategic outcomes we are committed to, the key priorities we will focus on to achieve these, and how we will measure our performance.



Our four strategic outcomes
to achieve our vision



High-quality care for all

Infants, children, young people and adults experience high-quality services and support whenever and wherever it is needed. This care and support promotes their individual rights, needs and choices to support their wellbeing.

Our scrutiny, assurance and quality improvement support activity will drive improvement in the quality of care that infants, children, young people and adults experience and support their health and wellbeing. We support the delivery of high-quality care, support and learning services through our registration, inspection, and monitoring activity alongside the handling of complaints and gathering feedback from those who experience care and those who care for them. We will champion self-evaluation, continuous quality improvement and the sharing of good practice.

Our key priorities for 2022-25:

- ▶ We will enable the voices of those experiencing care to be listened to and heard, and support them across all sectors. We will encourage feedback from services and our delivery partners. We will act upon feedback and demonstrate how these views influence our approach.

- ▶ We will build upon our flexible, risk and intelligence-led approach to ensure our scrutiny, assurance and quality improvement support activity is risk-based, proportionate and intelligence-led.

- ▶ We will use intelligence to understand the current issues and risks affecting the care sector and anticipate any longer-term issues, informing our interventions and our strategic approach.

- ▶ We will develop a market oversight capacity and capability. This will enable us to gather intelligence on financial risk in the social care market and provide oversight on the sustainability of services to further improve care and public assurance.

- ▶ We will scrutinise and support local authorities and partnerships to ensure that those accessing services can do so when and where they need to, and their support meets their individual needs. This will include meeting language needs such as Gaelic speakers and people whose first language is not English.

- ▶ We will develop our enforcement work and by seeking to implement further powers to strengthen our enforcement action to enable us to act more swiftly when required. This will improve the health and wellbeing of those experiencing care.

- ▶ We will share information on the quality of care within services and highlighting and supporting areas for improvement.

Key Outcome Indicators

- % services with good or better grades (across all KQs)
- % of services with good or better grades at first inspection following registration
- Average time a service continues to have a grade of less than adequate
- % of services with expected grades or better

Key Performance Indicators

- % of people telling us that our scrutiny will improve care
- % scrutiny hours spent in high and medium risk services
- % of complaints about care that were resolved within the relevant timescales





 Our four strategic outcomes
to achieve our vision



Improving outcomes for all

Our activity supports services and partnerships to improve experiences and outcomes for infants, children, young people and adults and ensure that improvement is sustained. We will champion high quality self-evaluation, shared learning and innovation.

Our activity will be focused on providing quality improvement support across the changing health, social care and social work systems and influencing the policy landscape. Ultimately, the focus is to improve outcomes for those experiencing care, support and early learning opportunities.

Our key priorities for 2022-25:


- ▶ We will collaborate with and support services to continually improve through robust and thorough self-evaluation and the provision of information, resources, guidance and quality improvement programmes based on lived experience.
- ▶ We will ensure that the Health and Social Care Standards, ambitions of The Promise, equality and human rights are central to improving outcomes by listening to and supporting those experiencing care to influence their care and individual outcomes.
- ▶ We will design and deliver national and local quality improvement programmes across Scotland, working with our improvement partners.
- ▶ We will use our data, information and intelligence to proactively shape and influence policy and learning at local and national level, identifying emerging themes and areas of priority. We will challenge policy where we do not feel it is in the best interests of those experiencing social care, social work and early learning services.
- ▶ We will work collaboratively, both internally and externally, to build ongoing relationships with those experiencing care, services, partnerships, local communities, academic institutions and experts to improve care and inform our work.
- ▶ We will advance and promote reflective practice and a culture of continuous improvement. This will include both learning from adverse events and disseminating and applying good practice.

Key Outcome Indicators

- % of people telling us they are happy with the quality of care and support they receive

Key Performance Indicators

- % of people telling us that our quality improvement support will improve care



Our four strategic outcomes
to achieve our vision



Everyone's rights are respected and realised

Infants, children, young people and adults experience tailored, outcome-focused care and support which reflects their rights, needs and wishes, in line with the Health and Social Care Standards. Those experiencing care are listened to and able to influence their individual care and support.

Throughout all our work, we will ensure that the Health and Social Care Standards and all other relevant best practice are central to everything we do. We will ensure our approach upholds and protects human rights in Scotland, supports the United Nations Convention on the Rights of the Child, and keeps The Promise. We will take cognisance of the second Scottish National Action Plan for Human Rights (SNAP 2) that is currently under development with the Scottish Human Rights Commission.

Our scrutiny and assurance work will continue to report on the extent of how an individual's human rights are supported, and how our scrutiny, improvement and delivery partners are promoting personalisation.


Our work will be collaborative and proportionate to help achieve a balance between individual and collective rights to protect those experiencing care, support and learning opportunities.

Our key priorities for 2022-25:

- ▶ We will support services and local communities to co-produce models of care with those experiencing care and support, ensure that they are protected, and their rights are upheld and respected.
- ▶ We will collaborate with partners, including the Scottish Human Rights Commission and the Mental Welfare Commission, to promote and support human rights. We will constructively challenge situations when we find that rights are not being realised and respected.
- ▶ We will promote and share an understanding of what those experiencing care have a right to expect according to their rights, needs and wishes.
- ▶ We will develop the information and resources we offer available to services and the public through our website and [The Hub](#) to ensure all resources are available and easily accessible.
- ▶ We will continue to review our methods to encourage and facilitate feedback from as wide and diverse a group as possible of people experiencing care and the public about care and what needs to be improved.
- ▶ We will implement a new Quality Improvement and Involvement strategy to continue to support the social care sector to spread and sustain quality improvement, effective practice and ensure people's voices are heard and acted on. We will build quality improvement capacity and capability internally and externally.
- ▶ We will work with and encourage commissioners to support a human rights and outcome focussed approach to commissioning services.

Key Outcome Indicators

- % services good or better for KQ1:
How well do we support people's wellbeing?
- % of people telling us they make decisions about their own care



Our four strategic outcomes
to achieve our vision



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

All colleagues and volunteers often work in complex circumstances and are committed to making a difference and championing high-quality care that meets the needs, rights and choices of people across Scotland. We will ensure they are effectively led, developed and supported to deliver our vision and respond to the challenges and opportunities ahead.

We are committed to a positive culture where our people are invested in, valued, listened to and represented across the organisation. We will ensure the Care Inspectorate is a welcoming and inclusive place to work. Our workforce and volunteers will have a strong voice and feel connected, motivated and engaged to deliver our vision and outcomes.

The organisation will be led to influence and respond to the changing landscape over the next three years and to plan for the future.

Our commitment to our workforce will result in improved outcomes for those experiencing care, support and early learning opportunities and continue to enhance our interactions with all our partners and stakeholders.

Our key priorities for 2022-25:

- ▶ Our workforce will be skilled, motivated and diverse and we will attract, develop and retain the right people and expertise to deliver our strategic priorities.
- ▶ The organisation will be led to influence and respond to changes coming forward over the next three years, collaborating both internally and externally.
- ▶ Our staff will have with the right skills, knowledge and experience to confidently and consistently use their professional judgement to support the delivery of our strategic outcomes and ultimately the delivery of high-quality care and support for those who need it.
- ▶ We will prioritise staff and volunteer wellbeing to enable them to respond effectively to our changing internal and external environment.
- ▶ We will champion our workforce and share their expertise and achievements widely both internally and across the sector supporting continuous quality improvement.
- ▶ We will continue to support our volunteers and expand our volunteer programme.

Key Performance Indicators

- % staff completing core learning
- % staff absence
- % staff turnover
- Days per quarter that inspection volunteers and care experienced people are involved in our work



Our colleagues are proud, professional and passionate about what they do. They are highly skilled and motivated with a vast range of knowledge and expertise across the organisation, which is essential as we continue our journey towards achieving our vision.”

Digital transformation

Our digital capabilities are key to enabling us to achieve our strategic outcomes and our vision. They underpin everything that we do.

Our digital journey is significant and is well under way. The next three years will be central to further adopting digital means to deliver transformational programmes. We will create an efficient and effective infrastructure upon which to focus our work, and ensure we have the necessary skills and expertise to develop and support digital services.

Our digital transformation will enhance the exchange of knowledge and collaboration with health and social care partnerships, the wider social care eco-system, social work and other stakeholders, and improve the efficiency of data collection and management.

Our digital transformation will dovetail with the Scottish Government's Digital Strategy for Scotland and the development of its health and social care data strategy, and will be designed around people and our partners.



Our stakeholders will have access to the digital services they need to enable them to improve care service outcomes for everyone in every community in Scotland."

Our key priorities

- ▶ We will continue to put our stakeholders, internally and externally, at the centre of what we do. We will measure feedback at regular intervals to check that service transformation and service delivery meets their needs.
- ▶ We will enhance the continuity and security of our services.
- ▶ We will deliver transformation and service delivery, through good practice across all our directorate functions.
- ▶ We will be recognised as a leading partner in collaboration by sharing information about quality of care.
- ▶ We will provide a data hub for care service information across Scotland.
- ▶ We will increase our use of digital platforms and use these to share data and intelligence to help us target our resources to the benefit of services and those experiencing care.
- ▶ We will develop and provide the technology to deliver the Care Inspectorate's market oversight role.

Sustainability

We recognise our social and environmental responsibility and are committed to improving the sustainability of our organisation by continuing to adopt and improve our sustainable working practices.

The Scottish Government set ambitious targets to reduce carbon and the Care Inspectorate has a duty under the Climate Change (Scotland) Act 2009 to help achieve these targets. We are committed to doing so by improving our energy efficiency and adopting more sustainable working practices.

Our Carbon Management Plan 2018-2023 sets out our ambitions and plans to reduce our carbon emissions by 28% by 2023 and we continue to exceed our targets so far.

The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 also requires us to provide more information on targets to Net Zero and targets for reducing indirect emissions. Our annual review of the Carbon Management Plan will consider our approach to this.

In response to the Covid-19 pandemic, our offices remained closed, except for essential requirements and our staff have worked from home. This meant there was a considerable reduction of carbon emissions for 2020/21 which has contributed to the reduction of our emissions. (Annual report and accounts 2020-2021)

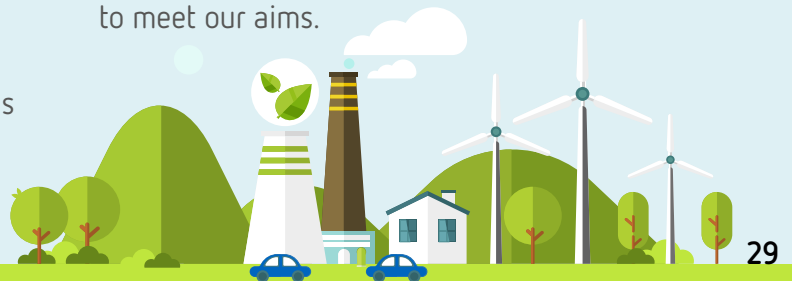
We expect some of the positive actions taken as a result of the pandemic to continue and we do not expect the CO2 emissions to return to previous Covid-19 levels.

The measures listed below are just a sample of the work we are doing to achieve our aim.

- Engagement of Green Champions – to provide ideas, enthusiasm and local points of contact on Green matters.
- LED lighting replacement – where there is a cost benefit.
- Business and digital transformation project.
- Continued encouragement of the use of alternatives to travel, such as videoconferencing for meetings.
- Continued encouragement to use public transport.
- Continued awareness raising and provision of facilities for recyclable materials.
- Monitoring water consumption to ensure any leaks are identified and rectified quickly.

Our procurement strategy details our priorities, which includes sustainable procurement. Our procurement activity will seek to build sustainability into contracts from the very start of the process. This includes seeking opportunities for carbon emission reduction, recycle and reuse, environmental protection and enhancement of biodiversity, equality and fair work practices, community benefits and providing opportunities for small to medium enterprises, supported businesses, third sector, not for profit organisations and subcontracting. Our annual procurement report shows progress against our strategy and is available on our [website](#).

The organisation has made considerable savings through carbon reduction measures and we continue to learn, adapt and improve our efforts to meet our aims.



Business model

We developed a new business model in 2019 to enable us to deliver our corporate plan and respond to new ways of working in the changing policy landscape. The model represents how we will continue to further modernise our approach to be risk-based, intelligence-led, targeted and proportionate in the way that we provide scrutiny, assurance and quality improvement support.

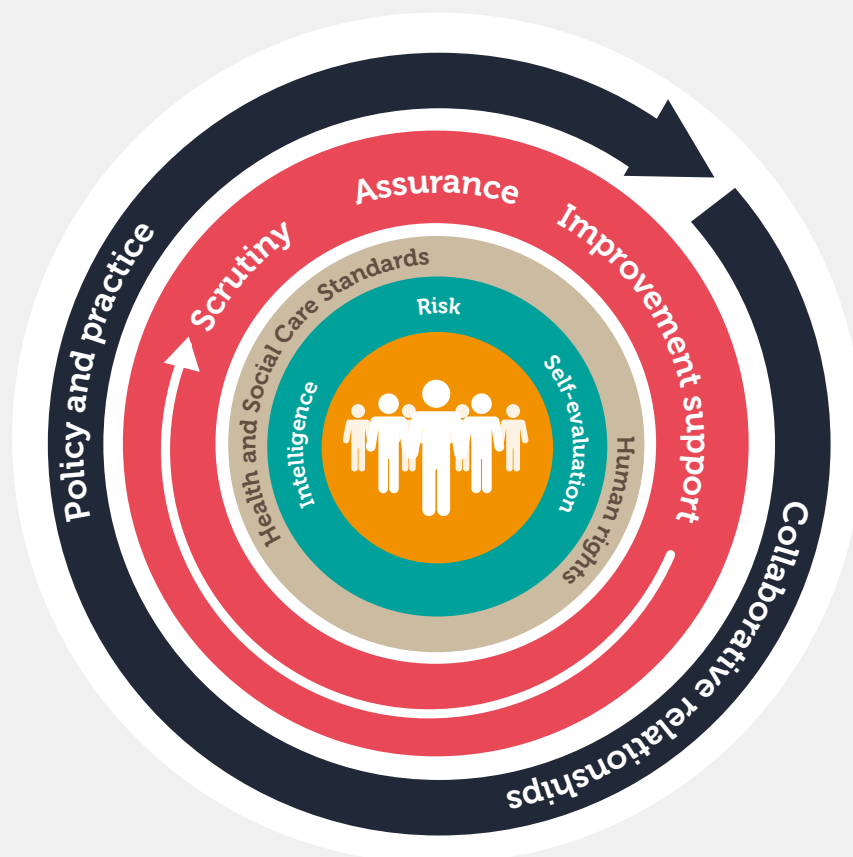
Throughout the pandemic we have implemented our business model and tested at pace different approaches that are delivering demonstrable benefits.

We believe that approaches that are risk-based, outcome-focused, proportionate, and intelligence-led will provide the strongest assurance and protection and have the greatest impact on improving the quality of care in Scotland.

As we continue this journey, we will ensure that we:

- promote rights, choices, positive risk taking and safety
- focus on evaluating experiences, outcomes, and impact
- support quality improvement across the sector
- use the intelligence and evidence we gather to better target our activities and support
- use the scrutiny intelligence and evidence we collect to identify national and local trends and themes that will help to shape national policy
- identify and promote good practice exchange between communities and across Scotland.

This way of working will use our resources efficiently and add value to the work we move forward.



Resourcing our business model

As a publicly funded body, we must target and use our resources wisely to add value, respond to changes in the public sector landscape and contribute towards the outcomes set out in the National Performance Framework (page 12).

This is important in an environment of increasing pressure and demand on public services, particularly as a result of the pandemic, an increasing older population and higher expectations of public services within a tighter public sector budget.

We will continue to carefully project and monitor spending through our financial strategy and demonstrate good value.

Our business and digital transformation programmes will deliver efficiencies and effective working practices that deliver innovation and improvement in care and provide excellent customer experience.

In addition to our own outcomes-focused approach, we are committed to collaborating with scrutiny and improvement partners and others to share, learn and work to realise our vision that people experience the best care in the world.

How we will collaborate to achieve our vision

Throughout the pandemic, collaboration – both internally and externally – has been key to building and delivering a comprehensively informed response both nationally, locally and at individual service level.

We are committed to multi-disciplinary approaches to ensure the combined skills, knowledge and experience from different professions supports positive outcomes for those in social care and early learning and childcare settings.

We will continue to work collaboratively with other scrutiny bodies, delivery partners and those with lived experience and their families and carers to inform and enhance our scrutiny, assurance and improvement activity. This will strengthen our capacity to effect positive change across the sector.

Collaboration must be utilised to the full, recognising the strengths that exist across different professions and specialisms and utilising these at the right time and in the right way to the benefit of those experiencing care.

Example: Scottish Social Services Council (SSSC)

In 2021, the SSSC and the Care Inspectorate published a new partnership agreement that sets out how both bodies work together to improve the experience and outcomes for people who use social services in Scotland. The agreement sets out several priority areas of work for the SSSC and the Care Inspectorate. For example, we need to ensure that themes from scrutiny, quality improvement and fitness to practise inform the development of joint resources and joint quality improvement activity. We also need to continue sharing data and knowledge, which will assist in planning for the future and identifying trends, and working together to involve people who use service and carers throughout our work.

Both organisations will continue exploring how these regulatory frameworks can be amended to better meet the needs of the people who use them. It is critical that both organisations continue to develop timely, robust and useful information and intelligence that meets the need of our stakeholders.

Definitions

Social care – Social care means all forms of personal and practical support for children, young people and adults who need extra support.

It describes services and other types of help, including care homes and supporting unpaid carers to help them continue in their caring role.

([Scottish Government](#))

Person-centred – Person-centred care is about ensuring the people who use services are at the centre of everything we do. It is delivered when health and social care professionals work together with people, to tailor services to support what matters to them. It ensures that care is personalised, co-ordinated and enabling so that people can make choices, manage their own health and live independent lives, where possible. ([NES](#))

Market oversight – The development of an intelligence-led market oversight function by the Care Inspectorate would support the capture and sharing information to provide analysis of care provider resilience, early warning of threats to continued care provision, and inform the commissioning of care. Market oversight will provide a picture of social care provision across Scotland and oversight of evolving conditions in the market. The market oversight function will capture, analyse and report insight trends. ([Care Inspectorate](#))

Supporting the capture, sharing and enrichment of new information such as provider financial details, to provide intelligence analysis of care provider resilience, the early warning of threats to continued care provision, and inform the commissioning of care ([Care Inspectorate](#))

Outcome-focused - Putting the person at the centre, identifying what is important in their life, ensuring that everyone is working together to achieve the same purpose of maximising the person's independence and quality of life. ([Iriss](#))

Privacy notice

We are committed to protecting the privacy of the people whose personal information we hold and to meeting our data protection obligations under the General Data Protection Regulation and UK Data Protection Act 2018. This privacy notice explains how we meet those commitments in practice.

<https://www.careinspectorate.com/index.php/core-privacy-notice>

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Title:	2022/23 DRAFT BUDGET AND INDICATIVE BUDGETS 2023/24 AND 2024/25
Author:	<i>Kenny Dick, Head of Finance & Corporate Governance</i>
Appendices:	<ol style="list-style-type: none"> 1. Draft 2022/23 Budget by Funding Stream 2. Draft Detailed 2022/23 Budget 3. Draft Establishment 2022/23 4. Draft Capital Plan 2022/23 5. Indicative Budgets 2023/24 and 2024/25
Consultation:	
Resource Implications:	Yes
Executive Summary:	
<p>This report presents draft budget proposals for 2022/23 to the Board for approval and subsequent submission to the Sponsor Department.</p> <p>The draft 2022/23 operating budget shows a deficit of £2.046m on operating net expenditure. This deficit is to be funded in 2022/23 by drawing on the general reserve. It is intended to reduce the general reserve balance to be within the target range set out in our financial strategy.</p> <p>The budget position has been arrived at following discussion with the Sponsor Department and Health Finance. Funding from grant in aid and fees is to remain unchanged from 2021/22 levels. The impact of pay award, pay progression, the new health and social care levy and other cost increases means a deficit of £1.2m on our “standstill” budget. Several other budget pressures were identified and analysed into three priority categories (priority 1, priority 2 and priority 3). We also requested to create provision in the 2022/23, 2023/24 and 2024/25 budgets of £0.2m for additional legal expenses associated with public inquiries.</p> <p>Health Finance set out the following:</p> <ul style="list-style-type: none"> • There would be no change to the funding set out in the 2022/23 Scottish budget except to correct appropriate adults funding of £0.180m that has now been transferred to core grant in aid. • We should avoid increasing fees for care homes (the only fee rate not already at the statutory maximum). • Our general reserve balance should be reduced to the target range set out in our financial strategy to part fund the deficit. • We have received a letter of comfort stating that up to £0.738m will be identified during 2022/23 to support the Care Inspectorate budget. This has been set at a level when taken together with funding from the general reserve priority 1 and 2 areas of expenditure are affordable. There is no funding available for priority 3 areas of expenditure. • Our longer term budget requirements would be considered and reviewed as part of the 2023/24 spending review. 	

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This is summarised in the table below:

	2022/23
	£m
Standstill budget deficit	1.2
Prioritised additional expenditure	1.3
Budget provision for additional legal expenses	0.2
Revised Budget Deficit	2.7
Funded by:	
Letter of Comfort	(0.7)
Draw on Reserves	(2.0)
Total funding	(2.7)
Unfunded additional expenditure	0.5

The indicative 2023/24 and 2024/25 budgets assume that grant in aid and fee income will remain at 2022/23 levels. We have agreed with our Sponsor Department and Health Finance that the Care Inspectorate budget position is reviewed as part of the spending review for 2023/24 onwards.

The Board is invited to:

1.	Agree the draft 2022/23 budget
2.	Agree the draft 2022/23 Capital Plan (Appendix 4).
3.	Agree the fee rates to be charged to care service providers in 2022/23 are unchanged from 2021/22.
4.	Note the high-level projected budget position for 2023/24 and 2024/25.

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

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

Reason for Confidentiality/Private Report: None – this is a public Board report
(see *Reasons for Exclusion*)

Disclosure after: Not applicable

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

2022/23 DRAFT BUDGET AND INDICATIVE BUDGETS 2023/24 AND 2024/25**1.0 INTRODUCTION****1.1 Corporate Plan**

The budget proposals contained in this report have been developed to support the delivery of the Care Inspectorate Corporate Plan 2022 – 2025 (currently in draft form).

1.2 Background

1.2.1 The Care Inspectorate's new financial year commences on 1 April 2022 and there is a requirement to have in place an agreed budget before that date. This budget is then used as the basis for measuring financial performance throughout the year. The budget must be agreed by the Care Inspectorate Board and by the Sponsor Department for funding purposes.

1.2.2 The draft budget set out in this report is based on a core grant in aid allocation of £25.894m. This is unchanged from the amount provided for 2021/22. The Sponsor Department has provided a letter of comfort noting that an additional amount of grant in aid up to £0.738m will be identified in 2022/23 if this proves necessary. It is assumed fee rates remain unchanged. The budget also includes £2.023m of specific funding for delivering several different workstreams at the request of the Scottish Government.

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

2.0 DRAFT 2022/23 BUDGET COMPILATION

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

1. Core operating budget which is funded by recurring grant in aid and fees paid by care service providers.
2. Transformation and other non-recurring costs. There is sufficient budget available to allow transformation work to continue until 31 October 2022 as we await the outcome of the funding decision for our Transformation Stage 2 business case.
3. Budget funded by specific grant. A proportion of this may become recurring grant in the future but there is no agreement on this yet.

Appendix 1 summarises the draft 2022/23 budget across these three areas.

The in-year funding available is not sufficient to meet our core operating costs, transformation costs and other non-recurring costs. We will draw on our general reserve to fund the shortfall and our Sponsor Department has provided a letter of

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comfort setting out further funding of up to £0.738m will be made available during 2022/23. There is also a commitment to review our budget baseline position as part of the 2023/24 spending review.

Appendix 2 compares the 2021/22 and draft 2022/23 detailed budgets showing core operating budget variances between these years in cash and percentage terms.

2.1 Staff Costs**2.1.1 Incremental Progression and Pay Award**

The salary related budget is based on the following:

- The draft budget assumes the Scottish Government pay policy parameters for 2022/23 are applied i.e., a £775 pay uplift for staff earning under £25k, a £700 increase for staff on full time equivalent salaries between £25k and £40k and a £500 increase for staff earning more than £40k per annum.
- All staff not at the top of their grade (and who perform satisfactorily) will progress by one incremental step with effect from 1 April 2022.
- An allowance has been made within the budget to provide for a potential change to Inspector pay that is currently being considered by the Scottish Government Remuneration Group. Should the Remuneration Group agree the pay change proposals, this will still require to be accepted by Inspectors.

2.1.2 Employer's Pension

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

2.1.3 Employers' National Insurance and Apprentice Levy

Employers' national insurance contributions are budgeted in accordance with the latest information available from Her Majesty's Revenue and Customs (HMRC). This includes £0.242m for the introduction of the new health and social care levy (1.25% increase in employer contributions).

The Apprentice Levy rate is unchanged from 2021/22.

2.1.4 Staff Costs Slippage

Staff cost slippage is a saving that arises through the normal turnover of staff i.e., the salary and on-cost saving associated with the delay between an employee leaving and the vacant post being filled. The draft budget adopts a slippage assumption of 3.50% (2021/22: 3.50%) for all staff excluding the Chief Executive and Directors where no slippage is assumed. This slippage is recognised in the detailed budget against the appropriate staff cost line.

2.1.5 Staff Establishment

Appendix 3 details the 2021/22 budgeted establishment and the establishment proposals used for the preparation of the 2022/23 base draft budget.

Included in the 2022/23 draft establishment are all agreed permanent posts and several temporary posts associated with transformation and specific grant related work or previously agreed temporary posts that extend into 2022/23.

2.1.6 Other Staff Costs

The core budget has decreased by £0.084m compared to 2021/22. This is mainly due to savings in Customer Services following a functional review.

2.2 Accommodation Costs

2.2.1 Rent and Rates

IFRS16 Leases is to be introduced with effect from 1 April 2022 and this changes the accounting treatment. Instead of a budget for rent there is now a depreciation charge and interest included in the administrative costs budget.

The rates budget is unchanged from 2021/22.

2.2.2 Other Property Costs

The Other Property Costs budget is £1.238m (2021/22: £1.223m). This includes provision for a modest (in terms of current projections) 10% increase in energy costs.

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

2.3 Administration Costs

2.3.1 This budget of £2.225m has increased by £0.984m compared to 2021/22.

This is due to:

- A £0.046m reduction in printing and stationery budget provision due to a £0.028m realignment of budget to other budget lines and a savings target of £0.018m through increasing the use of digital solutions.
- A £0.030m savings target for postages through increased use of digital solutions.
- A £0.010m saving on telephone costs through stopping the small number of employees with Care Inspectorate supplied broadband and moving these employees on to an allowance paid via payroll in common with the majority of staff with homeworking contracts.

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- The subscriptions and publications budget has increased by £0.005m due to a realignment of budget from other budget lines.
- The professional fees budget has increased by £0.303m due to:
 - an allowance of £0.200m for legal fees associated with public inquiries,
 - an allowance of £0.058m for a project to review how we are exploiting the benefits Microsoft 365,
 - A realignment of budget of £0.045m from other budget lines.
- The “Other Administrative Costs” budget has increased by £0.874m due to the inclusion of property and car lease related depreciation and interest because of the introduction of IFRS16 Leases.

2.4 Travel and Subsistence Costs

- 2.4.1** The budget for core travel and subsistence costs has been maintained at the same level as 2020/21 and 2021/22 except for an adjustment for car lease depreciation and interest that is now included in the “Other Administrative Costs” budget as a result of the introduction of IFRS16 Leases.

The 2020/21 travel budget included a challenging budget reduction of £0.250m. Actual expenditure on travel and subsistence for the whole of 2020/21 and 2021/22 was significantly affected by COVID-19 restrictions and as a result it has not been possible to determine if the £0.250m saving is achievable.

There is a travel and subsistence cost budget of £0.084m for Expenditure Funded by Specific Grant.

2.5 Supplies & Services Costs

The Supplies & Services core budget has increased by £0.379m compared to 2021/22.

This is due to:

- An allowance of £0.161m for an invest to save ICT project,
- Our outdated Citrix infrastructure needs to be replaced at a cost of £0.155m,
- An additional £0.058m for ICT equipment to support hybrid working and for new starts,
- Identified cost increases for licensing and support of £0.028m,
- A £0.023m realignment of the “Other Supplies and Services” budget to other budget lines.

The budget includes £0.078m for Expenditure Funded by Specific Grant.

2.6 Relevant Income**2.6.1 Shared Services Income**

This budget has increased by £0.027m to reflect current shared service agreements and an adjustment to reflect the anticipated pay award for staff involved in delivering shared services.

2.6.2 Other Income

There is one secondment currently planned for 2022/23. This is a Strategic Inspector and income of £0.098m is expected. Minor adjustments totalling £0.009m have been made to reduce the miscellaneous income budget.

3.0 DRAFT 2022/23 BUDGET FUNDING POSITION**3.1 Net Expenditure Funded by Grant in Aid and Regulatory Fees**

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

We are expecting funding as follows:

	£m
Cash grant in aid per Sponsor	25.389
Appropriate Adults	0.180
Community Justice funding	0.325
Core Budget Funding	25.894
ELC Expansion	0.851
Safer Staffing	0.340
ELC Improvement	0.177
Technology Enabled Care	0.070
Adult Significant Case Reviews	0.025
Adult Support & Protection	0.560
Specific Grant Funding	2.023
Total Grant Funding	27.917

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The core grant in aid funding of £25.894m is the same as the core grant in aid funding provided in 2021/22. The Sponsor Department has provided a letter of comfort setting out further funding of up to £0.738m will be made available during 2022/23. There is also anticipated specific grant funding of £2.023m.

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

It is assumed fee income will remain at the 2021/22 level of £11.900m. This provides a funding figure of £40.555m. The draft 2022/23 budget shows net expenditure of £43.149m. Therefore, there is a budget deficit of £2.594m and this will be funded by drawing on our General Reserve. The table below summarises this position:

	Operating Budget £m	Business Transformation & Non- recurring £m	Expenditure funded by Specific Grant £m	Total Budget £m
Net Expenditure	39.653	0.925	2.571	43.149
Funding:				
Grant in aid & grants	(25.894)	-	(2.023)	(27.917)
Letter of Comfort	(0.738)			(0.738)
Fees	(11.900)	-	-	(11.900)
Total Funding	(38.532)	-	(2.023)	(40.555)
Deficit / (Surplus)	1.121	0.925	0.548	2.594

	General Reserve Target Range Bottom of Range (1.0% Gross Controlled Expenditure) £m	Top of Range (1.5% Gross Controlled Expenditure) £m
Gross Controlled Expenditure	40.578	40.578
General reserve	0.406	0.609
C/fwd Specific grant funding	0.086	0.086
General reserve target range	0.492	0.695

BUDGETED GENERAL RESERVE POSITION AS AT 31 MARCH 2023

	£m
Projected Opening general reserve (as at 1 April 2022)	3.289
Budgeted deficit 2022/23	(2.594)
Projected Closing general reserve (as at 31 March 2023)	0.695

3.2 Fee Income

The fee rates for all service types are currently set at the statutory maximum except for care home fees. The base budget has been prepared on the basis that fee rates will remain unchanged from 2021/22.

4.0 2022/23 CAPITAL PLAN

The Care Inspectorate does not receive any funding specifically for capital expenditure and the capital plan submitted with this report does not infer any additional resources for 2022/23.

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

There are currently no commitments to any planned capital projects in 2022/23 or subsequent years. ICT and property related alterations and improvements may need to be treated as capital expenditure, requiring a contingency for unplanned expenditure of a capital nature.

Contingency expenditure is intended to provide an allowance to enable the Care Inspectorate to react to events such as equipment failures that require to be capitalised without the need to obtain retrospective approval from the Board and Sponsor Department. The contingency allowance is a reasonable estimate of the expenditure that may be incurred during the year. Expenditure that exceeds the contingent amount agreed in the capital programme would require the appropriate approval.

The Capital Plan for 2022/23 is included as Appendix 4.

5.0 INDICATIVE BUDGETS FOR 2023/24 AND 2024/25

Indicative budgets for 2023/24 and 2024/25, based on the draft operating 2022/23 budget, have been prepared and are shown in Appendix 5.

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

5.1 Incremental Progression

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

It is also assumed that the change to Inspector Pay provided for in the draft 2022/23 (see section 2.1.1) is implemented.

5.2 Pay Award

The indicative 2023/24 and 2024/25 budgets assume pay awards that are in line with the 2022/23 pay award assumptions set out in section 2.1.1.

5.3 Employers' Charges

The latest actuarial evaluation of the Tayside Pension Fund set the employer contribution rate for 2021/22, 2022/23 and 2023/24 at 17%. It is assumed that 17% will apply for 2024/25.

No significant change in employer national insurance rates is assumed for 2023/24 or 2024/25.

It is assumed the new health and social care levy will remain at 1.25% for 2023/24 and 2024/25.

The apprentice levy is assumed to be unchanged from 2022/23 assumptions.

5.4 Staff Changes

The 2023/24 and 2024/25 budgets assume there will be no change to the permanent staff included in the 2022/23 draft budget. Temporary posts are assumed to end at their intended dates and no budget provision has been made beyond current end dates.

5.5 Property Costs

The accounting standard IFRS16 Leases is due to be introduced from 1 April 2022. The financial impact of this is within the 2022/23 financial year. The indicative 2023/24 and 2024/25 budgets are consistent with the application of IFRS16.

The budget assumes a reduction in our overall estate as lease break / end dates arise.

5.6 Business and Digital Transformation

The business case for Stage 2 of our business and digital transformation is expected to be submitted to the Scottish Government by 31 March 2022. The draft 2022/23 and the indicative 2023/24 and 2024/25 indicative budgets do not

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include any provision for the success or otherwise of the business case attracting additional funding.

5.7 ICT Costs

Invest to save non-recurring costs of £0.161m included in the 2022/23 draft budget have been removed from the indicative 2023/24 and 2024/25 ICT budget. Anticipated savings from the spend to save project are reflected in the indicative 2023/24 and 2024/25 ICT budget.

5.8 All Other Expenditure, Income and Funding

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

It has been assumed that grant in aid and fee rates will be as for 2022/23.

6.0 BALANCING THE 2023/24 AND 2024/25 BUDGETS

Based on this analysis; efficiencies, budget reductions and/or funding increases amounting to £3.046m in 2023/24 and £3.914m in 2024/25 are required to deliver a balanced budget.

The expenditure areas of the budget are as shown below:

Staff Costs	82.9%
Property Costs	6.2%
ICT Costs	4.2%
Other Costs	6.7%
	100.00%

Delivering significant budget reductions on staff costs would currently require existing activity to be curtailed or stopped altogether.

The Board will consider a revised Estates Strategy that draws on our experience of enforced working from home during 2020/21 and 2021/22. The indicative budget incorporates assumptions on a reduction in our estate but further savings may be possible.

We are to submit a business case for Stage 2 of our business and digital transformation but this business case is predicated on savings being reinvested in added value activity as opposed to cash releasing savings and budget reduction. As long as we retain our legacy ICT systems and infrastructure it is more likely that ICT costs will increase rather than budget reductions being possible.

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

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We are funded by fees paid by service providers (31% of total funding) and grant in aid (69% of total funding). The table below shows how funding would need to increase to address the indicative funding gap.

	Funding Gap from Fees £m	Funding Gap from Grant in Aid £m
Current	11.900	25.894
Required increase 2023/24	3.046	3.046
Revised funding 2023/24	14.946	28.940
% age increase 2023/24	26%	12%
Required increase 2024/25	0.868	0.868
Revised funding 2024/25	15.814	29.808
% age increase 2024/25	6%	3%

We have agreed with the Sponsor Department and Health Finance that we will review the Care Inspectorate budget in detail for the 2023/24 spending review.

Balancing the 2023/24 and 2024/25 budgets and how progress is to be monitored will be considered in more detail in the revised 2022/23 to 2028/29 Financial Strategy due to be considered by the Board in quarter 1 of 2022/23.

7.0 RISK

Sections 7.1 to 7.6 below set out risks associated with our budget position.

7.1 Inflation

Over recent years inflation has been consistently low and to a significant extent pay and general inflation has been absorbed into the Care Inspectorate budget over several years. This has proved increasingly difficult to do and if inflation increases to the levels currently predicted the budget will come under significant pressure.

7.2 National Care Service Change

It is not yet known what impact the introduction of the proposed national care service will have on the Care Inspectorate. There is little capacity and no funding for additional resources if preparatory work is required.

7.3 Inspector Resource

There is a current grievance on Inspector pay. The draft and indicative budgets assume a cost of resolution but an agreement is still pending.

We will also start the new financial year with significant Inspector vacancies and the age profile of Inspectors means retaining Inspector resource will remain an issue.

This creates a situation where we need the resource budgeted to effectively deliver the Scrutiny and Improvement Plan but we have difficulty in recruiting and retaining Inspectors to reach the budgeted level. Efforts are continuing to resolve this issue but historically this has created a succession of budget underspends when our budget should be at much more risk of overspend.

7.4 Public Inquiries

The draft and indicative budgets include provision for up to £0.200m each year for additional legal fees arising from supporting public inquiries. This provision is an estimate that could change significantly. There is no provision for additional staff time that may require to be directed towards supporting inquiries.

7.5 Stage 2 Business and Digital Transformation

A business case is to be submitted to Scottish Government to fund stage 2 of our business and digital transformation programme. There will be budgetary implications if the funding bid is unsuccessful or partially successful.

7.6 Hybrid Working Trial

Hybrid working is currently being trialled and this will have an impact on staff productivity, our estates strategy, travel, ICT and other furniture and equipment costs.

8.0 IMPLICATIONS AND/OR DIRECT BENEFITS

8.1 Resources

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

8.2 Sustainability

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

8.3 Policy

The Scottish Government's Budget for 2021-22 was agreed by MSPs on 10 February, with headlines including record funding of £18bn for health and social care (including £1.6bn for social care and integration), a £50m Whole Family Wellbeing Fund to support implementation of The Promise and £544m to support the delivery of funded ELC for eligible children. The public sector pay policy

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focused on those on low incomes, with a £10.50 wage floor, a guaranteed cash uplift of £775 for those earning £25,000 and below, £700 for those earning over £25,000 and up to £40,000, and £500 to those earning over £40,000.

As well as the broader financial landscape, the paper should be considered within the context of a range of policy developments and their possible implications for the Care Inspectorate, such as the continuing impact of the Covid-19 pandemic, including the ongoing challenges it represents and the reflection and scrutiny that is taking place as the public inquiry begins taking evidence in the coming months. It is also important to acknowledge the forthcoming establishment of a National Care Service, given the proposed implications for the Care Inspectorate and its functions. Other developments likely to have an impact on our role and functions include: education reform, implementation of The Promise, further expansion of funded early learning and childcare, establishment of the Barnahus model and the appointment of a regulator for children's contact centres.

8.4 People Who Experience Care

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

8.5 Customers (Internal and/or External)

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

9.0 NEXT STEPS

- 9.1** The draft budget as approved by Board will be used as the basis of financial management from 1 April 2022. We await confirmation of funding from the Scottish Government.

Draft 2022/23 Budget by Grant Funding Stream

	Operating Budget £000	Business / Digital Transformation & Other Non-recurring £000	Total Operating Budget £000	Expenditure Funded by Specific Grant £000	Total Budget £000
Staff costs	33,995.9	563.7	34,559.6	2,409.3	36,968.9
Accommodation costs	1,746.4	0.0	1,746.4	0.0	1,746.4
Administration costs	2,025.3	200.0	2,225.3	0.0	2,225.3
Travel costs	1,188.2	0.0	1,188.2	83.9	1,272.1
Supplies & services	1,790.7	161.0	1,951.7	77.7	2,029.4
Gross Expenditure	40,746.5	924.7	41,671.2	2,570.9	44,242.1
Other income	(1,092.9)	0.0	(1,092.9)	0.0	(1,092.9)
Net Expenditure	39,653.6	924.7	40,578.3	2,570.9	43,149.2
2022/23 Core Grant in aid funding	(25,894.0)	0.0	(25,894.0)		(25,894.0)
2022/23 Specific Grant funding			0.0	(2,023.0)	(2,023.0)
Letter of Comfort (2022/23 in-year funding)	(738.0)		(738.0)		(738.0)
Fee income	(11,900.0)	0.0	(11,900.0)		(11,900.0)
(Surplus)/Deficit	1,121.6	924.7	2,046.3	547.9	2,594.2
Projected opening GR balance			(2,655.0)	(634.0)	(3,289.0)
Less Target Per Financial Strategy (1.5% Gross Expenditure)			608.7		
Available GR Balance to fund deficit			(2,046.3)		
GR balance after funding requirement			(608.7)	(86.1)	(694.8)

Care Inspectorate Revised Budgeted Establishment 2022/23

Post	2021/22	2022/23			Movement	Reason for Movement
	Revised Budgeted FTE	Proposed Core Budgeted FTE	Proposed Temp Budgeted FTE Funded by Reserves	Total Proposed Budgeted FTE		
Chief Officer	5.00	5.00		5.00	0.00	
Senior Managers	27.50	28.50		28.50	1.00	Temporary Chief Nurse post now permanent.
Strategic Inspector	30.00	30.00		30.00	0.00	
Team Manager	33.00	33.00		33.00	0.00	
Inspector / Project Inspector / Senior Inspector: (Grade 7)	288.67	290.17		290.17	1.50	1.5 FTE Inspectors to support additional demands following Child Abuse Enquiry
Prof Advisor / Subject Matter Experts	10.50	13.00	1.00	14.00	3.50	Full year impact of new Health & Social Care Improvement Support Team = 2.50 FTE; Temporary Workstream Lead for the Promise = 1 FTE
Admin & Professional	194.42	199.34	5.37	204.71	10.29	ICT Team new post previously budgeted for in Hired Agency Staff = 1.0 FTE Temp IT Officer (security) = 1.0 FTE HR shared service restructure = 2.5 FTE Temporary solicitor posts = 1.2 FTE Temp policy Analyst to support Feeley review and Covid-19 enquiry = 0.75 FTE Temp Policy and comms posts = 2.0 FTE Additional Finance and Corporate Governance shared service posts = 2.0 FTE Additional Compliance Officer post = 1.0 FTE Temp Intelligence Analyst = 0.42 FTE Full year impact of support for the new Health & Social Work Improvement Team = 0.42 FTE Savings from Customer Services review = (2.0) FTE
Displaced Post	1.00	1.00		1.00	0.00	
Total from Core Funding & Reserves	590.09	600.01	6.37	606.38	16.29	
Specific Grant Funded Posts	40.05	42.00		42.00	1.95	
Total FTE	630.14	642.01	6.37	648.38	18.24	

DRAFT CAPITAL PLAN 2022/23 SUMMARY

Capital Allowances		
1.1	ICT Equipment	100,000
1.2	Estates Strategy development	300,000
Total Capital Allowances		400,000

1. Capital Allowances**1.1 ICT Equipment**

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

1.2 Estates Strategy Development

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

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

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

Care Inspectorate**Draft Budget 2022/23 and Indicative Budgets 2023/24 and 2024/25****Care Inspectorate**

	2022/23 to 2024/25		
	Draft 2022/23 Budget £'000	Indicative 2023/24 Budget £'000	Indicative 2024/25 Budget £'000
Staff Costs	34,559.6	35,076.0	36,065.7
Accommodation Costs	1,746.4	1,688.0	1,654.9
Administration Costs	2,225.3	2,206.2	2,069.1
Transport Costs	1,188.2	1,188.2	1,188.2
Supplies & Services	1,951.7	1,676.7	1,726.7
Gross Expenditure	41,671.2	41,835.1	42,704.6
Income	(1,092.9)	(995.6)	(996.7)
Net Expenditure	40,578.3	40,839.5	41,707.9
Funded By:			
Continuation Fee Income	(11,400.0)	(11,400.0)	(11,400.0)
Registration Fee Income	(500.0)	(500.0)	(500.0)
Core Grant in Aid per Sponsor	(25,894.0)	(25,894.0)	(25,894.0)
Letter of Comfort	(738.0)	-	-
Total Funding	(38,532.0)	(37,794.0)	(37,794.0)
Budget (Surplus) / Deficit	2,046.3	3,045.5	3,913.9



Title:	MONITORING OUR PERFORMANCE 2021/22 – QUARTER 3 REPORT
Authors:	<i>Ingrid Gilray, Intelligence and Analysis Manager Al Scougal, Senior Intelligence Analyst Kaisha Wallace, Intelligence Researcher</i>
Appendices:	1. Technical notes
Consultation:	N/A
Resource Implications:	None
EXECUTIVE SUMMARY	
<p>This report presents the 2021/22 Q3 summary report on our performance.</p> <p>Overall, we are meeting or exceeding targets on six of our seven KPIs, and slightly below target for the remaining one. This report provides a detailed account of our KPI's and work in support of our strategic objectives over the third quarter.</p> <p>Due to the easing of national restrictions and the protection provided through vaccinations and testing, we were able to continue to scale up our onsite scrutiny and assurance work through the first two months of Q3. We continued to target scrutiny, assurance and improvement support to what we identify as the highest risk services through the intelligence we hold. This report demonstrates how we have continued to carry out critical scrutiny, assurance and improvement support in the social care sector during what continues to be a very challenging time. In December 2021, Covid-19 cases began to increase rapidly due to the Omicron variant. We therefore scaled back our physical presence in services and used increased virtual methods of scrutiny and assurance to protect people in services and our staff.</p>	
The Board is invited to:	
1.	Discuss and note the report.

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

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

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

MONITORING OUR PERFORMANCE 2021/22 – QUARTER 3 REPORT**1.0 INTRODUCTION****Impact of Covid-19 on this report and on our work**

Although the pandemic continues to have an impact on our work, the easing of national restrictions and the protections provided by vaccination and testing means we have continued to scale up our onsite scrutiny and assurance work in the first two months of Q3. We continue to target our scrutiny, assurance and improvement support in an intelligence-led way that takes account of services we deem to be most at-risk. We were able to visit more care services safely and in a way which minimises spreading the virus amongst vulnerable groups. In December 2021, Covid-19 cases began to increase rapidly due to the Omicron variant. We therefore reduced our physical presence in services and used increased virtual methods of scrutiny and assurance to protect people in services, care staff and our staff.

With continued and sustained pressure on the health and social care sector especially in terms of staffing we continue to carry out our scrutiny and assurance using an intelligence-led and risk-based approach using virtual means where appropriate. The ending of Covid-19 restrictions enabled greater scrutiny and quality improvement activity to take place in adult services than had been previously safe to do. We will continue to review our scrutiny and quality improvement activity in the context of the ongoing Covid-19 pandemic and particularly through the winter period.

Structure of this report

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

Types of performance measure

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

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

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 DECEMBER 2021

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

Key Performance Indicator (KPI) Overview

Strategic Outcome 1: People experience high-quality care	Strategic Outcome 2: People experience positive outcomes	Strategic Outcome 3: People's rights are respected
<p>KPI1: % of people telling us that our scrutiny will improve care</p> <p>90% from 40 responses</p> <p>[Target 90%]</p>	<p>KPI5: % of registration applications completed within timescales</p> <p>80.4%</p> <p>[Target 80%]</p>	<p>KPI8: Days per quarter that inspection volunteers and care experienced people are involved in our work</p> <p>107 days (average per quarter)</p> <p>[Benchmark 90 days]*</p>
<p>KPI 3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)</p> <p>78.9%</p> <p>[Target 80%]</p>	<p>KPI6: Level of investment in learning and development for our workforce</p> <p>3.6 hours on average per employee</p> <p>[Benchmark 3.0 hours]*</p>	<p>Colour code</p> <p>Target achieved</p> <p>Slightly below target</p> <p>Significantly below target</p> <p>Affected by pandemic response</p>
<p>KPI4: % staff absence</p> <p>4.1%</p> <p>[Target 3.6%: Range 2.4% to 5.7%]*</p>	<p>KPI7: % of inspection hours spent in high and medium risk services</p> <p>69.5%</p> <p>[Target 45%]*</p>	

Strategic outcome 1: People experience high-quality care

KOI1: % services with all good or better grades		Executive Director of Scrutiny and Assurance
Target	n/a	KOI1: % services with all good or better grades – position at the end of the month
Q3 Year to Date (see diamond on chart)	85.7%	
Q3 Year to Date 20/21	87.6%	
<p>Notes: The % of services with good or better grades across all quality indicators has fallen slightly to just under 86% of registered services at the end of Q3 and is 1.9%-points lower than Q3 last year. Note that the axis on the chart above does not start at 0, to visualise the small but significant decrease.</p> <p>Reasons for Difference: We have continued to focus on inspecting services where concerns about quality of care are greatest, and the grades of these services are more likely to fall as a result. Conversely, in the current circumstances we are less likely to inspect services where quality may have improved over the course of the year, and these improvements will not yet be reflected in this measure. Therefore, we expect that the percentage of services with good or better grades will continue to fall, albeit slowly. There was variation in this measure by service type; of those with more than 100 services support services other than care at home (94%), childminders (93%) and daycare of children services (88%) had the highest rates of services with good or better grades, while care homes for older people the lowest (50%). Except for care homes for older people (50%) and secure accommodation services (40%; only five services in total), all service types had over 70% of services with good or better grades.</p>		

Actions: We will continue to focus our inspection activities on high-risk services through a rigorous risk assessment process using the intelligence we have. Although we are increasing inspections of services, we expect this KOI will continue to fall slightly. It is important to note that whilst performance in this measure is declining slightly it appears the focus on services of concern has slowed the rate of increase the length of time services remain with poor grades which had previously been quickly rising quarter on quarter (KOI2).

KPI1: % of people telling us that our scrutiny will improve care		Executive Director of Scrutiny and Assurance
Target	90%	
Q3 Year to Date	90% of respondents (40 responses)	
Q3 Year to Date 20/21	During Q1 to Q3 we were not reporting on this measure	
<p>Notes: Previously, this measure used data captured from paper questionnaires at, and following, our inspections. Due to the increased risk of spreading Covid-19 no paper questionnaires have been used since the onset of the pandemic. As part of our digital transformation programme and phase 2 of the registration app, we developed and released a questionnaire at the end of July to get feedback from applicants that we can integrate into this measure. Although we have had a limited number of responses, at the end of Q3 the initial feedback was positive.</p> <p>Up to the end of Q3, 90% of respondents (36 out of 40 responses) agreed in the registration experience applicant's feedback survey that the registration process helped the applicant provide a better quality service.</p>		
<p>Reasons for Difference: It is important to note the above performance is only from a small number of responses.</p>		
<p>Actions: As detailed above we expect to collect more responses over the remainder of the inspection year to improve the sample on which we assess performance. This questionnaire examines satisfaction from a very particular function (registration), we will continue to develop our work to capture views on how effective our scrutiny activity is in other areas to allow us to start reporting on these also.</p>		

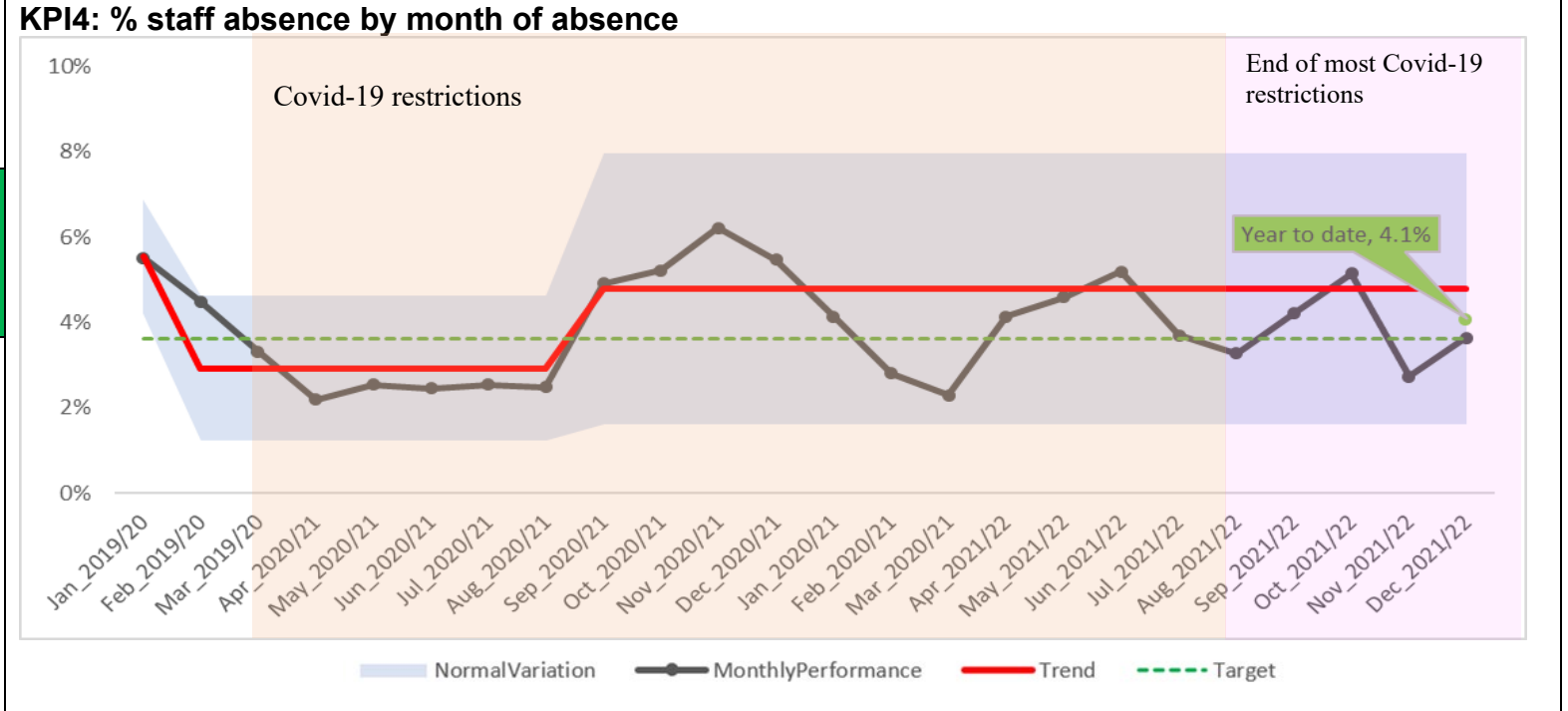
KO12: average time a service continues to have a grade of less than adequate		Executive Director of Scrutiny and Assurance																																																																																																															
Target	n/a	<p>KO12: average time a service continues to have a grade of less than adequate – position at the end of the month</p> <table border="1"> <caption>Approximate data from the chart</caption> <thead> <tr> <th>Month</th> <th>Monthly Performance (Months)</th> <th>Target (Months)</th> </tr> </thead> <tbody> <tr><td>Jan_2019/20</td><td>10.5</td><td>15</td></tr> <tr><td>Feb_2019/20</td><td>10.5</td><td>15</td></tr> <tr><td>Mar_2019/20</td><td>11.0</td><td>15</td></tr> <tr><td>Apr_2019/20</td><td>11.5</td><td>15</td></tr> <tr><td>May_2019/20</td><td>12.0</td><td>15</td></tr> <tr><td>Jun_2019/20</td><td>13.0</td><td>15</td></tr> <tr><td>Jul_2019/20</td><td>13.5</td><td>15</td></tr> <tr><td>Aug_2019/20</td><td>13.5</td><td>15</td></tr> <tr><td>Sep_2019/20</td><td>14.0</td><td>15</td></tr> <tr><td>Oct_2019/20</td><td>14.5</td><td>15</td></tr> <tr><td>Nov_2019/20</td><td>15.0</td><td>15</td></tr> <tr><td>Dec_2019/20</td><td>15.5</td><td>15</td></tr> <tr><td>Jan_2020/21</td><td>16.0</td><td>15</td></tr> <tr><td>Feb_2020/21</td><td>15.5</td><td>15</td></tr> <tr><td>Mar_2020/21</td><td>16.0</td><td>15</td></tr> <tr><td>Apr_2020/21</td><td>17.0</td><td>15</td></tr> <tr><td>May_2020/21</td><td>17.0</td><td>15</td></tr> <tr><td>Jun_2020/21</td><td>16.5</td><td>15</td></tr> <tr><td>Jul_2020/21</td><td>16.0</td><td>15</td></tr> <tr><td>Aug_2020/21</td><td>16.0</td><td>15</td></tr> <tr><td>Sep_2020/21</td><td>16.5</td><td>15</td></tr> <tr><td>Oct_2020/21</td><td>16.5</td><td>15</td></tr> <tr><td>Nov_2020/21</td><td>16.5</td><td>15</td></tr> <tr><td>Dec_2020/21</td><td>17.0</td><td>15</td></tr> <tr><td>Jan_2021/22</td><td>17.0</td><td>15</td></tr> <tr><td>Feb_2021/22</td><td>16.5</td><td>15</td></tr> <tr><td>Mar_2021/22</td><td>16.0</td><td>15</td></tr> <tr><td>Apr_2021/22</td><td>16.0</td><td>15</td></tr> <tr><td>May_2021/22</td><td>16.5</td><td>15</td></tr> <tr><td>Jun_2021/22</td><td>16.5</td><td>15</td></tr> <tr><td>Jul_2021/22</td><td>16.5</td><td>15</td></tr> <tr><td>Aug_2021/22</td><td>16.5</td><td>15</td></tr> <tr><td>Sep_2021/22</td><td>16.5</td><td>15</td></tr> <tr><td>Oct_2021/22</td><td>16.5</td><td>15</td></tr> <tr><td>Nov_2021/22</td><td>16.5</td><td>15</td></tr> <tr><td>Dec_2021/22</td><td>17.0</td><td>15</td></tr> </tbody> </table>	Month	Monthly Performance (Months)	Target (Months)	Jan_2019/20	10.5	15	Feb_2019/20	10.5	15	Mar_2019/20	11.0	15	Apr_2019/20	11.5	15	May_2019/20	12.0	15	Jun_2019/20	13.0	15	Jul_2019/20	13.5	15	Aug_2019/20	13.5	15	Sep_2019/20	14.0	15	Oct_2019/20	14.5	15	Nov_2019/20	15.0	15	Dec_2019/20	15.5	15	Jan_2020/21	16.0	15	Feb_2020/21	15.5	15	Mar_2020/21	16.0	15	Apr_2020/21	17.0	15	May_2020/21	17.0	15	Jun_2020/21	16.5	15	Jul_2020/21	16.0	15	Aug_2020/21	16.0	15	Sep_2020/21	16.5	15	Oct_2020/21	16.5	15	Nov_2020/21	16.5	15	Dec_2020/21	17.0	15	Jan_2021/22	17.0	15	Feb_2021/22	16.5	15	Mar_2021/22	16.0	15	Apr_2021/22	16.0	15	May_2021/22	16.5	15	Jun_2021/22	16.5	15	Jul_2021/22	16.5	15	Aug_2021/22	16.5	15	Sep_2021/22	16.5	15	Oct_2021/22	16.5	15	Nov_2021/22	16.5	15	Dec_2021/22	17.0	15
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<p>Notes: From the start of the Covid-19 pandemic up to May this year, there was a steady increase in the average time a service continued to have a grade of less than adequate. This was because, in order to limit the spread of infection, many services closed completely or for long periods, and we had to limit onsite inspection to situations of high risk. The average time a service continues to have a grade of less than adequate started to stabilise during Q2 but has increased during Q3, particularly in December when the rapid spread of Omicron impacted our inspection work.</p> <p>Reasons for Difference: The average time a service continues to have a grade of less than adequate remains high. Inspections continue to be mainly focussed on services where we have concerns which are likely to have lower grades following inspection.</p> <p>Actions: We will continue to monitor this.</p>																																																																																																																	

KPI3(b): % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution)		Executive Director of Scrutiny and Assurance																																																		
Target (see green dotted line on chart)	80%	<p>KPI3(b): % of complaints about care that were resolved within the relevant timescales</p> <table border="1"> <caption>Approximate data from the KPI3(b) chart</caption> <thead> <tr> <th>Month complaint was completed</th> <th>% completed within timescales</th> </tr> </thead> <tbody> <tr><td>Jan_2019/20</td><td>85%</td></tr> <tr><td>Feb_2019/20</td><td>80%</td></tr> <tr><td>Mar_2019/20</td><td>85%</td></tr> <tr><td>Apr_2020/21</td><td>95%</td></tr> <tr><td>May_2020/21</td><td>95%</td></tr> <tr><td>Jun_2020/21</td><td>80%</td></tr> <tr><td>Jul_2020/21</td><td>85%</td></tr> <tr><td>Aug_2020/21</td><td>90%</td></tr> <tr><td>Sep_2020/21</td><td>95%</td></tr> <tr><td>Oct_2020/21</td><td>85%</td></tr> <tr><td>Nov_2020/21</td><td>95%</td></tr> <tr><td>Dec_2020/21</td><td>90%</td></tr> <tr><td>Jan_2021/22</td><td>90%</td></tr> <tr><td>Feb_2021/22</td><td>85%</td></tr> <tr><td>Mar_2021/22</td><td>80%</td></tr> <tr><td>Apr_2021/22</td><td>85%</td></tr> <tr><td>May_2021/22</td><td>80%</td></tr> <tr><td>Jun_2021/22</td><td>85%</td></tr> <tr><td>Jul_2021/22</td><td>75%</td></tr> <tr><td>Aug_2021/22</td><td>75%</td></tr> <tr><td>Sep_2021/22</td><td>85%</td></tr> <tr><td>Oct_2021/22</td><td>70%</td></tr> <tr><td>Nov_2021/22</td><td>75%</td></tr> <tr><td>Dec_2021/22</td><td>65%</td></tr> </tbody> </table>	Month complaint was completed	% completed within timescales	Jan_2019/20	85%	Feb_2019/20	80%	Mar_2019/20	85%	Apr_2020/21	95%	May_2020/21	95%	Jun_2020/21	80%	Jul_2020/21	85%	Aug_2020/21	90%	Sep_2020/21	95%	Oct_2020/21	85%	Nov_2020/21	95%	Dec_2020/21	90%	Jan_2021/22	90%	Feb_2021/22	85%	Mar_2021/22	80%	Apr_2021/22	85%	May_2021/22	80%	Jun_2021/22	85%	Jul_2021/22	75%	Aug_2021/22	75%	Sep_2021/22	85%	Oct_2021/22	70%	Nov_2021/22	75%	Dec_2021/22	65%
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Q3 Year to Date 20/21	91.9% (991 of 1,078)																																																			
<p>Notes: Throughout the pandemic, we continued to receive complaints about services. We assess every complaint, and the majority are resolved quickly. Up to the end of Q3, 78.9% of all complaints we resolved were completed within 40 days, with performance falling slightly below target (80%).</p>																																																				
<p>Reasons for Difference: All concerns raised are assessed and dealt with using the most appropriate method. There was an increase in onsite complaint investigations (up 292%, 394 investigations) compared to Q3 last year. From Q3 2020/21 fewer complaints were resolved through frontline resolution and more by Care Inspectorate investigation.</p>																																																				
<p>Actions: We continue to scale up with additional staff to support people raising concerns, assess complaints, support resolution by providers and ensure we made relevant authorities aware of complaints. We continued where appropriate to make adult and child protection referrals and to make referrals to police. Our complaints team worked with people who made complaints and providers to escalate and resolve complaints quickly.</p>																																																				

We have revisited our complaints procedure to ensure we strengthen and build in feedback from the complainant that change has taken place in a service following a complaint. We aim to keep the good practice established throughout the Covid-19 pandemic, in particular resolving complaints directly and quickly by the provider and using intelligence about complaints to inform our scrutiny and the work of partner agencies. Complaints provide us with important information and data which forms part of our intelligence about services, and we used this in a number of ways including to inform us about services requiring an inspection. We share information about complaints with the local partnership oversight groups which include directors of public health and health and social care partnerships to inform risk assessments of services and the subsequent actions taken.

KPI4: % staff absence Executive Director of Corporate and Customer Services

Target (see green dotted line on chart)	3.6% Range 2.4% to 5.7%
Q3 Year to Date (see diamond on chart)	4.1%
Q3 Year to Date 20/21	3.8%



Notes: Staff absence is currently 0.3 % points higher than Q3 last year (4.1% in 21/22 compared to 3.8 in 20/21) but is still within acceptable limits. Most recently, during Q3, the rate increased in October, decreased in November and increased slightly in December. The year-to-date figure (4.1%) was above the target level of 3.6% but below the upper range of acceptability and below the recent average trend performance of this measure.

Reasons for Difference: Absence is up for short term absence (up 115%, from 498 hours in Q2 to 1,072 hours in Q3) and mid-term absence (up 16%, from 730 hours in Q2 to 850 hours in Q3). Absence was particularly high in October, with short term absence especially high. There was an increase in the number of staff testing positive with Covid-19, as well as staff experiencing side effects due to Covid-19 immunisations. In addition, there was greater reporting of absences relating to cold and flu symptoms more common at this time of year.

Actions: The organisation is actively promoting staff health and wellbeing and how we can support people to remain healthy and well at work and at home during the pandemic.

Scrutiny and assurance activity breakdown up to 30 December 2021

	Number completed Q3 Year to Date 20/21	Number completed Q3 Year to Date 21/22	Comparison of 2021/22 vs 2020/21 year to date
Inspections completed	523	1,855	▲
Serious concern letters issued	55	45	▼
Improvement notice enforcements	21	29	▲
Notice to cancel enforcements	4	2	▼
Remote contacts	62,800	15,885	▼
Total complaints resolved	1,073	1,229	▲
Of which resolved via onsite investigation	135	529	▲
New registrations completed	393	368	▼
Number of variations to registration completed (not including typographical changes to certificates).	1,873	1,380	▼

Inspections completed: Completed inspections increased 255% (1,332 inspections) compared to Q3 last year. Inspections up to the end of Q3 last year were almost exclusively in high-risk care homes for adults and older people as a result of the pandemic. With the relaxation of restrictions, it has been possible for more inspection activity in other service types to occur resulting in the increase year to year.

- 1,855 completed inspection visits in 1,490 services (this included inspections of services that have since cancelled)
 - 634 in care homes for older people and adults
 - 521 in daycare of children services
 - 700 across other service types

Serious concern letters issued: There have been 10 fewer serious concern letters issued compared to the same period last year a decrease of 18%. As a percentage of inspections completed the number of serious concern letters issued has dropped highlighting again the wider range of services being inspected this year compared to last year.

Enforcements: There have been eight more improvement notice enforcements and two fewer cancellation notices issued compared to the same period last year an increase of 38%. Enforcement activity remains high due to the prioritisation of high-risk services and extra monitoring around requirements made at inspections.

Remote contacts: Remote contacts decreased 46,915 contacts (down 75%) compared to the end of Q3 last year. Remote contacts with services including phone and video calls were established early in the pandemic last year to support services during lockdown. Inspectors had regular, sometimes daily, contact with services to carry out checks, provide support and guidance. As restrictions have been eased and services have returned to more normal operation, we have reduced the frequency of contacts. We expect to see this trend continue throughout the rest of this year.

Total complaints resolved: All concerns raised are assessed and dealt with using the most appropriate method. Total complaints resolved increased 15% (156 complaints) compared to Q3 last year. There, was an increase in onsite complaint investigations (up 292%, 394 investigations) compared to Q3 last year. Onsite complaint investigations were carried out in the highest risk cases only up to the end of Q3 last year to minimise risk of spreading Covid-19. With the continued relaxation of restrictions, it has been possible for more investigation activity to occur resulting in the increase this year. Onsite complaint investigations are still fewer than before the pandemic, with more complaints being resolved directly and quickly with providers than before the pandemic following best practices from the findings from our review of complaints process.

New registrations completed: The number of registrations completed is broadly the same as Q3 last year (down 6%, 25 completed registrations). The number of completed registrations may have been higher last year due to registrations relating to the expansion of early learning and childcare provision.

Variations to registration completed: Variations completed have decreased 26% compared to Q3 last year (down 493 completed variations). The drop in completed variations is due to the increased variation work last year related to changes in service provision due to Covid-19 and work relating to the expansion of early learning and childcare services. Last year providers had to submit variations to adjust where services could be provided from, and the type of service provided, as a result of the pandemic.

SUMMARY OF KEY ACHIEVEMENTS AND WORK PROGRESSED IN Q3 2021/22**Strategic justice**

At the start of December, we published our first justice overview report (2018-2021). The report summarised a range of consistent key messages from across the various scrutiny and assurance activities. These related to five evaluated inspections of community justice social work, with a particular focus on the efficiency and effectiveness of community payback orders. The team also conducted supported and validated self-evaluations with five community justice partnerships. The report included the findings from the 2021 community justice social work throughcare review which was conducted almost entirely remotely. A survey was embedded within the overview report to seek comment on our work to date and views to inform our future scrutiny, assurance and improvement activities. It has also been sent to all link inspectors and closes on 4 February 2022.

Strategic adult support and protection

Two inspection reports were published in the reporting period (Dumfries and Galloway and South Ayrshire). These were well received by the public protection partnerships and wider sector. These were the sixth and seventh inspection reports for the programme to be published in 2021, with all inspection activity conducted remotely.

Illegally operating care services

The internal guidance for staff on handling allegations of potentially illegally operating services has been revised by the registration team who have the responsibility for processing any allegations of illegally operating services. There are a range of approaches to dealing with these circumstances including a report to the Procurator Fiscal. The provision of care without being registered is an offence and can lead to poor care and outcomes for people receiving the care.

New framework for adults and older people care homes

The new framework for adult and older people care homes has brought together the two, previously separate, frameworks, to ensure that we have same expectations across adult care home services. The review included partners and people who use care services to ensure that we captured learning from Covid-19 and that we had people at the heart of decision making. Key changes include strengthening core assurances and adding a new quality indicator on people being supported to stay connected to important people in their life and to their communities.

Consultation on new standards for infection prevention and control

We have supported webinars by Healthcare Improvement Scotland (HIS) to consult on the new standards for infection prevention and control. The chief inspector of adult services was the keynote speaker for social care and we hosted and gathered the views of people on the standards. These new standards will ensure consistency in infection prevention and control across health and social care.

Winter plan

Adult teams, with the improvement teams, have put three working groups in place to support our winter plan and Scottish Government winter plan. These relate to interim places in care homes, care home staffing and care at home. In December we published a leaflet with the sector and partners to support homes dealing with staff vacancy issues and on recruitment. This shared good practice from the sector and was well received by care homes. We co-badged the leaflet with Coalition of Care and Support Providers in Scotland (CCPS) and Scottish Care. We are now planning a webpage and a webinar for the sector.

Relationship manager work to support governance and quality assurance

We worked with a large provider who was experiencing challenges across their services to identify the areas that need improved and how governance and quality assurance can be strengthened. We worked with senior management to look at the intelligence about the services run by the provider and look for common themes. This work identified that the provider infrastructure for quality assurance and governance was not adequate. The provider has recruited to new posts and put in new structures for quality assurance to ensure that they have the right reporting in place and oversight to identify issues early and to act on them. This will improve the outcomes for people experiencing care.

Safe staffing project

During quarter 3 the safe staffing project had 195 engagements in our quality improvement collaborative series of events. Care home providers, managers and staff and individuals from five Health and Social Care Partnership (HSCP) areas have participated in these events and reported increased knowledge of the health and care staffing act, their responsibilities under the act relating to their particular care setting, knowledge of using a quality improvement approach when improving staffing methods and the relevant professional quality measures to be referred to when involved in workforce planning.

National integration huddle Joint Account Management (JAM) approach

In line with the Ministerial Steering Group recommendation, improvement body members of the National Organisations Integration Huddle are proposing to meet collectively with each chief officer (COs) / Health and Social Care Partnerships (HSCPs) once a year to review, discuss and support collective improvement needs of COs / HSCPs. The next step in the process is to engage the Chief Officer Group at Health and Social Care Scotland to understand which HSCPs wish to engage with the JAM.

Health and social care improvement team

We liaised with Eat Well Age Well (EWAW) Scotland and supported updating their care at home: malnutrition screening pack. This was launched during malnutrition awareness week in October 2021 to highlight this good practice resource and approach to help care at home staff feel confident in understanding, identifying and addressing when a person's diet is not meeting their nutritional needs. We ran two joint webinars with

EWAW to raise awareness of the resource and how this can be applied in practice. Feedback that followed launch / webinar was that EWAW had received 900 plus requests for the screening packs.

Early learning and childcare (ELC) improvement programme

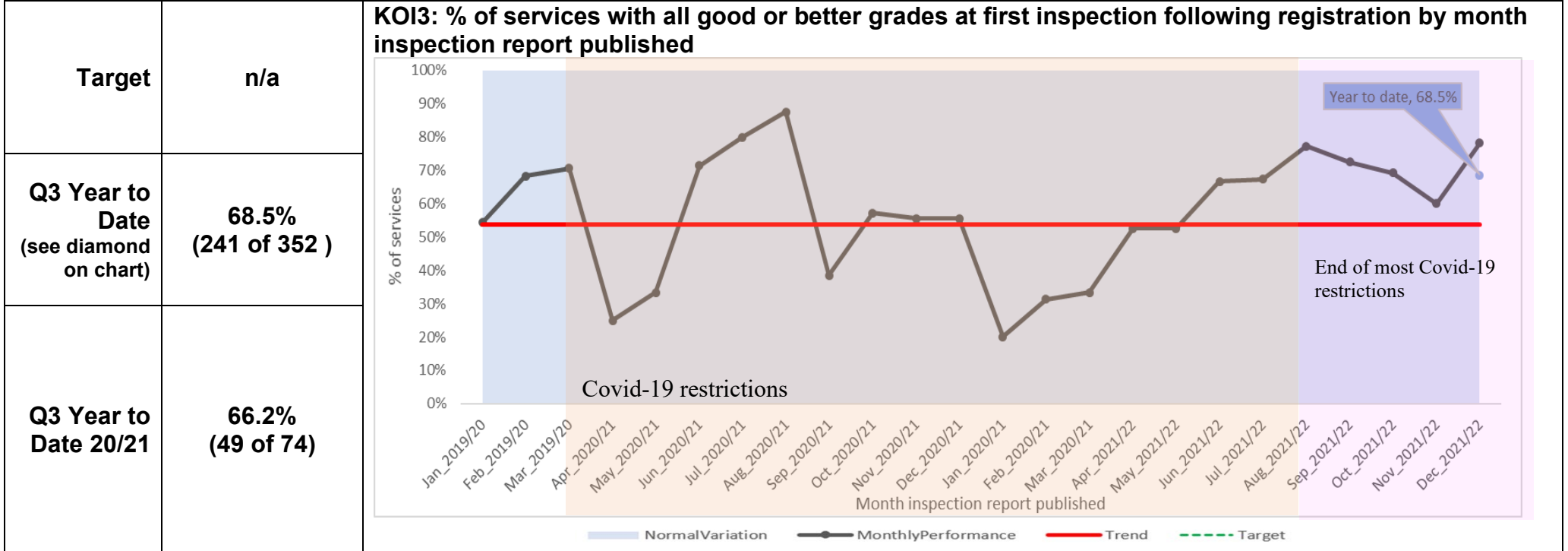
The ELC improvement programme has been approved in principle by Scottish Government for an extension to end of March 2023. This is an excellent indication of the value the programme brings to the ELC sector to support services to improve and meet the national standard.

Enforcement – review of practice and procedures

We have reviewed our practice and procedure around enforcement, ensuring this is enshrined in people's rights and the risks of poor care. This has been presented to the Operational Leadership Team (OLT) and agreed, and final work is being done on developing guidance for staff.

Strategic outcome 2: People experience positive outcomes

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

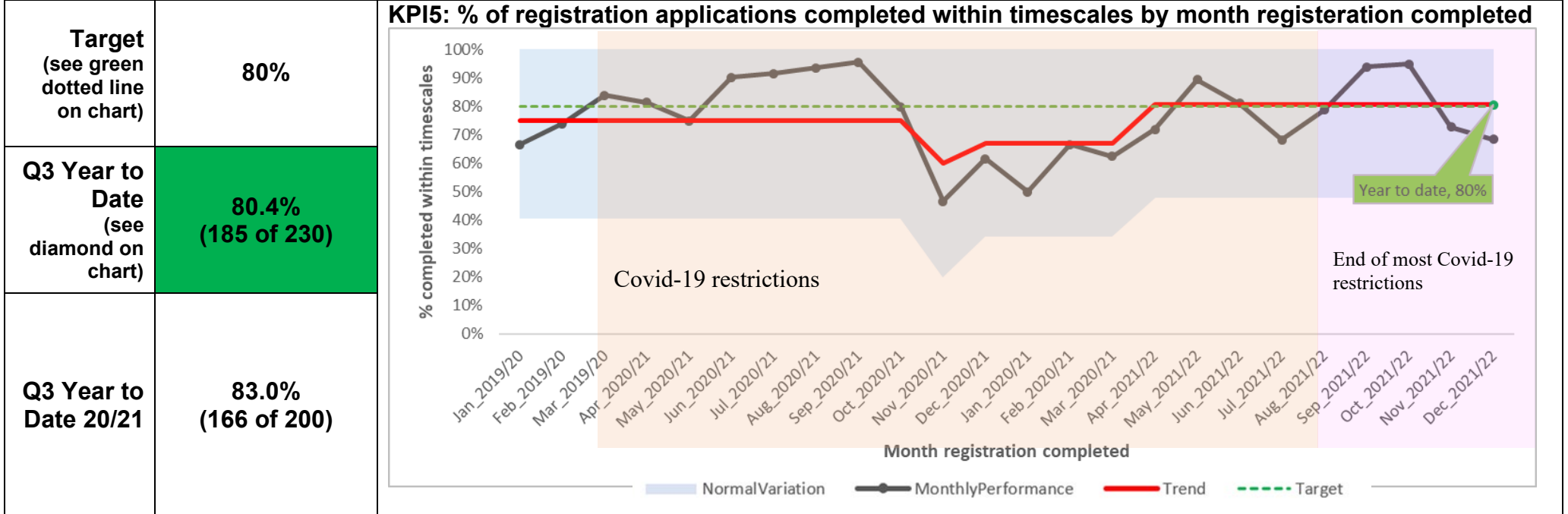


Notes: The percentage of services with good or better grades at first inspection has risen since Q3 last year by 2.3%-points to 68.5% of services. The chart above illustrates how variable the performance has become especially throughout the Covid-19 pandemic period due to the low number of services qualifying for the measure. Performance dropped across the first two months of Q3 but finished strongly in December. During 2021-22 we have seen increased performance at, or above, the most recent average trend.

Reasons for Difference: This performance was in the context of an increase in newly registered services that were inspected due to the relaxation of restrictions. By the end of Q3, 352 services had their first inspection report published, a large increase of 278 services (up 376%) from Q3 last year.

Actions: We will continue to monitor this measure and to see if the increase in performance and the number of qualifying services is sustained.

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



Notes: Up to 31 December 2021 we completed 80.4% of registrations within timescales just above target level. Performance was slightly lower than Q3 last year but remained above target. There continues to be wide variation in performance on this KPI as illustrated by the shaded area in the chart.

Reasons for Difference: Performance in this KPI has greatly increased following a review of registration cases which had been delayed externally to the Care Inspectorate. Due to the pressures of responding to the pandemic and the continued familiarity of the new Registrations App. Registrations which had been delayed due to external factors were not being recorded correctly in the new app and so were incorrectly being included in the KPI calculation. A retrospective review of registration cases, granted in the new App between April 20/21 and December 21/22, was carried out by the registration team supported by the Digital and Intelligence teams. Following this review, and with all external delays accurately recorded we recalculated this measure for 21/22 year to date resulting in an uplift in performance compared to our previous reports.

Actions: We are undertaking work to use some of our learning, including during the Covid-19 pandemic, to review our design guidance around the registration process. All new registrations will now be granted in our new registration app. The Digital Transformation team will continue to release additional functionality which will improve the performance and experience when using the app and deal with any issues that have arisen since the first version went live, including supporting our staff to become familiar with this significant change.

The Intelligence team is trialling improved reporting to allow registration team managers and business support managers to monitor performance and case management on a day-to-day basis.

KPI6: level of investment in learning & development for our workforce		Executive Director of Strategy and Improvement
Benchmark	3.0 hours on average per quarter* *Revised benchmark as activity changed throughout pandemic.	
Q3 Year to Date	3.6 hours on average per quarter	
Q3 Year to Date 20/21	4.1 hours on average per quarter	
<p>Notes: Up to end of Q3, employees had on average 3.6 hours (based on 601 headcount) of learning and development, up from 2.6 hours recorded in Q2 2021/22. During Q3, there were 1,028 attendances from employees across 87 learning events. A broad range of learning and development events and resources were offered to support employees including:</p> <ul style="list-style-type: none"> • Development for all staff <ul style="list-style-type: none"> ○ Corporate inductions: three corporate induction sessions were delivered to 41 new staff. ○ Planning for your future workshop: workshop was attended by 15 staff to support their planning and preparation for retirement. ○ ICT webinars: a range of ICT training continues to be offered to support the development of our staff's digital skills • Development for inspectors <ul style="list-style-type: none"> ○ Inspector induction: three inspector induction programmes were delivered to support our 28 new inspectors joining in Q3. ○ ELC workshops <ul style="list-style-type: none"> ▪ Three sessions were delivered over December to February to refresh our staff's understanding of the legislation which underpins our work, as well as their knowledge of our enforcement policy and procedures ▪ A range of sessions were delivered to over 100 inspectors during November and December covering topics relating to the ELC quality framework 		

- Five workshops were attended by 87 ELC inspectors to support their knowledge of the Scottish Study of Early Learning and Childcare project and the Care Inspectorate's involvement in it and use the ITERS/ECERS rating scales as part of staff's scrutiny toolkit.
- Report writing sessions for inspectors, team managers and business support colleagues.

Other Organisational and Workforce Development (OWD) activities have been supported over this quarter, including:

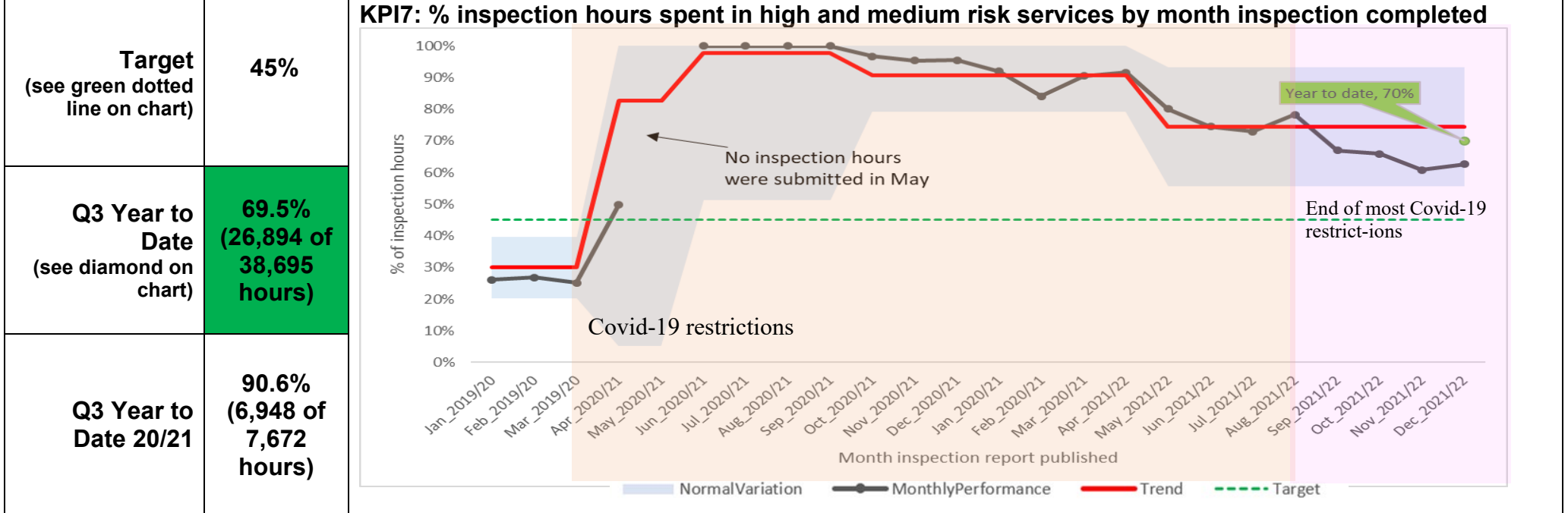
The Lens

- Following a short delay due to Covid-19, the LENS investment day took place on 1 December.
- After months in the making and with lots of inspiring ideas, our intrapreneurs take to the virtual stage to finally showcase their ideas and pitch for investment.
- The ideas which received investment included: Improving Social Worker Engagement (£3500), Tackling the Tensions of Hospital Discharge (£9000) and Communication at the Heart (£7500).

Reasons for Difference: Year to date performance in KPI6 is lower than Q3 2020/21 but this is due to the very high levels of training carried out in first half of 2020/21 when Covid-19 pandemic started. Year to date performance has increased from Q2 and the increase in the learning hours between Q3 in 20/21 (2,309 hours) and Q3 in 21/22 (3,350 hours) reflects an increase in the investment and activity in learning and development. The reason for the difference is, in Q3, we relaunched our mandatory core learning programme for all staff, which includes e-learning modules on equalities, data protection and health and safety. This is likely to have contributed to the increase in participation as when combined, these activities result in a higher than usual proportion of employees engaging in learning at the same time. We have also delivered a programme of report writing training to all inspectors in this quarter which required all inspectors to attend, which further accounts for the increase in the number of events being offered.

Actions: We will continue to work with our colleagues across the organisation to understand learning requirements and respond to the needs of our workforce. We will continue to monitor and evaluate learner feedback to identify improvements and maximise the effectiveness of our learning delivery model and session content. We will also explore how a blended learning model can support our learning and development offer once face to face learning is re-introduced.

KPI7: % inspection hours spent in high and medium risk services **Executive Director of Scrutiny and Assurance**



Notes: Up to the end of Q3 we recorded 38,695 hours on inspection, an increase of 404% from Q3 20/21 (up 31,023 hours). For Q3 21/22 year to date, 69.5% of inspection hours were spent in high or medium risk services. A decrease of 21.1%-points from Q3 last year but in line with our aim to target our resources where risk is highest.

Reasons for Difference: The overall percentage of inspection hours spent in high or medium risk services remains high due to our focus on inspecting the highest risk services. An increase in inspection hours in a number of lower risk childminding and day care of children services resulted in a slight drop in the percentage of inspection hours in high or medium risk services overall.

Actions: Providing there are no fundamental changes to how we are able to inspect we expect that performance in this measure will continue to drop towards the newly revised target for this measure throughout the remainder of the inspection year as a higher proportion of inspection hours are spent in lower risk services.

SUMMARY OF KEY ACHIEVEMENTS AND WORK PROGRESSED IN Q3 2021/2**Adults with learning disabilities**

We have consulted externally on a draft registration policy position paper on accommodation-based care and support for adults with learning disabilities and autistic adults. We received 45 responses of largely positive feedback, which has helped us to further clarify and strengthen the policy positions prior to publication.

Early learning and childcare (ELC)

The early learning and childcare team has facilitated and delivered two sets of training in collaboration with an educational psychologist from Highland Council, looking at child development and supporting the themes of our ELC quality framework.

The ELC management team continues to support the work of Scottish Government in respect of the response to the pandemic. This includes advising and commenting on resources and events. Including: issues in respect of recruitment for school aged childcare, ELC wellbeing campaign, next steps, advisory sub-group on children's and education issues, test and protect and registered childcare Covid-19 impact group.

The ELC team has been responding to an increase in incidents in childcare settings, in particular the numbers of children leaving settings unnoticed by staff. Any incident of this type has the potential of significant risk of harm to the young children involved. An ELC manager, along with our communication team, have implemented the following campaign, Keeping Children Safe - Look, Think, Act Campaign to highlight risks to the sector.

Guidance for providers of care homes for children and young people

The children and young people team have revised and published our guidance for providers of care homes for children and young people on the emergency relaxation of conditions of numbers, to take account of the Age of Criminal Responsibility (Scotland) Act 2019, and support providers with appropriately managing emergency admissions.

The Promise

Our workstream lead for the Promise has been bringing together a number of strands of activity aimed at building capacity and capability internally. We have developed a workplan for a new officer post to support better engagement with young people and amplify their voice, and to develop a competence framework and Continuous Professional Development (CPD) opportunities for those of our staff who are inspecting services for care experienced children and young people.

Work with oversight teams in Health and Social Care Partnership (HSCP)

All team managers in adults attend all oversight groups and provided input on outcomes from scrutiny and support oversight of care homes. They are working collaboratively with teams to widen this out to care at home to ensure good outcomes and early intervention in services to support better outcomes for people.

Report writing training and refreshed guidance

The methodology team has developed a new report writing toolkit. Training on this was delivered across the scrutiny and assurance directorate in November and December.

Appropriate adult workstream

Our cross-directorate team leading on self-evaluation of appropriate adult services was successful in attracting significant investment to progress their intention of developing a communication toolkit which puts the voice of people receiving services at the centre.

Safe staffing project

The project is leading on a short life working group to co-produce with partners, information and support on staffing over the winter months for adult social care services. The group has published an information sheet containing helpful ideas and practice examples for providers, managers and staff working in and with adult social care services.

The project continues to work collaboratively with Scottish Government's Chief Nursing Officer Directorate (CNOD), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES), Scottish Care, Coalition of Care and Support Providers in Scotland (CCPS), Health and Social Care Partnerships (HSCPs) and trade unions to meet the Care Inspectorate's requirement under the act. In this quarter, the project lead has represented the organisation in a number of national groups including fair work in social care, TURAS care management (safety huddle tool) stakeholder group, social care workforce induction group and the healthcare framework for people living in care homes group.

Quality improvement capacity building

The quality improvement support team (QIST) with organisation and workforce development (OWD), facilitated an organisation wide survey to understand what quality improvement (QI) qualifications / programmes have been completed by our workforce. There were 168 responses, with 109 individuals indicating they have introduction, intermediate or lead level QI qualifications. This data therefore identified that 40% (of Care Inspectorate staff who completed the survey) have no QI qualifications. The QIST is now working with NHS Education Scotland (NES) and have agreement to take forward devolved delivery of the Scottish Improvement Foundation Skills (SIFS) programme, specifically for our workforce.

In addition, the QIST, Scottish Social Services Council (SSSC) and NES have formed a working group to engage with the social care sector to ascertain the QI skills and the level of knowledge currently in the sector. This will help to contribute to a social care QI capacity building strategy.

Digital transformation

The transformation team prepared a full business case for Stage 2 including Market Oversight. The recommendation is we submit the full business case by the end of March 2022. The full business case, including Market Oversight, builds on the strengths of the original case and was informed by internal and external consultation in order to strengthen context and content.

Strategic outcome 3: People's rights are respected

KOI4: % of services with >90% of people telling us they are happy with the quality of care and support they receive		Executive Director of Scrutiny and Assurance
Target	n/a	
Q3 Year to Date	80% of respondents (responses from 5 services)	
Q3 Year to Date 20/21	During Q1 to Q3 we were not reporting on this measure	
<p>Notes: We are unable to report effectively on this KOIs until more of the inspection reports are finalised, and the relevant questionnaire data can be extracted and analysed for these KOIs. From the limited number of services with completed responses at the end of Q3, the initial feedback has been broadly positive with 80% of services having more than 90% of people telling us they are happy with the quality of care and support they receive.</p>		
<p>Reasons for Difference: It is important to note the above performance is only from a small sample of responses from children and young people's services.</p>		
<p>Actions: Business support colleagues are revisiting the current guidance to ensure that all data is exported from the surveys once a report has been finalised so Q4 should see a much greater response rate.</p> <p>Our questionnaires are one way in which we get feedback about services. Throughout the pandemic, our inspectors have continued to ask people who use services, relatives and carers, staff and visiting professionals for their views. This includes face-to-face where it has been possible and safe to do that, as well as by phone or using technology such as near me to talk to people and listen to their experiences.</p>		

KOI5: % of services with majority of people telling us they make decisions about their own care		Executive Director of Scrutiny and Assurance
Target	n/a	
Q3 Year to Date	50% of respondents (responses from 16 services)	
Q3 Year to Date 20/21	During Q1 to Q3 we were not reporting on this measure	
<p>Notes: We are unable to report effectively on this KOIs until more of the inspection reports are finalised, and the relevant questionnaire data can be extracted and analysed for these KOIs. From the limited number of services with completed responses at the end of Q3, 50% of services had 90% or more respondents telling us they make decisions about their own care.</p>		
<p>Reasons for Difference: It is important to note the above performance is only from a small sample of responses from children and young people's services.</p>		
<p>Actions: Business support colleagues are revisiting the current guidance to ensure that all data is exported from the surveys once a report has been finalised so Q4 should see a much greater response rate.</p> <p>Our questionnaires are one way in which we get feedback about services. Throughout the pandemic, our inspectors have continued to ask people who use services, relatives and carers, staff and visiting professionals for their views. This includes face-to-face where it has been possible and safe to do that, as well as by phone or using technology such as near me to talk to people and listen to their experiences.</p>		

KPI8: days per quarter that inspection volunteers and care experienced people are involved in our work		Executive Director of Strategy and Improvement
Benchmark	90 days per quarter* *Revised benchmark as activity changed throughout pandemic.	
Q3 Year to Date	107 days (no on-site inspection activity possible)	
Q3 Year to Date 20/21	50 days (no on-site inspection activity possible)	
<p>Notes: Q3 year to date performance (107 days) was above the target of 90 days and more than double Q3 year to date last year (50 days).</p> <p>During Q3 alone, care experienced people took part in Care Inspectorate involvement activity on 123 days. Performance for the year to date is 114% higher than Q3 last year. Involvement activities in Q3 included:</p> <ul style="list-style-type: none"> • 55 days of inspection activity which was done remotely by telephone. We have conducted 327 telephone interviews with 33 people experiencing care and 294 family members (this was for 27 care homes, eight housing support services and 11 support services). • The young inspection volunteers hosted the Board Development event, where the young inspection volunteers presented their work in relation to the Corporate Parenting plan. • The young inspection volunteers continued to work with the methodology review group on rights and participation. • Inspection volunteers have been supported to participate in consultation events including the Corporate Plan and the new Health and Social Care Framework for people living in care homes. • Young inspection volunteers were involved in the development of questions for focus groups for inspectors / strategic inspectors and other stakeholders. • Volunteers have supported induction training for inspectors in children and young people, early learning & childcare and adults. • We completed the involvement with the LENS project. • We supported involvement in the recruitment process. Completed four recruitment interviews. • We have successfully recruited an involvement advisor for children and young people. They have been responsible for supporting the young inspection volunteers to continue their involvement within the Care Inspectorate. • We finalised our telephone interview training schedule. 		

Reasons for Difference:

- Although no involvement in on-site inspection activity has been possible due to impact of Covid-19, the above illustrates the wide range of work that our volunteers have supported this quarter.
- We are continuing to work to develop the role of telephone inspections and the young inspection volunteer review is ongoing.
- Inspection volunteers continue to contribute to a variety of organisational activities, and we continue review additional ways in which their involvement can be maximised.

Actions:

- Internal cross-directorate discussions are ongoing to plan for inspection volunteers supporting onsite inspections.
- The involvement co-ordinators are continuing to support and develop the current pool of inspection volunteers.
- Working with the Electoral Commission, we support webinars in February 2022 to support young people to exercise their right to vote.
- Planning for young inspection volunteer review is ongoing.
- A scoping exercise with Safer Staffing Project on the involvement of volunteers in the improvement work was planned for January to March 2022.
- Planning is underway for a care experienced person to become a member of the Care Inspectorate Board.

SUMMARY OF KEY ACHIEVEMENTS AND WORK PROGRESSED IN Q3 2021/22**Quality framework for early learning and childcare (ELC)**

The ELC team has concluded all consultations, pilot testing and edits of the quality framework for daycare of children, childminding and school aged childcare. The response to the consultation and the pilot testing were overwhelmingly positive and we have gained support from the Children's Parliament to use some of their images and logo. This follows work to strengthen the rights-based approach and the incorporation of the United Nations Convention on the Rights of Children (UNCRC) within the document.

Quality framework (care homes for children and young people and schoolcare accommodation)

The methodology team are reviewing the quality framework for care homes for children and young people and school care accommodation (special residential schools). As part of the review, we ran a consultation on Citizen Lab so that everyone with an interest in care homes for children and young people and school care accommodation had the opportunity to share their views on the quality framework. The revised quality framework will be published and used for inspection, improvement, and self-evaluation when consideration of all feedback has taken place.

Procedures for secure accommodation services children and young people

In collaboration with the secure sector, the children and young people team has developed and published protocol and procedures for secure accommodation services on the use of registered emergency beds, to ensure consistent practice, expectations, and outcomes around the use of 'emergency beds.'

Supporting implementation of Anne's Law, Scottish Government

The chief inspector of adults and head of professional practice are working with Scottish Government to introduce Anne's Law by supporting changes to Health and Social Care Standards and alignment with our inspection framework still ongoing.

Promoting Open with Care

The adult's chief inspector published a statement on the expectation of people in care homes being able to visit and see loved ones. This was shared with services and where visiting is restricted the inspector has contacted services and supported them to change this decision. We challenged a large provider and got their visiting policy changed to ensure people could see friends and family. We have taken a human rights-based approach. We have received positive feedback from family and from managers of services whom we have supported to develop confidence and enable visiting in homes. This meant many people seen their loved ones over Christmas.

Legal services

During the current year, our legal team has been involved in substantial amounts of increasingly complex and time-consuming enforcement work, including an increased number of applications to the court for cancellation of service registrations and ongoing commitments, such as the Scottish Child Abuse Inquiry's boarding schools case study.

European Commission research

The European Commission, with other partners, has funded a project called "improving the capacity of municipalities in Sweden to assess the quality of care delivered at home, in nursing homes and in special housing for people with functional impairments". Research is looking at the establishment of frameworks and criteria for the assessment of the quality of service provision in other countries. Scotland was chosen as a case study and the methodology team attended a virtual meeting in Barcelona with European colleagues to talk about our approach to developing quality frameworks.

Inspection volunteers

One of the inspection volunteers was on the judging panel for The Lens programme, which ran from April to December 2021 where Care Inspectorate staff were encouraged to shape ideas they had to make a difference to the lives of the people who experience care. This was a very positive experience for the volunteer who added huge value to the whole process.

Healthcare framework for care homes (November/December 2021)

Scottish Government approached the involvement and equalities team for support to consult on a new healthcare framework for adults and older people living in care homes in Scotland. Three inspection volunteers met with representatives from Scottish Government, December 2021, to share their perspective.

Board development event (November 2021)

Three inspection volunteers were invited to facilitate a board development event, to share some of their achievements towards contributing to and keeping 'The Promise'. These achievements included a short film created for 'Stand up for Siblings' and co-design of strategic inspection methodologies to strengthen the rights and participation of cared for children and young people. Their presentation demonstrated the different ways our inspection volunteers have been involved in the work of the Care Inspectorate.

Data protection wrap for care service questionnaires

Work was done this quarter to ensure that we had generic Data Protection Impact Assessments (DPIAs) for all scrutiny questionnaires, this ensures consistency of approach and addresses all data protection issues whilst reducing the resource required to comply with UK General Data Protection Regulation (GDPR) each time a survey is issued.

Shared services

We now have regular feedback in place from director of corporate and customer services on shared service performance. This is shared with teams, reviewed and any relevant action taken to improve the service offered.

Partnership forum workshop

A second partnership forum workshop was held in November with external facilitators to review how we can work together as effectively as possible.

HR systems and process review

The HR team is reviewing how we can use systems more effectively, including progressing an onboarding module for new starts to the organisation and self-service sickness absence reporting. This will introduce efficiencies to HR and payroll processes and mean a better experience for staff. HR has made progress on the production of analytics to inform workforce planning and staff management. Case work discussions have also been established in the HR team to support an effective and consistent approach to case management, leading to better interventions for staff.

Recruitment overview

We have undertaken a review of how we recruit inspectors, led by Organisational Workforce Development (OWD) in partnership with HR and service managers. This was both internally and externally customer focussed, by ensuring a more streamlined process and a more effective recruitment campaign, and by reviewing the candidate experience and adapting our advertising and application strategy to enhance this. HR has worked with scrutiny and assurance to explore and implement creative solutions to capacity issues.

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 People who experience care

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2019-22. This provides evidence of the performance of the organisation in delivering strategic outcomes and as such provides 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.

TECHNICAL NOTES

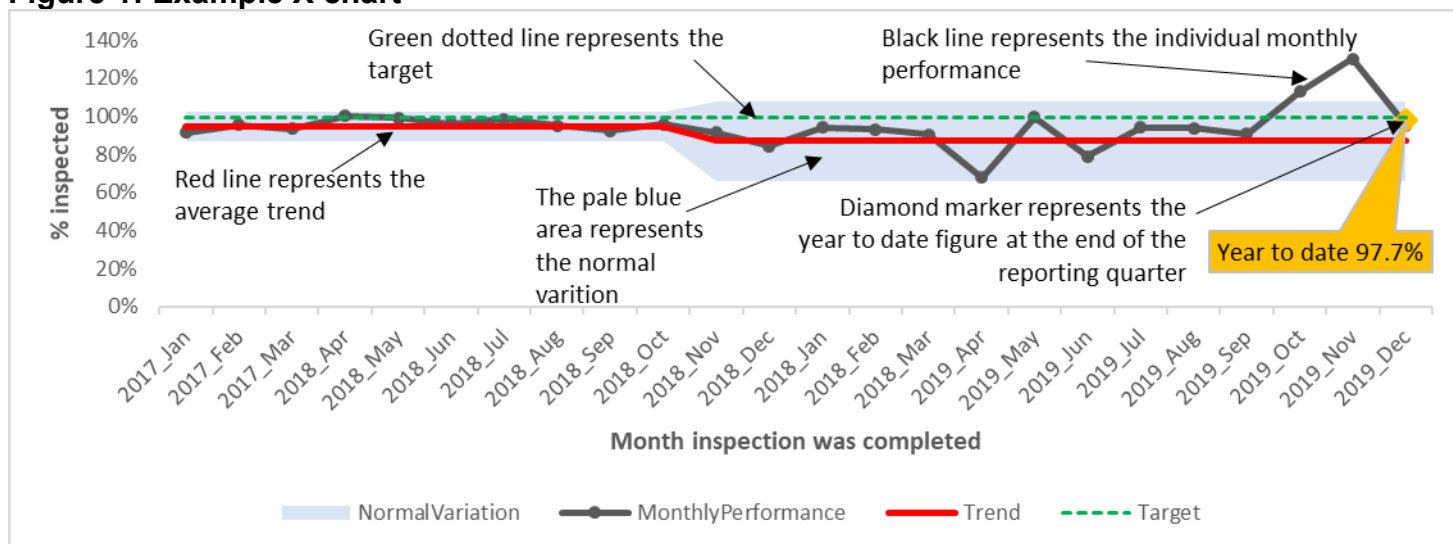
Types of performance measure

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

Notes on presentation

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

Figure 1: Example X chart



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

This report generally uses percentage points (%-points) to illustrate changes in performance. Percentage points reflect an absolute change (the difference in performance between two time periods) eg if the percentage 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%.

Covering Note to the Board in respect of Audit and Risk Committee business arising from meeting held on 10 March 2022

Recommendation requiring approval or action by the Board	
Minute no.	Subject (in brief)
	There are no matters from the Committee that require Board approval.

The Board may also wish to note the Committee's discussion of the following matters of potential significance or special interest	
Minute no.	Subject (in brief)
7.0	<p>INTERNAL AUDIT - FOLLOW-UP PROGRESS REPORT</p> <p>Overall, the Care Inspectorate has made good progress in implementing the thirteen recommendations that have been followed up by the internal auditors, with eight having now been fully implemented. The Committee will be provided with progress reports in respect of the outstanding internal audit recommendations and continued review of any impact on risk associated with revised implementation dates.</p>
8.0	<p>DRAFT ANNUAL INTERNAL AUDIT PLAN 2022/23</p> <p>The Committee has approved the annual internal audit plan for 2022/23 and, on its recommendation, further discussions will take place between the auditors and management to clarify the scope of the audit on complaints and if this should cover registered services and/or complaints against the Care Inspectorate.</p>
10.0	<p>INTERNAL AUDIT REPORT ON EQUALITY AND DIVERSITY</p> <p>The Committee received a very positive report on the internal audit carried out on the Care Inspectorate's equality and diversity policies and procedures. It has been agreed to look at extending training in this area to Board members through a future Board Development Event.</p>
12.0	<p>STRATEGIC RISK REGISTER MONITORING</p> <p>There has been no significant change to the strategic risk position since last reported to the Board in December 2021. Three strategic risks – financial sustainability, IT data access and security, and digital transformation - remain above target level and the Committee has been advised of the actions being taken to try to mitigate these risks.</p>

14.0	NATIONAL FRAUD INITIATIVE UPDATE In light of the very positive outcome of the National Fraud Initiative exercise, the Committee is reassured that the internal controls for payroll, purchasing and payments are operating effectively.
13.0	SHARED SERVICE REVIEW BOARD The Committee continues to receive positive performance reports and has oversight of the implementation of the shared services between the Care Inspectorate and Scottish Social Services Council.



Title:	BUDGET MONITORING AND STAFFING UPDATE		
Author:	<i>Kenny Dick, Head of Finance and Corporate Governance</i>		
Responsible Officer:	<i>Jackie Mackenzie, Executive Director of Corporate and Customer Services</i>		
Appendices:	1	Movement in Projected Financial Position from Position Previously Reported 16 December 2021	
Consultation:	N/A		
Resource Implications:	Yes		

EXECUTIVE SUMMARY

This report provides the Board with details of the projected 2021/22 financial position.

The general reserve balance in the approved Annual Report and Accounts is £0.633m less than was anticipated when the 2021/22 budget was set. This is due to the inclusion of a provision for property end of lease dilapidation costs of £0.662m.

After expenditure delayed from 2020/21, additional core grant budget and adjustments and virements are accounted for, the projected financial position is a surplus of £1.667m. This projected surplus of £1.667m is a net underspend of £2.419m against the budgeted position of a £0.752m deficit. As the Sponsor has advised that we cannot draw down grant in aid in advance of need, this means this projected underspend will be offset in full by a corresponding decrease in grant in aid.

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

The significant risks to this projection are set out in Section 5 of this report.

The Board is invited to:

1. Consider the projected financial position for 2021/22 and the risks that may affect this position.
2. Note the Movement in Projected Financial Position from the position previously reported to Board 16 December 2021 (Appendix 1).

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

BOARD MEETING 22 MARCH 2022

Agenda item 14
Report No: B-11-2022

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

Reason for Confidentiality/Private Report: N/A – this is a public Board report

Disclosure after: N/A

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

BOARD MEETING 22 MARCH 2022**Agenda item 14**
Report No: B-11-2022**BUDGET MONITORING AND STAFFING UPDATE****1.0 INTRODUCTION**

The Board approved a 2021/22 revenue budget with a deficit of £0.739m (subsequently revised to £0.752m) to be funded from the general reserve balance. Before any adjustment to grant in aid, the projected financial position as at 31 March 2022 projects a surplus of £1.667m. This is adjusted for by not drawing down this £1.667m in grant in aid.

This report provides the key assumptions used to arrive at this projected position and identifies key risks.

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

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

There was £0.116m of expenditure budgeted to be spent in 2020/21 that was delayed due to the Covid-19 position. The funding for this expenditure has been carried forward in the general reserve balance and this expenditure has now been incurred in 2021/22.

£0.180m funding for the Appropriate Adults workstream has now transferred as part of our core grant in aid. There is expenditure brought forward from 2020/21 of £0.015m associated with this work and this increases the budgeted deficit.

The Board approved the change to the post of Executive Director of IT and Digital Transformation from temporary to permanent. The projected impact of this is a reduction of £0.118m to the budgeted deficit.

These, when added to the 2021/22 budgeted deficit of £0.739m provides an expected deficit of £0.752m. We are projecting to drawdown £1.667m less grant in aid than our approved amount. This is to match our funding to our projected net expenditure requirement. This means we have an underspend of £2.419m (£0.752m + £1.667m) against our budgeted position. As we are drawing down grant in aid to match our projected net expenditure, there is no overall impact on the general reserve position this financial year.

BOARD MEETING 22 MARCH 2022

Agenda item 14
Report No: B-11-2022

The Annual Report and Accounts for 2020/21 shows a reduced general reserve balance compared to the position anticipated when the budget was set. This is mainly due to the inclusion of a provision for expected property end of lease dilapidation costs. The table below shows the latest projected position:

	Approved 2021/22 Budget	Budget Virement and Adjustments 2021/22	Additional Core Grant 2021/22	Expenditure b/fwd from 2020/21	Revised 2021/22 Budget	Projected Expenditure	Variance
	£m	£m	£m	£m	£m	£m	£m
Staff cost	32.688	(0.137)	0.186		32.737	30.964	(1.773)
Accommodation costs	2.527	(0.040)			2.487	2.240	(0.247)
Administration costs	1.241	0.031		0.071	1.343	1.388	0.045
Travel costs	1.232	0.000	0.006		1.238	0.390	(0.848)
Supplies and services	1.630	0.040	0.003	0.045	1.718	2.313	0.595
Gross Expenditure	39.318	(0.106)	0.195	0.116	39.523	37.295	(2.228)
Grant in aid	(25.725)	0.011	(0.180)		(25.894)	(24.227)	1.667
Fee Income	(11.900)				(11.900)	(11.943)	(0.043)
Shared service income	(0.846)	(0.023)			(0.869)	(0.811)	0.058
Other income	(0.108)				(0.108)	(0.314)	(0.206)
Total income	(38.579)	(0.012)	(0.180)	0.000	(38.771)	(37.295)	1.476
(Surplus) / Deficit	0.739	(0.118)	0.015	0.116	0.752	0.000	(0.752)

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	Approved Budget £m	Projected Position £m	Variance £m
Opening general reserve balance	3.642	3.009	(0.633)
2021/22 Projected outturns:			
Operating Surplus / (Deficit)	(0.739)	0.000	0.739
Specific Grant Surplus / (Deficit)	(0.133)	0.280	0.413
Potential 2021/22 use of Reserve:			
Stage 2 Business Transformation	(1.202)	0.000	1.202
Unallocated but planned for use in 2021/22	(0.402)	0.000	0.402
Projected Closing Balance	1.166	3.289	2.123
Operational Reserve Target maximum (1.5%)	0.564	0.567	0.003
Variance to target balance	0.602	2.722	2.120
Analysis of Projected Closing Balance			
Operational Reserve Target maximum (1.5%)		0.567	
Prepaid grant funding b/fwd 2020/21		0.354	
Specific grant surplus 2021/22		0.280	
Target balance as per Financial Strategy		1.201	
Planned use of Additional Reserves:			
To fund 2022/23 budget deficit		2.088	
Projected closing general reserve balance		3.289	

2.2 Specific Grants

Prepaid grant funding b/fwd 2020/21	0.354
Specific grant surplus 2021/22	0.280
Target balance	1.201
Planned use of Additional Reserves:	
To fund 2022/23 budget deficit	2.08

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The projected expenditure on work funded by specific grants continues to be affected by the Covid-19 position. An underspend of £0.280m is currently projected.

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

3.3.1 Establishment Changes

The following shows the changes to establishment which have been approved since the budget was set. The table also shows the budgetary impact of the potential cost of resolving the Inspector Pay grievance which has still to be agreed.

	FTE	£m
Unallocated budget available		0.535
<u>Agreed changes to establishment:</u>		
Additional Service Manager post at CS1	1.00	(0.081)
A shared service HR Adviser/Payroll Analytics post at Grade 5	1.00	(0.023)
A Mental Welfare Commission secondment	1.00	(0.063)
Executive Director ICT, Transformation & Digital Permanent	1.00	(0.118)
A Senior Data Support Analyst at Grade 7 (funded from agency staff cost budget)	1.00	-
Provision for Inspector pay grievance costs	-	(0.189)
Unallocated budget @ 31/01/2021		0.061

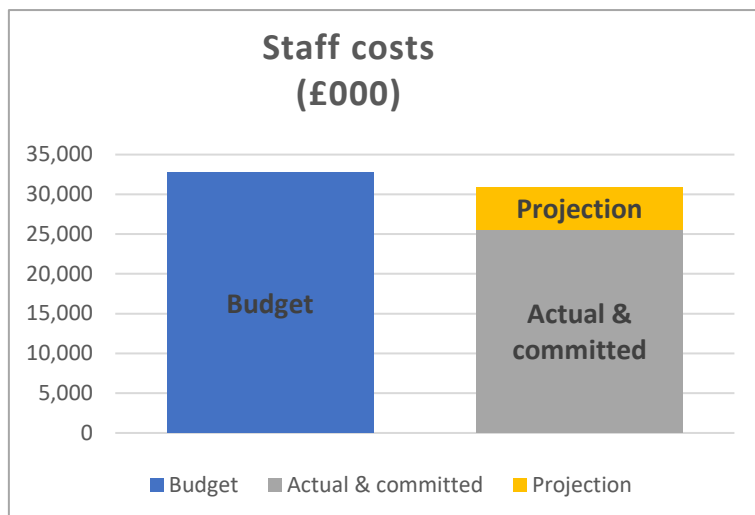
The recently announced Scottish Budget indicated the Care Inspectorate will not receive an uplift in grant in aid for 2022/23. The unallocated budget of £0.061m will be used to contribute to recurring budget pressures in 2022/23. This funding is no longer available for alternative uses.

3.3.2 Temporary Staffing Changes

Several temporary staff changes have also been agreed. All these posts will be funded through in-year underspend and are noted in the budget variances in section 4.0.

3.3.3 Extension of Temporary Contracts

As part of the response to the Covid-19 position some temporary contracts have been extended to 31 March 2022. The extensions to temporary contracts are being met from the in-year underspend.

4.0 BUDGET VARIANCES**4.1 Staff Costs – projected underspend of £1.773m**

Projected staff cost slippage is £2.737m more than budgeted. This is largely due to a high volume of Inspector vacancies in the Scrutiny and Assurance Directorate and Customer Services vacancies. Of the 39.8 FTE Inspector vacancies with, we are projecting only 6.9 FTE to be filled by the end of March 2022. This has an impact on our ability to deliver on the approved Scrutiny and Improvement Plan.

This is partially offset by the following:

1. The response to the recruitment campaigns to support the Digital Transformation Team has been very disappointing. This, alongside additional support being required, means we have had to appoint agency staff at a higher cost. This, alongside extending the temporary posts to 31 March 2022, has increased projected spend by £0.363m.
2. A number of temporary postholders in the Policy and Comms team have been extended to 31 March 2022. An increase of £0.157m in expenditure is projected.
3. The demands on the Intelligence Team have been significant during Covid. To support the continued increase in workload and to support other Care Inspectorate developments, the team has been strengthened by the appointment of a Data Analyst, two Senior Intelligence Analysts and an Intelligence Analyst at a projected additional cost of £0.165m.
4. The IT Service Operations Team are experiencing acute resource shortages which is being addressed by recruiting an additional four temporary posts to 31 March 2022. The estimated additional cost of this is £0.111m.
5. A file indexing project budgeted to be completed by our storage and archiving supplier is now being carried out by temporary staff. Projected spend has increased by £0.066m. This is partly funded by a £0.060m underspend projected in Supplies and Services.
6. A Senior HR Adviser was seconded to NHS until 31 January 2022. The cost of this post is offset in full by Seconded Income of £0.060m.

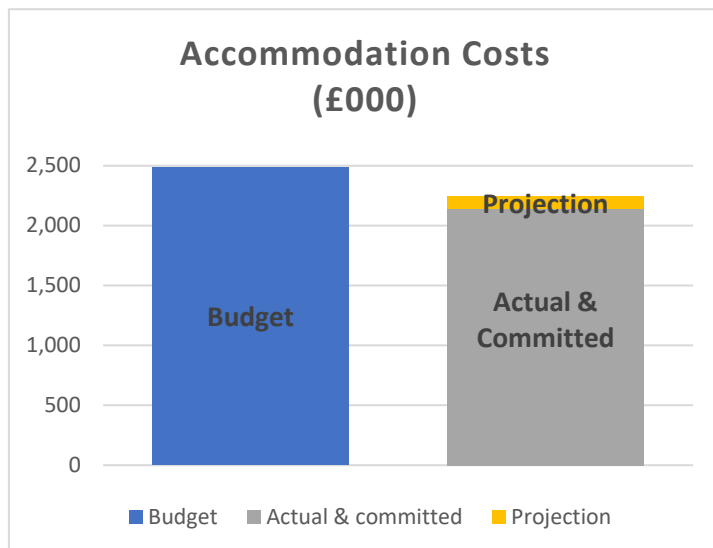
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7. Temporary arrangements are still in place to provide additional senior management and flexible response capacity due to the impact of the Covid-19 crisis at a projected cost of £0.033m.
8. Locum Advisers to the Chief Nurse are projected to cost an additional £0.028m.
9. An 18-month temporary Development Officer post has been agreed to support the Care Inspectorate to deliver on 'The Promise' to care experienced children and young people. The projected costs for this financial year are £0.016m
10. An 18-month Temporary IT Officer has been approved to further develop IT Security. This post is expected to be filled from January with projected costs of £0.008m this financial year.
11. In preparing for the Covid-19 inquiry and the Feeley review, a temporary 12-month post is being recruited to support this at an estimated cost of £0.005m this financial year.
12. An overspend of £0.071m is projected for an increasing demand for occupational health services, ill health retiral costs and projected Chief Executive recruitment costs.
13. £0.300m was budgeted for Market Oversight and only £0.249m of this has been required for the proof of concept to be developed. The resource requirements to further develop Market Oversight are being built into the Stage 2 Digital Transformation business case to be considered by the Board in February 2022.
14. We have postponed or cancelled some training and developments events in response to Covid-19 and the associated public health advice to continue working from home wherever possible. An underspend of £0.062m is projected.

4.2 Accommodation costs – projected underspend of £0.247m



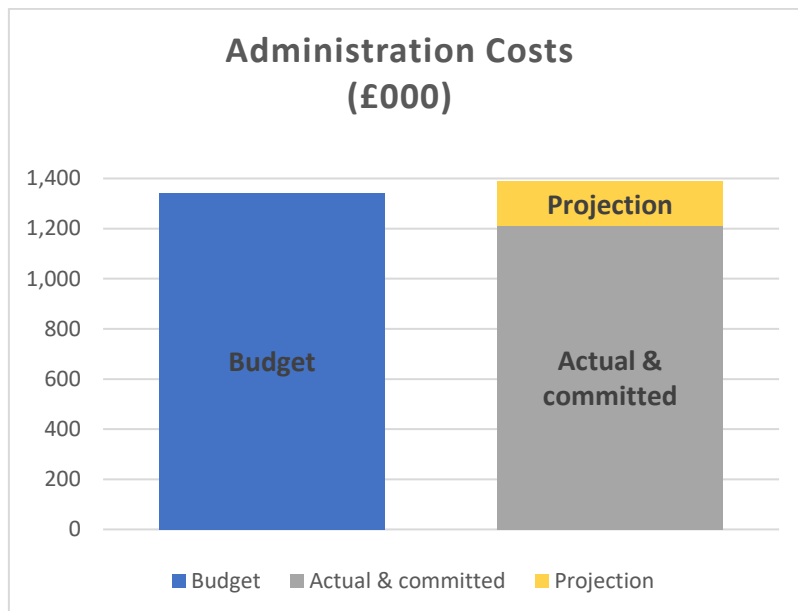
The budget included provision of £0.097m for end of lease and possible move costs for the Stirling and Dunfermline offices. The leases have been extended into 2022/23 and this budget is not required this financial year.

As most of our offices have remained closed for most of the year due to Covid-19, a further underspend of £0.150m is projected for running costs. This is being used to purchase

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additional furniture required to support our hybrid working trial. This is presented in the Supplies and Services budget heading.

4.3 Administration Costs – projected overspend of £0.045m

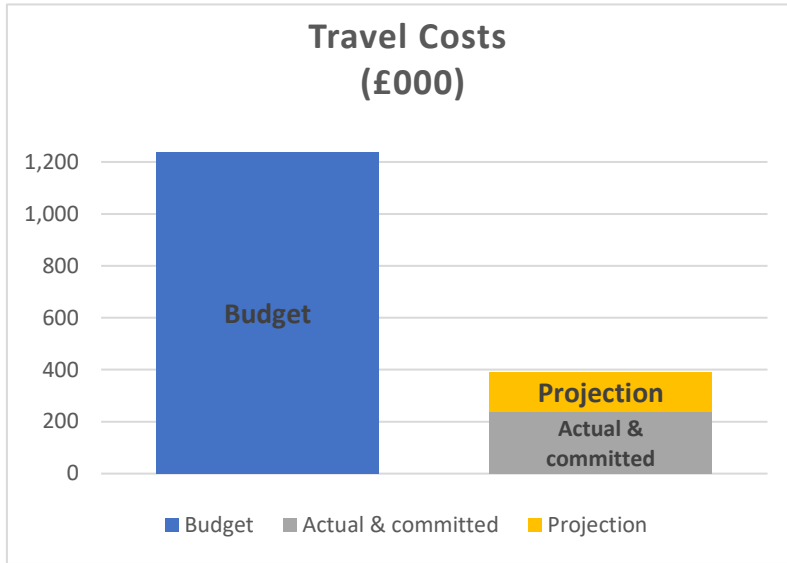


- As noted in staff costs (4.1), we are experiencing difficulties recruiting and retaining digital transformation staff. This has been partially addressed by increasing the volume of services we are receiving through our Enterprise Services Contract. Projected spend to support the digital transformation programme is £0.151m greater than budgeted.
- A gateway review process for the Transformation Programme is estimated to be £0.012m.
- Legal fees are projected to be £0.073m more than budget. This relates to legal fees for HR professional advice, an increase in legal cases relating to service providers and preparing for the Covid-19 inquiry.
- A review of our recruitment process as well as an initial review of our pay and grading structure is being undertaken this year. Additional expenditure of £0.020m is projected.
- The Appropriate Adult programme of work includes developing quality assurance approaches to support self-evaluation of services. This evaluation requires specialist input estimated to cost £0.026m.
- A project to decommission PMS to ensure GDPR compliance is projected to cost £0.008m.

These projected overspends totalling £0.290m are partially offset by:

- Projected savings of £0.231m on printing, postage, stationery and other admin costs due to the Covid-19 position.
- Telecoms expenditure is projected to be £0.014m less than budget with savings in broadband, mobiles and network charges expected.

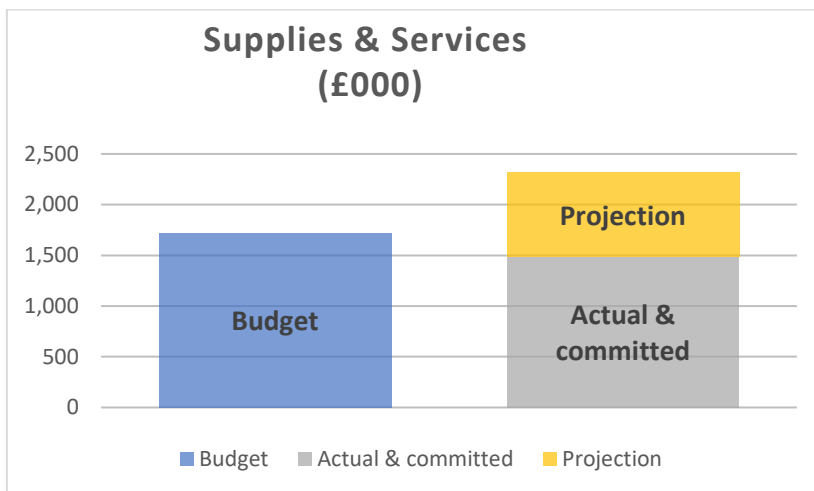
4.4 Travel Costs – projected underspend of £0.848m



The significant reduction in travel costs is a direct result of the travel restrictions imposed due to the Covid-19 crisis. This and the public health advice on visiting care services has significantly reduced scrutiny and improvement travel associated with inspection, complaints, registration and enforcement.

In addition, the need to work from home has greatly increased the use of Teams to hold meetings remotely without the need for travel. This is expected to be sustainable even after the Covid-19 restrictions are relaxed.

4.5 Supplies and Services – projected overspend of £0.595m



As noted in Accommodation Costs, additional furniture to support hybrid working is required and it is estimated the additional cost this financial year is £0.150m.

An overspend of £0.598m is projected for ICT costs. Of this, we are projecting £0.500m to purchase additional IT equipment and the remaining £0.098m mainly relates to additional

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security expenditure to maintain the security of our ICT systems and additional software licences.

These projected overspends are partially offset by:

1. A planned file indexation project at an estimated cost of £0.060m is now being completed by temporary staff.
2. A projected underspend of £0.071m in hospitality and venue hire as we continue to work predominantly from home.
3. A projected underspend of £0.015m in storage and archiving expenditure.
4. Photocopier lease charges and other minor equipment purchases are projected to underspend by £0.007m.

4.6 Grant in aid – decrease of £1.667m

As we cannot draw down grant in aid in advance of need, our drawdown this year is projected to be £1.667m less than budgeted to offset our projected underspend.

4.7 Fee Income – projected additional income of £0.042m

New registration fee income from services registered by 31 March 2022 is projected to be £0.077m more than budgeted.

This is partially offset by a projected decrease in income from continuation fees of £0.035m. This is due to a difference in the size and mix of registered services operating during the year from when the budget was agreed.

4.8 Other Income – projected additional income of £0.149m

Income from staff on secondment to other organisations totalling £0.194m is projected, and additional funding of £0.025m from NHS Education for Scotland (NES) to support the spread and dissemination of the national Openness and Learning agenda in health and social care settings during COVID-19 and beyond has been received.

This is partially offset by income from Shared Services and our Aberdeen sub-lease projected to be £0.060m less than budget which is mainly due to rechargeable office running costs projected to be less than budgeted as our offices remain closed. Rebates from the use of collaborative frameworks are expected to be £0.010m less than budgeted as our requirement to use these frameworks has decreased during the pandemic.

5.0 RISKS TO FINANCIAL PROJECTIONS

Budget Area	Description of Risk	Sensitivity	Likelihood
Staff costs	Projected staff costs are based on staff in post and known changes.	Projection could be overstated by as much as £0.100m	High

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	<p>An interim pay award has been made in line with Scottish Government Pay Policy Guidance. The settlement has not yet been agreed with the Partnership Forum. Any award greater than that projected will be an additional cost pressure this financial year.</p> <p>There is a collective pay grievance from Inspectors which could have a potential impact on the budget available for additional budget asks or for cost pressures identified. £0.189m is included in current projections but the negotiated position may vary from this</p>	<p>Projection could be understated or overstated depending on the final agreement.</p>	<p>Low</p> <p>Medium</p>
Administration Costs – legal fees	<p>There is also a risk we will have to pay legal costs of £0.050m in settlement of an ongoing court case.</p>	<p>Projections could be understated by £0.050m</p>	<p>Low</p>
Travel costs	<p>Projected costs assume that we will remain working from home until February 2022. There is still some uncertainty over areas such as a third wave and access to services during the winter period.</p>	<p>Projection risk could be overstated by as much as £0.50m.</p>	<p>High</p>
Supplies and Services	<p>To ensure the health, safety and wellbeing of our staff, additional furniture and equipment is required to support our hybrid working trial.</p>	<p>It is estimated costs for IT equipment and furniture could be up to £0.700m. Projected expenditure assumes this requirement can be delivered on or before 31 March 2022. Any slippage to this will increase the projected underspend and will mean an additional</p>	<p>Medium</p>

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		budget pressure for 2022/23.	
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 £0.060m understated to £0.060m overstated	High
Shared Service Income	The shared service recharge with SSSC has still to be agreed this financial year.	Projections could be under or overstated	Medium

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

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

6.2 Sustainability

The report highlights the significant reduction in travel costs, a proportion of which will be sustainable. This reduction will lower CO² emissions and increase productivity through reduced time spent travelling.

6.3 People Who Experience Care

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

6.4 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.

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An underspend of £2.419m against the 2021/22 budget is currently projected. Due to the underspend, we will not need to draw on our general reserve to fund the budgeted deficit of £0.752m and we will reduce our grant in aid drawdown by £1.667m to maintain our general reserve (excluding specific grant funding) at the same level as at the start of 2021/22. It has been agreed with our Sponsor Department that we will reduce our general reserve balance down to the target level identified in our financial strategy by funding a 2022/23 budget deficit by drawing on reserves.

This report sets out our projected financial position based on the best information available at the time. The risks to our financial projections set out in Section 5 indicate that the current projected underspend against budget is more likely to increase than reduce.

Movement in Projected Net Expenditure from the Position Last Reported to Board on 16 December 2021

Budget Area	Increase/ (Decrease) £m	Main Reasons
Staff costs	(0.671)	<ol style="list-style-type: none"> 1. Previous projections assumed that overtime and the use of locums would be used to cover some of the slippage created by the high volume of vacancies within the Scrutiny and Assurance Directorate, and that most of these vacancies would be filled this financial year. The recruitment campaigns have not been as successful as planned and staff take-up of overtime is lower than in previous years. This is the main reason for an increase in projected underspend of £0.328m in Scrutiny and Assurance staff costs. 2. Other staff cost slippage is projected to increase by £0.254m. This is mainly due to a combination of an increase in vacant posts, and recruitment difficulties in filling some vacant posts. 3. We have postponed or cancelled some training and developments events in response to Covid-19 and the associated public health advice to continue working from home wherever possible. An underspend of £0.0062m is projected. 4. The balance of unallocated staffing budget totalling £0.061m has not been allocated this financial year, however, this is required in full in 2022/23. 5. These projected decreases totalling £0.076m are partially offset by an increase of £0.035m in recruitment costs to cover the Chief Executive recruitment and selection process.
Accommodation costs	(0.150)	<ol style="list-style-type: none"> 6. Projected expenditure includes the costs of furniture and equipment to support the hybrid working trial which is projected in Supplies and Services.
Administration costs	(0.015)	<ol style="list-style-type: none"> 7. The extended Covid-19 restrictions means we continue to have less demand for stationery and postages as well as being unable to take forward some planned initiatives this financial year. Projected spend has decreased by £0.060m as a result of this. 8. Projected expenditure includes an additional £0.039m to support the Digital Transformation Programme. 9. Telephony costs are expected to increase by £0.006m

Budget Area	Increase/ (Decrease) £m	Main Reasons
Supplies and services	0.545	<p>10. As noted in Accommodation Costs, additional furniture and equipment to support hybrid working is required and it is estimated the additional cost this financial year is £0.150m.</p> <p>11. We also need to invest in additional IT equipment to support hybrid working with the estimated additional cost this financial year is £0.500m.</p> <p>12. The budget allowed for some development of robotics process automation (RPA) which has not been possible to take forward. Projected expenditure has decreased by £0.050m.</p> <p>13. We were expecting the Covid-19 restrictions to ease in the early months of 2022, allowing for some face-to-face meetings and events. We now expect these to be postponed until 2022/23 with a decrease of £0.040m projected in hospitality and venue hire.</p> <p>14. Projections include the cost of file destruction for our archived records. This is expected to be £0.015m less than previously estimated.</p>
Travel and subsistence	(0.060)	<p>15. We are not expecting to have any significant travel for the remainder of the financial year, with current assumptions being based on a return to 'normal business' in March 2022. Projected expenditure has consequently decreased by £0.060m.</p>
Fee Income	(0.043)	<p>16. Income from services registered by 31 March 2022 is projected to be £0.078m more than budgeted.</p> <p>17. This is partially offset by a projected decrease in income from continuation fees of £0.035m. This is due to a difference in the size and mix of registered services operating during the year from when the budget was agreed.</p>
Other Income	0.061	<p>18. A secondment ended early with a decrease in both staff costs and secondee income of £0.013m.</p> <p>19. The running costs of our buildings are projected to be less than budgeted due to the offices being closed for most of the year. This means the shared accommodation costs with SSSC and OSCR are also less, with a projected decrease in Shared Service Income of £0.042m and income from the sub lease of our Aberdeen office of £0.003m.</p>

Budget Area	Increase/ (Decrease) £m	Main Reasons
		20. As we have remained working from home in response to the Government's Covid-19 pandemic, our use of collaborative frameworks has decreased, with a decrease of £0.003m in procurement rebates projected.
Grant in aid	1.667	21. Sponsor Department has confirmed we cannot draw down grant in aid in advance of need which means we cannot carry forward our projected underspend to the General Reserve. This means a projected decrease of £1.667m in the value of grant we will draw down this year.
Total	1.334	Decrease to general reserve position



Title:	MODEL CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES	
Author(s):	<i>Alison Cook, Senior Solicitor</i> <i>Rachael Delaney, Solicitor</i>	
Appendices:	1.	Letter from Sean Neill (Director for Local Government and Communities) dated 5 January 2022
	2.	Code of Conduct for Members of the Care Inspectorate published 22 July 2016
	3.	Revised Model Code of Conduct for members of Devolved Public Bodies
	4.	New Care Inspectorate Code of Conduct with proposed amendments
Consultation:	Consultation took place with the Chair in respect of a proposed amendment to paragraph 5.4 of the new Model Code	
Resource Implications:	Yes	

EXECUTIVE SUMMARY

This report:

1. Provides details of the new Model Code of Conduct for Members of Devolved Public Bodies which requires to be adopted by the Care Inspectorate.
2. Highlights key changes from the existing Code of Conduct.

The Board is invited to:

1. Note the terms of the new Model Code of Conduct for Members of Devolved Public Bodies, subject to the amendments noted below

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

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

Reason for Confidentiality/Private Report: N/A – this is a public report.
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Disclosure after: N/A

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

REVISED MODEL CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES**1.0 INTRODUCTION**

- 1.1** As a Devolved Public Body, the Care Inspectorate is required to produce a Code of Conduct for members of the Care Inspectorate modelled on the Model Code for Members of Devolved Public Bodies, “the Model Code” (see Appendix 3). A revised Model Code has been approved by the Scottish Parliament. To comply with legislation, the Care Inspectorate now requires to adopt this new Code of Conduct by 10 June 2022.
- 1.2** The Model Code of Conduct differs in many areas from the Care Inspectorate's existing Code of Conduct (see Appendix 2), though the overarching structure remains largely the same. The Model Code will result in changes to all sections of the Code of Conduct, some of which are relatively minor such as the rewording or expansion of some provisions. Highlighted below are some of the key changes and additions to the Code of Conduct, however, reading of the Model Code is recommended.
- 1.3** Our existing Code of Conduct published on 22 July 2016 implemented the previous Model Code in full and will remain in place in the meantime. Two amendments to this Model Code have been proposed and are noted below at paragraph 10. The new Care Inspectorate Code of Conduct (see Appendix 4) incorporates these amendments and has been revised to refer to the Care Inspectorate rather than “my public body” throughout.

2.0 CHANGES TO SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

- 2.1** The introduction has been revised and there is a new section titled “my responsibilities” from paragraphs 1.4 to 1.9. Paragraphs 1.5, 1.6 and part of 1.7 are additional responsibilities in relation to always complying with the Code of Conduct when acting as a board member and being familiar with any guidance, advice or training provided in relation to the Code of Conduct.

3.0 CHANGES TO SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

- 3.1** The introduction to the key principles has been updated at paragraphs 2.1 and 2.2. They set out that a breach of one or more of the key principles does not amount to a breach of the Code. For a breach to be found, there must also be a contravention of one or more of sections three to six which relate to general conduct, and registration and declaration of interests and lobbying.

4.0 CHANGES TO SECTION 3: GENERAL CONDUCT

4.1 There are substantial amendments to this section, and some key points to draw your attention to.

4.2 Respect and Courtesy

4.2.1 This new section is contained in paragraphs 3.1 – 3.11 and expands upon how you must conduct yourself. This includes but is not limited to (1) not unlawfully discriminating against others, (2) being aware of disrespect, bullying and harassment and not engaging in any such conduct, (3) not undermining others or seeking to use your position to induce an improper course of action, and (4) extending your responsibility to treat everyone with courtesy and respect to online interactions. It also requires you to support any decisions made by the Board, even if you do not agree with them.

4.3 Gifts and Hospitality

4.3.1 This section from paragraphs 3.13 – 3.21 has been revised, and the definition of gifts and hospitality expanded at paragraph 3.13.

4.3.2 This section sets out that an objective test should be applied, and you should consider whether there could be a reasonable perception that any gift or hospitality **received by a person or body connected to you** could or would influence your judgement. The existing Code of Conduct listed that you should consider any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner. This is therefore an extension of the previous Code of Conduct, and now applies to **any person connected to you**, for example, a friend or more distant relative.

4.3.3 Section 3.15 contains a revised list of exceptions to the general rule that any gift or hospitality must be refused.

4.4 Dealing with Preferential Treatment

4.4.1 Paragraphs 3.28, 3.29 and 3.30 are new, and create additional responsibilities. These include that you will not use or attempt to use your position or influence as a board member to seek an advantage/preferential treatment or avoid a disadvantage for yourself or others.

5.0 CHANGES TO SECTION 4: REGISTRATION OF INTERESTS

5.1 Paragraph 4.17 relates to election expenses, which are an additional category of interests which are to be registered. Paragraph 4.21 removes the requirement to register gifts and hospitality as they are not to be accepted unless they fall into the revised exceptions referred to above.

Paragraphs 4.22 and 4.23 are in relation to non-financial interests and interests of close family members have been simplified.

6.0 CHANGES TO SECTION 5: DECLARATION OF INTERESTS

- 6.1** This section has been restructured to provide a three-stage process. The first, and new, stage “connection” is detailed at paragraph 5.1-5.4 and details that you must consider whether you have a connection to a matter and defines a connection. A connection could be a family relationship or a social or professional contact. Stage two and three, “interest” and “participation” are similar to existing provisions.

7.0 CHANGES TO SECTION 6: LOBBYING AND ACCESS

- 7.1** Paragraphs 6.1 and 6.2 have been revised and require a distinction to be drawn between your role in dealing with public enquiries/community engagement and lobbying and to reiterate the objective test to be applied. Compliance with the Lobbying (Scotland) Act 2016 which created a Lobbying Register and introduced new duties to register lobbying activity, is now required.

8.0 CHANGES TO ANNEXES A AND B: BREACHES OF THE CODE AND DEFINITIONS

- 8.1** There are significant additions to Annex A. In particular, information regarding the investigation of complaints received, the hearings which may take place and the bodies who will be involved with this process. The descriptions of the sanctions have been revised, and points 11 and 12 deal with interim suspensions.
- 8.2** There are several additional definitions in Annex B, including but not limited to “bullying”, “confidential information”, “election expenses”, “employee”, “gifts”, “harassment” and “hospitality”.

9.0 PROPOSED AMENDMENTS TO THE MODEL CODE

- 9.1** Scottish Government have advised that a minor change to paragraph 4.15 is required. It requires to be amended to refer to the correct paragraph, being paragraph 4.20 rather than paragraph 4.19 which relates to houses, land and buildings.
- 9.2** Following a review by legal services, an amendment to paragraph 5.4 has been proposed to our Sponsor Branch. The purpose of the amendment is to take account of the fact that our Chair, the Chair of HIS and SSSC sit on each other’s Boards by operation of law, and not because of any personal appointment or nomination. If approved, the effect will be that paragraph 5.4 reads as follows (modified words highlighted in red for emphasis only)

“5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body, **or of which I am a member by reason of, or in implementation of, a statutory provision** unless...”

10.0 IMPLICATIONS AND/OR DIRECT BENEFITS

10.1 It will benefit the Care Inspectorate to put in place a Code of Conduct which is in line with the Model Code of Conduct produced by the Scottish Government. Implementing the Model Code is in accordance the Care Inspectorate Corporate Plan key principle six, which is that the Care Inspectorate will be well governed.

10.2 Resources

10.2.1 The resource implications will be minimal involving time spent by the Legal Services team to produce the new Code of Conduct in line with the Model Code, and time spent by the Communications Team to badge and publish it.

10.3 People Who Experience Care

10.3.1 People who experience care will be reassured that Members of the Care Inspectorate will be acting in accordance with the Model Code

10.4 Customers (Internal and/or External)

10.4.1 Customers will have assurance that the Board of the Care Inspectorate are acting in accordance with the Model Code produced by the Scottish Government.

11.0 CONCLUSIONS/NEXT STEPS

Note the terms of the new Model Code of Conduct for Members of Devolved Public Bodies.



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To All Chairs of Devolved Public Bodies

5 January 2022

Dear Board Chair

CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES

I am writing to you given my responsibility for oversight of the Public Bodies landscape in Scotland. This letter will advise you on the revised Model Code of Conduct for members of Devolved Public Bodies and the actions required to be implemented by your organisation as listed as a Devolved Public Body, in schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000.

The Ethical Standards in Public life etc. (Scotland) Act 2000 provides for Codes of Conduct for Local Authority Councillors and members of relevant Public Bodies. The Act requires the Scottish Ministers to lay before Parliament a Model Code for Members of Devolved Public Bodies. Public Bodies listed in schedule 3 of the Act are required to produce a Code of Conduct in line with the Model Code.

The revised Model Code takes into account changes which where appropriate are consistent with the revised Councillors' Code and also suggestions submitted to the public consultation.

The revised Model Code was scrutinised and approved by the Scottish Parliament in October 2021 and we now require that a new Code is produced by your Public Body and approved by Scottish Ministers.

The revised Model Code highlights the need for Board members to take personal responsibility for their behaviour and to have an awareness of the organisation's policies in relation to a number of areas e.g. social media, equality, diversity and bullying and harassment.

We have attached a template Code which you may wish to use to help in producing a revised Code for your organisation. Whilst it is expected that your organisation implements the revisions to the Model Code in full we appreciate that some amendments might be required to your Code to reflect the individual circumstances of the Board. If you do have any amendments or additions to make we would ask that you refer these in the first instance to your Sponsor Team contact with an explanation why the changes are deemed necessary.



The Sponsor Team will consider any amendments requested and provide Public Bodies Unit with their views. This will allow us to make an informed decision on approving any amendments being sought.

When you have completed your revisions please send a copy of the Code that your organisation is seeking to be approved to your relevant Sponsor Team contact. We are providing a six month period to complete this exercise and require all actions to be completed by **10 June 2022**.

Once the Code is formally approved by Scottish Government we will provide you with an approval letter which will advise that a copy of the approved Code has also been passed to the Standards Commission and the Ethical Standards Commission for their records. We will also ask that once you publish the approved Code on your organisations website that you provide us with the web-link to both the revised Code and Register of Interests. Board members should note that the body's Code currently in place will continue to apply to the conduct of members until such time as the revisions have been approved.

The SSI/438 setting out the requirements for Registration came into effect on 7 December and can be viewed at <https://www.legislation.gov.uk/ssi/2021/438/contents/made>

You should also note that The Standards Commission are providing guidance and individual Advice Notes on their website which will be available at [Home | The Standards Commission for Scotland \(standardscommissionscotland.org.uk\)](https://standardscommissionscotland.org.uk)

If you require any further information about the Model Code please do not hesitate to contact the Public Bodies Unit at mmccreview@gov.scot.

Yours sincerely



Sean Neill
Director for Local Government and Communities



Code of Conduct for Members of the Care Inspectorate

Publication date: 22 July 2016

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Code of Conduct for Members of the Care Inspectorate

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Section 1: Introduction to the Code of Conduct

- 1.1 The Care Inspectorate (formally titled “Social Care and Social Work Improvement Scotland”) is a non-departmental public body having the functions and responsibilities set out in the Public Services Reform (Scotland) Act 2010.
- 1.2 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.
- 1.3 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the Act”, provides for Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the codes.
- 1.4 The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament. This Code is consistent with the Model Code as revised in December 13 and replaces the Code of Conduct for Members agreed by the Care Inspectorate Board on 7 April 2011.
- 1.5 As a member of the Care Inspectorate Board, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct (the Code).

Appointments to the Boards of Public Bodies

- 1.6 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board’s appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the Care Inspectorate and of wider diversity and equality issues. You should

also take steps to familiarise yourself with the appointment process that the Care Inspectorate has agreed with the Scottish Government.

- 1.7 You should also familiarise yourself with how the Care Inspectorate's policy operates in relation to succession planning, which should ensure the Care Inspectorate has a strategy to make sure staff are in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

- 1.8 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.
- 1.9 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from the Director of Corporate Services or Head of Finance and Corporate Governance. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.
- 1.10 You should familiarise yourself with the Scottish Government publication "On Board – a guide for board members of public bodies in Scotland". This publication will provide you with information to help you in your role as a member of a public body in Scotland and can be viewed on the Scottish Government website.

Enforcement

- 1.11 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in Annex A.

Section 2: Key principles of the Code of Conduct

2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the Care Inspectorate's interests and in accordance with its core functions and duties.

Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity

You must make decisions solely on merit and in a way that is consistent with the functions of the Care Inspectorate when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the Care Inspectorate uses its resources prudently and in accordance with the law.

Openness

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the Care Inspectorate and its members in conducting public business.

Respect

You must respect fellow Care Inspectorate Board members and its employees and the role they play, treating them with courtesy at all times. Similarly you

must respect members of the public when performing duties as a Care Inspectorate Board member.

2.2 You should apply the principles of this Code to your dealings with fellow Care Inspectorate Board members, its employees and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a Care Inspectorate Board member.

Section 3: General conduct

- 3.1 The rules of good conduct in this section must be observed in all situations where you act as a Care Inspectorate Board member.

Conduct at Meetings

- 3.2 You must respect the Chair, your colleagues and employees of the Care Inspectorate in meetings. You must comply with rulings from the Chair in the conduct of the business of these meetings.

Relationship with Board Members and Employees of the Care Inspectorate (including those employed by contractors providing services)

- 3.3 You will treat your fellow board members and any staff employed by the Care Inspectorate with courtesy and respect. It is expected that fellow Board members and employees will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation. Public bodies should promote a safe, healthy and fair working environment for all. As a Board member you should be familiar with the policies of the public body in relation to bullying and harassment in the workplace and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

- 3.4 You must comply with the Care Inspectorate's rules regarding remuneration, allowances and expenses.

Gifts and Hospitality

- 3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term "gift" includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.
- 3.6 You must never ask for gifts or hospitality.
- 3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in the Care Inspectorate. As a general guide, it is usually appropriate to refuse offers except:

- (a) isolated gifts of a trivial character, the value of which must not exceed £25;
 - (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate (e.g. working lunches or refreshments during meetings); or
 - (c) gifts received on behalf of the public body.
- 3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision the Care Inspectorate may be involved in determining, or who is seeking to do business with the Care Inspectorate, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a Care Inspectorate Board member then, as a general rule, you should ensure that your body pays for the cost of the visit.
- 3.9 You must not accept repeated hospitality or repeated gifts from the same source.
- 3.10 Members of devolved public bodies should familiarise themselves with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

- 3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the Care Inspectorate in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private. There are provisions in legislation on the categories of confidential and exempt information.
- 3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain, or for political purposes or used in such a way as to bring the Care Inspectorate into disrepute.

Use of Care Inspectorate Facilities

- 3.13 Care Inspectorate Board members must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the Care Inspectorate's policy and rules on their usage. Care must also be

exercised when using social media networks not to compromise your position as a Care Inspectorate Board member.

Appointment to Partner Organisations

3.14 You may be appointed, or nominated by the Care Inspectorate, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.15 Board members who become directors of companies as nominees of the Care Inspectorate will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the Care Inspectorate. It is your responsibility to take advice on your responsibilities to the Care Inspectorate and to the company. This will include questions of declarations of interest.

Section 4: Registration of interests

- 4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require changes or additions to your entry in the Care Inspectorate’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.
- 4.2 The Regulations¹ as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

- 4.3 You have a Registerable Interest where you receive remuneration by virtue of being:
- employed;
 - self-employed;
 - the holder of an office (including being an elected member of a local authority or a director or board member of an organisation which provides services regulated or inspected by the Care Inspectorate);
 - a director of an undertaking;
 - a partner in a firm; or
 - undertaking a trade, profession or vocation or any other work.
- 4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a Care Inspectorate Board member does not have to be registered.
- 4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.
- 4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

¹ SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

- 4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.
- 4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.
- 4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.
- 4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.
- 4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

- 4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.
- 4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.
- 4.14 The situations to which the above paragraphs apply are as follows:
- you are a director of a board of an undertaking and receive remuneration declared under category one – and
 - you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

- 4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the Care Inspectorate:
- (i) under which goods or services are to be provided, or works are to be executed; and
 - (ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the Care Inspectorate.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the Care Inspectorate and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the Care Inspectorate and (b) the nominal value of the shares is:

- (i) greater than 1% of the issued share capital of the company or other body; or
- (ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Model Code.

Category Seven: Non-Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the Care Inspectorate. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. Unremunerated directorships or appointments to the board of organisations which provide services regulated or inspected by the Care Inspectorate would fall within this category of registerable interest.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the Care Inspectorate and to the public, or could influence your actions, speeches or decision-making.

Section 5: Declaration of interests

General

- 5.1 The key principles of this Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the public body. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.
- 5.2 The Care Inspectorate inevitably has dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the Care Inspectorate and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.
- 5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the objective test (“the objective test”) which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a Care Inspectorate Board member.
- 5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a Board member is unsure as to whether a conflict of interest exists, they should seek advice from the board chair, Director of Corporate Services or Head of Finance and Corporate Governance.
- 5.5 As a Care Inspectorate Board member you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between the Care Inspectorate and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

- 5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not be interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.
- 5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a Care Inspectorate Board member. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who serves or is associated with an organisation, body or society as opposed to the interest of an ordinary member of the public.

Your Financial Interests

- 5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code).

If under category one of section 4 of this Code, you have registered an interest:

- a) As an appointee who uses, or has used, care services or services which prospectively are to become care services; or
- b) As an appointee who cares for such persons as fall within a) above;

You do not, for that reason alone, have to declare an interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9 You must declare, if it is known to you, any non-financial interest if:

- (i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or
- (ii) that interest would fall within the terms of the objective test.

If under category seven of section 4 of this Code, you have registered an interest:

- a) As an appointee who uses, or has used, care services or services which prospectively are to become care services; or
- b) As an appointee who cares for such persons as fall within a) above;

You do not, for that reason alone, have to declare an interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so

remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a Care Inspectorate Board member and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Frequent Declarations of Interest

5.15 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a Care Inspectorate Board member you should not accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss with the Chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before the Care Inspectorate and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

Section 6: Lobbying and access to members of public bodies

Introduction

- 6.1 In order for the Care Inspectorate to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the Care Inspectorate conducts its business.
- 6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between Care Inspectorate Board members, those they represent and interest groups.

Rules and Guidance

- 6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of the Care Inspectorate or any statutory provision.
- 6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the Care Inspectorate.
- 6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the Care Inspectorate.
- 6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work:-

- a) which would involve you lobbying the Care Inspectorate on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the Care Inspectorate and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the Care Inspectorate, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8. If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the Care Inspectorate.

Sanctions available to the Standards Commission for breach of the Code

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
 - i) all meetings of the Care Inspectorate;
 - ii) all meetings of one or more committees or sub-committees of the Care Inspectorate;
 - (iii) all meetings of any other public body on which that member is a representative or nominee of the Care Inspectorate.
- (c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification – removing the member from membership of the Care Inspectorate for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of the Care Inspectorate be reduced, or not paid.

Where the Standards Commission disqualifies a member of the Care Inspectorate, it may go on to impose the following further sanctions:

- (a) Where the Care Inspectorate Board member is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission does not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

DEFINITIONS

“Chair” includes Board Convener or any person discharging similar functions under alternative decision making structures.

“Code” code of conduct for members of devolved public bodies

“Cohabitee” includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

“Group of companies” has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

“Parent Undertaking” is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

“A person” means a single individual or legal person and includes a group of companies.

“Any person” includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Related Undertaking” is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

“Remuneration” includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.


“Spouse” does not include a former spouse or a spouse who is living separately and apart from you.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Code of Conduct for Members of INSERT NAME OF ORGANISATION

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SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

- a) a one-off incident,
- b) part of a cumulative course of conduct; or
- c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

- a) my public body, its committees; and
- b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
- b) a gift being offered to my public body;
- c) hospitality which would reasonably be associated with my duties as a board member; or
- d) hospitality which has been approved in advance by my public body.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise my public body’s Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, my public body's resources:

- a) imprudently (without thinking about the implications or consequences);
- b) unlawfully;
- c) for any political activities or matters relating to these; or
- d) improperly.

Dealing with my Public Body and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

- a) improperly confer on or secure for myself, or others, an advantage;
- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by my public body to another body; or
- g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph [6.7](#) of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.19 below) have made a contract with my public body:

- a) under which goods or services are to be provided, or works are to be executed; and
- b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body, unless:

- a) The matter being considered by my public body is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

- a) any role I have in dealing with enquiries from the public;
- b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
- c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of

the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:
 - **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
 - **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
 - **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:
 - That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
 - That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).
12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

Code of Conduct for Members of the Care Inspectorate

CONTENTS**Section 1: Introduction to the Code of Conduct**My ResponsibilitiesEnforcement**Section 2: Key Principles of the Code of Conduct****Section 3: General Conduct**Respect and CourtesyRemuneration, Allowances and ExpensesGifts and HospitalityConfidentialityUse of Care Inspectorate ResourcesDealing with the Care Inspectorate and Preferential TreatmentAppointments to Outside Organisations**Section 4: Registration of Interests**Category One: RemunerationCategory Two: Other RolesCategory Three: ContractsCategory Four: Election ExpensesCategory Five: Houses, Land and BuildingsCategory Six: Interest in Shares and SecuritiesCategory Seven: Gifts and HospitalityCategory Eight: Non-Financial InterestsCategory Nine: Close Family Members**Section 5: Declaration of Interests**Stage 1: ConnectionStage 2: InterestStage 3: Participation**Section 6: Lobbying and Access****ANNEXES**Annex A Breaches of the CodeAnnex B Definitions

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a Care Inspectorate board member, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and the Care Inspectorate’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and the Care Inspectorate, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of the Care Inspectorate, failing whom the Chair or Chief Executive of the Care Inspectorate. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in interest of the Care Inspectorate and in accordance with its core functions and duties.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of the Care Inspectorate when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that the Care Inspectorate uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the Care Inspectorate and its members in conducting public business.

Respect

I must respect all other board members and all employees of the Care Inspectorate and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

- a) a one-off incident,
- b) part of a cumulative course of conduct; or
- c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, the Care Inspectorate's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of the Care Inspectorate. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of the Care Inspectorate or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

- a) the Care Inspectorate, its committees; and
- b) any outside organisations that I have been appointed or nominated to by the Care Inspectorate or on which I represent the Care Inspectorate.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of the Care Inspectorate, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
- b) a gift being offered to the Care Inspectorate;
- c) hospitality which would reasonably be associated with my duties as a board member; or
- d) hospitality which has been approved in advance by the Care Inspectorate.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, the Care Inspectorate.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to the Care Inspectorate at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise the Care Inspectorate’s Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that the Care Inspectorate can monitor this.

3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit the Care Inspectorate (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Care Inspectorate Resources

3.26 I will only use the Care Inspectorate's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the Care Inspectorate, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, the Care Inspectorate's resources:

- a) imprudently (without thinking about the implications or consequences);
- b) unlawfully;
- c) for any political activities or matters relating to these; or
- d) improperly.

Dealing with the Care Inspectorate and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

- a) improperly confer on or secure for myself, or others, an advantage;
- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by the Care Inspectorate, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and the Care Inspectorate.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by the Care Inspectorate to another body; or
- g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a Care Inspectorate board member does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as a Care Inspectorate board member in terms of paragraph [6.7](#) of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with the Care Inspectorate:

- a) under which goods or services are to be provided, or works are to be executed; and
- b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to the Care Inspectorate, then I will register a description of, and statement of, any assistance towards election expenses relating to election to the Care Inspectorate.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the Care Inspectorate.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to the Care Inspectorate and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in the Care Inspectorate (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by the Care Inspectorate).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with the Care Inspectorate or is likely to have transactions or do business with the Care Inspectorate.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by the Care Inspectorate as a representative of the Care Inspectorate, or of which I am a member by reason of, or in implementation of, a statutory provision, unless:

- a) The matter being considered by the Care Inspectorate is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will

not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

- a) any role I have in dealing with enquiries from the public;
- b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
- c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with the Care Inspectorate (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or the Care Inspectorate's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of the Care Inspectorate or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon the Care Inspectorate.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of the Care Inspectorate.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the Care Inspectorate and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of the Care Inspectorate, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of

the Code by the member. If the Hearing Panel decides that a member has breached The Care Inspectorate's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:
- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
 - **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the Care Inspectorate. Partial suspension means that the member is suspended from attending some of the meetings of the Care Inspectorate. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the Care Inspectorate be reduced or not paid during a period of suspension.
 - **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the Care Inspectorate. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:
- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
 - That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).
12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

“Chair” includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of the Care Inspectorate, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

“Cohabitee” includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the Care Inspectorate by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the Care Inspectorate; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

“Election expenses” means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the Care Inspectorate;
- as contractors by the Care Inspectorate, or
- by a contractor to work on the premises of the Care Inspectorate.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.



Title:	EQUALITY DUTY REPORTING – ANNUAL PROGRESS REPORT	
Author:	<i>Jacqui Duncan, Equalities Professional Adviser</i>	
Appendices:	1.	Equality, Diversity and Inclusion Action Plan 2021/2022
	2.	Key Messages for Equality Duty Reporting: Annual Progress Report 2022
Consultation:	<p>This progress report was written following discussion with:</p> <ul style="list-style-type: none"> • Colleagues within HR, OWD and Communications Teams • Head of Improvement Support • Involvement and Equalities Team Manager <p>The report has been shared with the Operational Leadership Team and the Strategic Leadership Team.</p>	
Resource Implications:	There are no resource implications.	

EXECUTIVE SUMMARY

At the March 2021 Board meeting, the new equality outcomes and our Equality, Diversity and Inclusion Strategy 2021-2025 were approved. Since then, progress has focused on achieving the outcomes in the action plan contained within the strategy.

This work is also integral to delivering the:

- Corporate Plan 2019 -22
- Strategic Workforce Plan
- Equality, Diversity and Inclusion Strategy
- Improvement and Involvement Support Interim Strategy
- Corporate Parenting, Keeping The Promise to Scotland's children and full implementation of UNCRC

The Board is invited to:

1. Note the progress made since March 2021.

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

BOARD MEETING 22 MARCH 2022

Agenda item 16
Report No: B-14-2022

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

Regulation 2016/679.

Reason for Confidentiality/Private Report:

N/A – this is a public Board report

Disclosure after:

N/A

EQUALITY DUTY REPORTING - ANNUAL PROGRESS REPORT

1.0 INTRODUCTION

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

Our strategy recognises our unique role as a scrutiny and improvement body and the valuable role we have in promoting the Health and Social Care Standards. This is also reinforced through our seven Commitments:

1. We ensure that all our work reflects the voice of people who experience care.
2. We promote fairness, equality, diversity and inclusion in all that we do.
3. We promote dignity and respect and human rights for all.
4. We recognise and value individual differences and the contributions of all.
5. We treat people fairly and according to their needs.
6. We have a zero-tolerance approach to all forms of discrimination, harassment, bullying or victimisation.
7. We have a culture where everyone feels valued and included.

2.0 OUR RESPONSIBILITIES AS A PUBLIC BODY

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

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

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

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

Equality outcomes 2021 -2025:

In April 2021, we published our Equalities Mainstreaming Report, which included our new equality outcomes for 2021-2025. When developing our outcomes, we decided to use the positive action provisions in the Equality Act (2010) to try and help us increase the number of applicants from the minority ethnic community and disabled people. In the spirit of openness and transparency we voluntarily published our disability and ethnicity pay gaps for our workforce.

Compliance with our legal duties:

The recent equalities internal audit reviewed the arrangements put in place to develop reporting on equalities and diversity against the good practice guidance issued by the Equality and Human Rights Commission and the Scottish Government. The review focused primarily on the systems and procedures in place. The report is a very positive one, as we obtained an overall grading of 'good'. It concluded that we are meeting our legal duties and there were no requirements.

We are currently preparing our organisational response to a consultation on the review of the operation of the Public Sector Equality Duty in Scotland which, if passed, will change the future legal landscape.

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

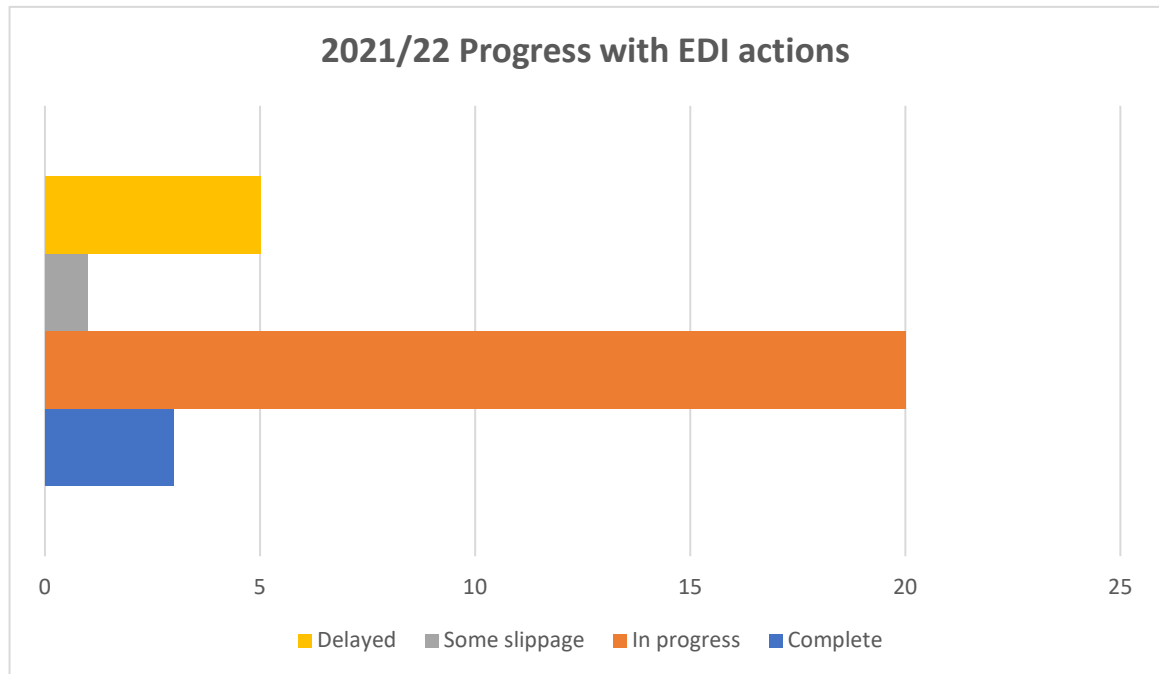
3.0 OUR RESPONSIBILITIES AS AN EMPLOYER OF CHOICE

- 3.1** Our Strategic Workforce Plan published in December 2019 sets out our clear ambition for the Care Inspectorate to be an inclusive employer of choice. This will continue to be a priority when we review the plan in 2022. Our Equality, Diversity and Inclusion Strategy 2021-2025 reinforces this commitment.

4.0 PROGRESS ACHIEVED**4.1 Since March 2021**

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

The strategy’s supporting action plan covers the period 2021-2025, there are **36** actions in the plan spanning the four-year period. **29** of these actions were due to start in 2021/22 (appendix 1). The graph below shows our progress.



- **3** actions are complete
- **20** actions are progressing to plan
- **1** action has had some slippage, but work continues around how we engage people with care experience in our work in the most meaningful way
- **5** actions are delayed. The delays are due to the pandemic and workforce change. Regular meetings are in place with the leads to take this work forward

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

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS

5.1 Resources

No additional resources are required.

5.2 Sustainability

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

5.3 Policy

Not applicable.

5.4 People Who Experience Care

By investing in our workforce and organisation, staff are well equipped to support the rights of people experiencing care and to champion and seek evidence of equality, diversity, and human rights. The Care Inspectorate's focus on equality and diversity promotes equality of opportunity for all, giving every individual the chance to achieve their potential, free from prejudice and discrimination.

5.5 Customers (Internal and/or External)

Staff have a variety of ways to specifically get involved with and influence the Care Inspectorate's equality and diversity work. The main routes for staff involvement are highlighted in appendix 2.

6.0 CONCLUSIONS/NEXT STEPS

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

Appendix 1: Equality, Diversity & Inclusion Action Plan 2021/2022

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline		RAG state
				Start	End	
1.	Identify individuals to develop quality illustrations	Equality Outcome 1	Working group to be set up (reps from S&A, S&I & Equality Professional Adviser)	2021	2021	Red
2.	Run events, focus groups and surveys with adults and older people, The Working Together Group, and our volunteers	Equality Outcome 2	Involvement Team	2021	2025	Amber
3.	Work with four new organisations and groups of people each year			2021	2025	Green
4.	Develop different methods of volunteer recruitment and retention specifically aimed at these communities			2021	2025	Green
5.	Work with Council of Ethnic Minority Voluntary Sector Organisations (CEMVO) and BEMIS (a national ethnic and cultural minorities-led umbrella body supporting the development of the ethnic minorities voluntary sector) Disability Confident, Inclusion Scotland, Glasgow Disability Alliance and use the Scottish Government toolkit to develop more inclusive recruitment practices Report on progress to the Board regarding changes	Equality Outcome 3	HR & Equality Adviser	2021	2025	Green

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline		RAG state
				Start	End	
	to the recruitment and selection process (to identify/ remove any potential barriers for applicants from the minority ethnic community).					
6.	Sign up to the Business in the Community Race Charter to show our commitment to supporting this protected characteristic		Equality Adviser	2021	2021	Complete
7.	Add equality and diversity question to exit questionnaire		HR & Equality Adviser	2021	2021	Red
8.	Set up a disability employee network (and possibly more e.g. carers, sex/ gender issues, race) so they have a voice and can make an impact. There will be a mechanism to provide feedback to the corporate equality group and the Board		Equality Adviser	2021	2025	Green
9.	Introduce reverse mentoring schemes for employees/ volunteers in under-represented groups to share their lived experience with our Board and leaders		Equality Adviser	2021	2025	Green
10.	Build equality, diversity and inclusion into recovery planning	Corporate Plan/ recovery plans	SLT & OLT	2021	2022	Green
11.	Undertake equality impact assessments & island community impact assessments	Specific Duties	OLT, SLT & the Board to ensure compliance	2021	2025	Green
12.	Consider award criteria and conditions in relation to public procurement	Specific Duties	Senior Accountant	2021	2025	Green
13.	Publish in a manner that is accessible	Specific Duties	Communications Lead	2021	2025	Green

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline		RAG state
				Start	End	
14.	Ensure there is a question on equality and diversity, inclusion (linking it to trust and engagement) in the next staff survey and improve on previous rating	EDI key performance indicator	Equality Adviser & OWD	2021	2021	Green
15.	Make links to ensure progress/ connections made on strategic workforce plan around recruitment (using Scottish Government toolkit), development, progression & retention in relation to equality, diversity & inclusion	Strategic Workforce Plan	HR, OWD & Equality Adviser	2021	2025	Green
16.	Expand the ways we celebrate equality, diversity, and inclusion internally & externally	-	Comms & Equality Adviser	2021	2025	Green
17.	Understand the training needs of our staff in terms of equalities, diversity and inclusion and deliver further training (particularly around inclusive behaviours and practice and importance of allies and champions)	-	OLT, Equality Adviser & OWD	2021	2023	Green
18.	Add equality, diversity & inclusion as organisational values	Organisational Values/ Corporate Plan	SLT	2021	2025	Complete
19.	Enter our first Stonewall Workplace Employer Index Submission	Stonewall Diversity Champion	Equality Adviser, LGBT group & leads from respective work areas	2021	2022	Green
20.	Develop a Trans Inclusion Policy and Transitioning at Work Guidance	Stonewall Diversity Champion	Equality Adviser, LGBT Group, OWD & HR	2021	2021	Red
21.	Run the test of change for rainbow lanyards	-	LGBT group & S&A teams	2021	2022	Green

Number	Action	Links with other work/ legislation (where applicable)	Lead(s)	Timeline		RAG state
				Start	End	
22.	Apply for LGBT Youth Scotland Gold Award	LGBT Youth Award	LGBT group	2022	2022	Green
23.	Agree new terms of reference of the Age Scotland project/ new group membership	Age Scotland	Working Group/ OLT	2021	2021	Complete
24.	Continue to run the First Minister's National Advisory Council on Women and Girls (NACWG) "wee circles"	NACWG	Equality Adviser	2021	2025	Green
25.	Involve Close the Gap in the equality impact assessment for the Flexible Working policy	-	OWD	2021	2021	Red
26.	Add equality and diversity as a standard goal in LEAD/ add to 121 template	EDI key performance indicator	OWD & Equality Adviser	2021	2021	Red
27.	Introduce an Inclusion Charter	-	Equality Adviser	2022	2022	Green
28.	Design and deliver webinars on equality, diversity and inclusion with the care sector	-	Equality Adviser	2021	2025	Green
29.	Introduce Carer Ambassadors and carers group agree Senior Sponsor, achieve Level 2 Carer Established Award	Carer Positive	Equality Adviser	2022	2025	Green

RAG status definition

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



means that the action has been fully completed



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



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



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

Key messages for Equality Duty Reporting: Annual Progress Report 2022



Introduction

This report provides an update on the progress we have made to deliver our equality outcomes actions (2021-2025). These were published in our Equality Outcomes, Mainstreaming Report and Action Plan in April 2021.

In April 2021, we also published our first Equality, Diversity and Inclusion Strategy 2021-2025. It includes how important our values and the Health and Social Care Standards are. Promoting a culture of equality, diversity and inclusion is at the core of what we believe. We have summarised our beliefs into these seven commitments.



Protected characteristics

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



Religion and belief



Pregnancy and maternity



Sexual orientation



Marriage and civil partnerships



Gender reassignment



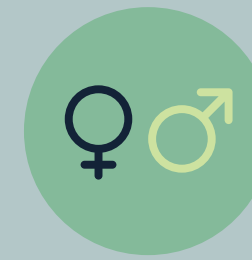
Disability



Age



Race



Sex

Equality, diversity and inclusion matters to:



people who experience care



our volunteers



our employees and prospective employees



The Scottish Government
Scottish Government



Scottish Social Services Council

Equalities and Human Rights Commission



our suppliers



our partners



equality organisations

Nursing and Midwifery Council

Equality Act 2010

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

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

The recent equalities internal audit reviewed the arrangements put in place to develop reporting on equalities and diversity against the good practice guidance issued by the Equality and Human Rights Commission and the Scottish Government. The review focused primarily on the systems and procedures in place. The report is a very positive one, as we were awarded an overall grading of 'good'. It concluded that we are meeting our legal duties and there were no requirements to take any further action.



Equality, diversity and inclusion matters to:

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

The Specific Duties require us to:

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



Learning from Workforce Equality Data (changes from December 2020)

We collate data on our workforce by protected characteristic groups. This provides an overview of workforce diversity and helps to inform how we support colleagues across the organisation. The information provided is based on a headcount of 615 employees.

79.4%
are female

↑0.1%

69.8%
are between
45 and 64

↓2.4%

11.0%
have a disability

↓0.7%

23.3%
are married/in a civil
partnership

↑8.8%

1.1%
are of black or minority
ethnic ethnicity

↓0.1%

34.8%
have no religion

↑1.9%

3.9%
are gay, lesbian or
bisexual

↑0.2%

14.3%
are carers
**New reporting
category**

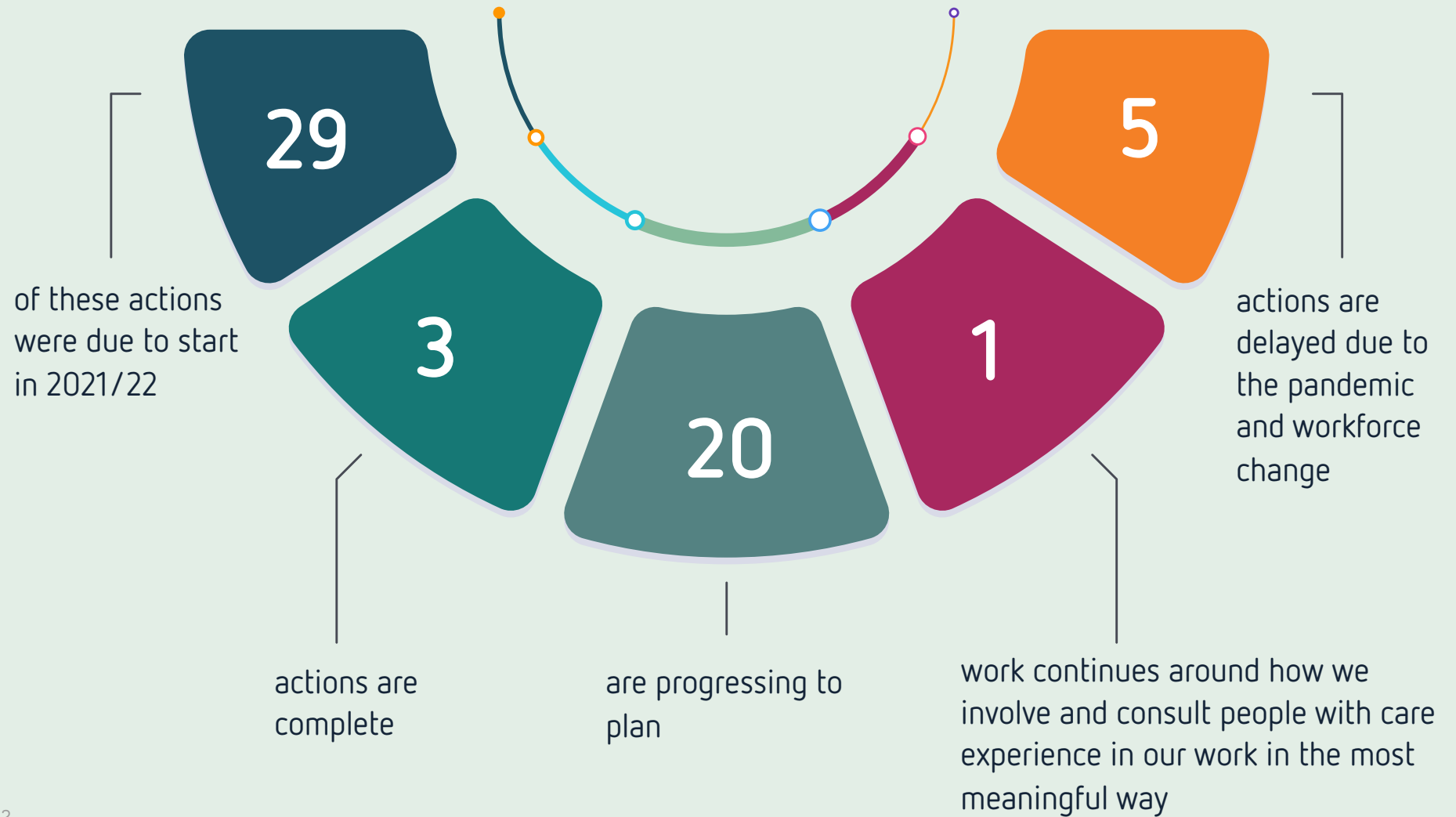
1.1%
pregnant/maternity
leave

0%
employees reporting to be
transgender/have a trans history
No change

Since March 2021

The strategy's supporting action plan covers the period 2021-2025.

There are 36 actions in the plan spanning the four-year period.

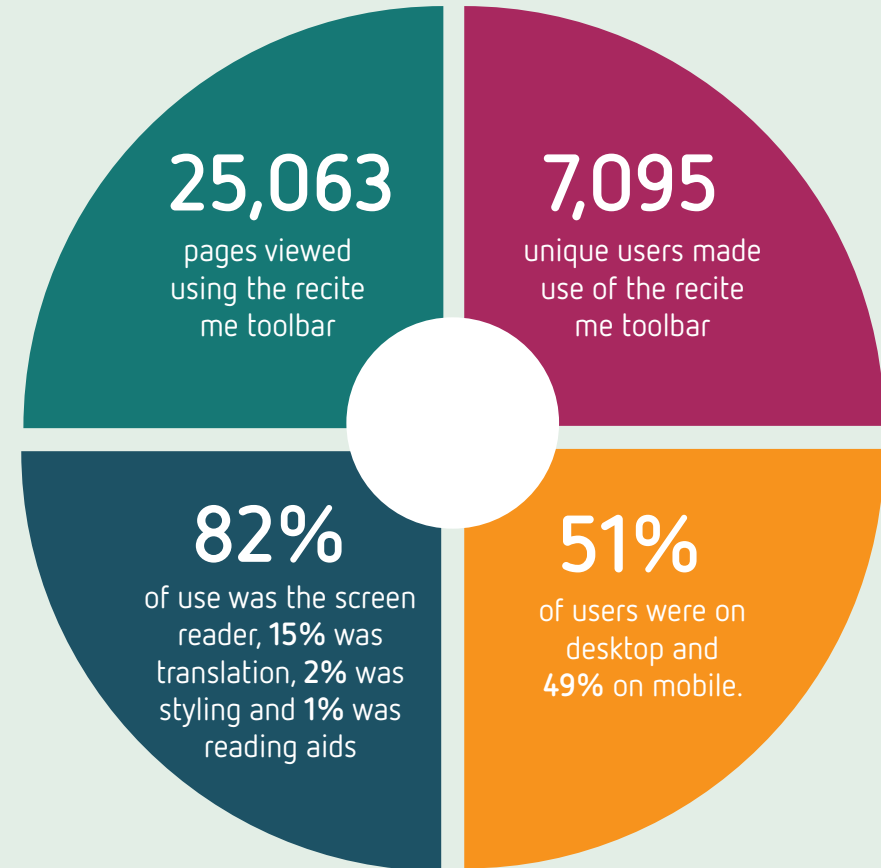


Embedding equality, diversity and inclusion

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

- Agreed a statement of intent signed by our Senior Leadership Team.
- Pledged our support to the Fair Work Minister's Public Sector Leadership Summit on Race Equality in Employment.
- Drafted a specific Race Equality in Employment Plan.
- Established an online Race Equality Group.
- Continued to provide accessible communications through the Recite Me tool and providing alternative formats. Between 1 January 2021 and 31 December 2021 we had two translation requests and produced a poster and a leaflet for children and young people. We expect this number to increase as we move out of Covid-19 restrictions.

- **Recite Me:**
The Recite Me tool button aids access to our website.



Embedding equality, diversity and inclusion continued

- Promoted awareness about commemorative dates that are important to different minority groups through our social media channels.
- Introduced Citizen Lab as an online tool for consultation - we have held five consultations, two are still ongoing.
- Worked closely with Happy to Translate to develop a bespoke version of their app which will allow inspectors to engage with young people who have English as a foreign language. We expect that the app will be ready to use in inspection year 2022-2023.
- We developed and implemented three bespoke equality e-learning curriculums. All staff and managers have until the end of March 2022 to complete this mandatory training.

Equality, Diversity and Inclusion social media posts between 1 January 2021 and 30 November 2021



25,063
impressions/reach

726
engagements



602
likes

88
shares



76
likes

Equality learning courses (self-directed)

14 e-learning modules which are considered non-essential learning are available to all colleagues with access to the learning management system (LMS) and more are added annually.

- Bullying and harassment: effective interventions equality
- Creating an environment based on respect equality
- Disabled adventures in customer service equality
- Gender matters
- Inclusion essentials
- Inclusive language and communication
- Managing maternity and paternity at work
- Menopause at work
- Sexual orientation
- Tackling race bias at work: managers' guide
- Tackling sexual harassment in the workplace: a guide for managers
- Trans and non-binary awareness
- Understanding and tackling gender bias at work
- Understanding equality impact assessments

Embedding equality, diversity and inclusion continued

- Invited people with experience of living in island communities and social work/social care to an online event so that we can share an update on our draft Corporate Plan 2022-2025.
- Appointed a Equality Impact Assessment Adviser to work with us for 12 weeks to help move our equality impact assessment process online, increase compliance and develop a timetable to review.
- As part of our annual employee survey we will provide intelligence to measure discrimination, engagement and trust. Diagnostics will be included to correlate answers to an individual's protected characteristics while supporting confidentiality.
- Completed the organisation's first Stonewall Workplace

Equality Index and we were awarded the Bronze Employer Award

- The LGBT Charter Group is finalising the project initiation document to support the Rainbow Project (which focuses on creating lesbian, gay, bisexual and trans allies within our organisation) and will be supported with learning events and resources.
- Held a virtual pride in June 2021 on social media and held a webinar and three conversation cafes for the sector and our workforce. Sixty-six people attended.
- Invited employees with caring responsibilities to a 'Care for a Cuppa' event during Carers Week in June 2021.
- Completed the Age Scotland project which resulted in the Age Inclusion Matrix, June 2021.



An illustration featuring several hands of different skin tones (brown, pink, orange, dark brown) raised from the bottom. One hand holds a white heart on an orange square sign, another holds a dark blue square sign on a wooden stick. There are three speech bubbles: a teal one on the left, a dark blue one at the top containing the text 'CARERS RIGHTS DAY', and a purple one on the right.

CARERS RIGHTS DAY

- Worked with Healthcare Improvement Scotland for Carers Rights Day in November 2021, and hosted a joint webinar to:
 - raise awareness and knowledge of the role of unpaid carers
 - make sure that people know their rights as an unpaid carer
 - let people know about the different support on offer for unpaid carers
 - provide opportunities to shape future event themes for unpaid carers
 - shared ideas to help us support carers.

UNCRC and corporate parenting

- Responded to nine consultations, which covered both equalities and the United Nation Convention on the Rights of the Child (UNCRC).
- Attended the external Gender Equal Play Working Group, which meets four times each year. Our Service Manager - Children is the Co-Chair. The Equalities Professional Adviser also attends.
- Continue to treat corporate parenting as a protected characteristic in our equality impact assessment process. The Equalities Professional Adviser is a member of the Corporate Parenting Group and is working towards specific actions in the Corporate Parenting Action Plan
- The Involvement and Equalities Team hosted a webinar with care service providers on 25 February with the

Electoral Commission to promote voting to young people who use care services. We invited and were joined by a representative from the Children's and Young People's Commissioner.

- Preparing for UNCRC incorporation through our UNCRC Reference Group. The group meets once a quarter and is making links with Corporate Parenting and the Promise workstreams. The group has recently had its terms of reference approved by the Operational Leadership Team and will report on progress twice a year. The next public report is due August 2023.



UNCRC and corporate parenting continued

- **Progress we have made so far.**
 - Embedded children's rights and wellbeing impact assessments into our equality impact assessments.
 - The Interim Head of Improvement Support (and Chair of the Corporate Parenting Group) now sits on the Scottish Government's UNCRC Strategic Implementation Board. This link is helping to inform the work of the group and ensure the group are working to national priorities.
 - The language of the UNCRC is integrated into the draft quality framework for daycare of children, childminding and school aged childcare. This was endorsed by the Children's Parliament.
- Worked collaboratively with the Scottish Physical Restraint Action Group (SPRAG) to develop and pilot the self-evaluation tool on restrictive practice. It will support residential care services to evaluate how well they are doing in using restrictive practices and to identify areas where they want to improve. Webinars are taking place during February and March to support the pilot.



Involvement

- Focusing on increasing participation, removing barriers and advancing equality for care experienced people and our volunteers through our involvement work.

Here are some of the highlights

- Removed the age limit of volunteers so they can continue to work beyond their 26th birthday.
- Provided technology, phones, and some laptops to support our volunteers with strategic inspections.
- Included a volunteer as part of the Lens panel.
- Involved the young inspection volunteers in the recruitment of the Involvement Adviser for Children and Young People.
- Involved volunteers in the recruitment for Service Manager and Head of Service.
- Volunteers met with the Minister for Children and Young People in relation to their work with 'Stand up for Siblings'.
- Invited two inspection volunteers onto the Safe Staffing improvement project reference group.
- Involved volunteers in the consultation on the draft Corporate Plan.
- Involved volunteers in the methodology review group, seeking their input particularly around rights and participation.
- Arranged for volunteers to present at a Board development day in December 2021 sharing their experiences.

Involvement continued

- Adapted training for new volunteers to undertake telephone interviews with care experienced individuals and their families.
- Adapted training for new volunteers to undertake telephone interviews with care experienced individuals and their families



Our staff involvement

Here are some ways that our staff can specifically get involved with and influence the Care Inspectorate's equality and diversity work.



Next steps

Our specific next steps are to make improvements and complete the actions outlined in the Equality, Diversity and Inclusion Strategy 2021-2025. We will focus on the action that has had some slippage, the five actions that are delayed and the two actions that have not progressed to date. We will also:

Communicate the new organisational value on equality and supporting behaviours to our workforce and begin to publish them in our external publications.

Finalise the Race Equality in Employment Plan 2021-2025.

Analyse the employee survey results so that targeted interventions can be planned.

Continue to make progress with the Strategic Workforce Plan which will be reviewed early in 2022 in line with the new Corporate Plan.

Improve equalities reporting of our workforce on My View to reduce number of self-identified 'unknowns' in our staff information reports and increase staff disclosure rates. We will also implement the Chief Statistician's 'Data collection and publication guidance- sex, gender identity and trans'.

Refresh and review our employee networks.

Apply for the Level 2 Carer Established Award.

Undertake more learning events with leaders, our workforce and the sector.

Agree an organisational action plan based on feedback from Stonewall.

Develop a Trans Inclusion Policy and review our Equal Pay Statement and Equality and Diversity Policy.

Reporting, Monitoring and Review

We will publish a full review of the progress we have made in meeting our equality outcomes and our approach to mainstreaming equality in April 2023, in line with our legal obligations.





Title:	PROGRESS UPDATE: CARE INSPECTORATE CORPORATE PARENTING PLAN
Author:	<i>Craig Morris, Interim Executive Director of Strategy and Improvement (Executive sponsor for corporate parenting)</i>
Appendices:	1 <u>Corporate Parenting Plan 2021-2023</u> (see hyperlink)
Consultation:	This report has not been subject to consultation. The corporate parenting group and those with lead responsibility for actions within the corporate parenting plan, have contributed to the content of this report.
Resource Implications:	Yes

EXECUTIVE SUMMARY

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

The [corporate parenting plan 2021-2023](#) was signed off by the Board in March 2021. This report provides the Board with the first annual overview of progress against the corporate parenting plan. The Board is invited to comment as considered appropriate.

The Board is invited to:

- Note the content of this report and comment as necessary.

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

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

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

Disclosure after: Not applicable

BOARD MEETING 22 MARCH 2022

Agenda item 17
Report No: B-14-2022

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.

PROGRESS UPDATE: CARE INSPECTORATE CORPORATE PARENTING PLAN (2021-2023)

1.0 INTRODUCTION

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

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

The corporate parenting group receive updates of progress on the corporate parenting plan on a scheduled basis. Updates are provided from those with lead responsibility for actions using a standard template. The operational leadership team (OLT) hold overarching tactical oversight and governance for the Care Inspectorate’s response to corporate parenting, UNCRC and The Promise. A quarterly summary report provides assurance on progress and, where necessary, highlights areas of risk.

In March 2021, the Board agreed to receive annual progress updates against the corporate parenting plan. This report provides the Board with the **first** annual overview. The report also reflects some of our successes and areas for further development, highlighted through national overview reports.

2.0 NATIONAL REPORTS ON CORPORATE PARENTING (2018-2021)

2.1 Our corporate parenting report was published in April 2021, along with our corporate parenting plan. It is to provide assurance to the Scottish Government and the public that we are meeting our responsibilities as corporate parents.

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

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

Agenda item 17
Report No: B-14-2022

The Care Inspectorate is spotlighted as making a clear commitment to care experienced young people through our set of commitments in our Corporate Parenting Plan. We are specifically referenced as a corporate parent, which provided a comprehensive, detailed and considered survey return, with strong evidence of activity across all corporate parenting duties.

The Care Inspectorate's work with Who Cares? Scotland and our young inspection volunteers are positively noted as developing and delivering training for staff.

The corporate parenting group acknowledged learning from these national overview documents. This includes the need to review our corporate parenting plan to ensure that it better covers the needs of care experienced young people from birth to 26 years. We will consider how we best increase employment opportunities for care experienced young people and care leavers, and how we can further improve staff training and awareness around corporate parenting.

3.0 CORPORATE PARENTING PLAN (2021-2023)

Our corporate parenting plan remains aspirational, yet achievable. It demonstrates our whole-organisation commitment to children and young people, and we take our statutory duties and responsibilities as corporate parents seriously.

In this section of the report, rather than provide an update on every action in our plan, we provide an overview of seven actions. We have summarised some of our achievements to-date, as well as noting ongoing areas for development.

1. We said that aligned with our ongoing commitments to the UNCRC, we will involve our children and young people to develop and promote communication on children's rights via media channels that work for them.

We have made good progress in this area. There has been work around the complaints text service for young people. This involved young inspection volunteers coproducing an internal podcast interview to Care Inspectorate staff. The service has also been promoted on social media.

The Care Inspectorate is working as part of the partnership *Stand Up for Siblings* to raise awareness of the importance of sibling relationships and to encourage and support practice improvements.

We inspect secure care services against [A Quality Framework for Secure Accommodation Services](#). This is also used to support self-evaluation. We are members of the Scottish Network for Reduction of Restrictive Practices and the Scottish Physical Restraint Action Group. We have developed a self-evaluation tool on restraint and a survey on restrictive practices.

BOARD MEETING 22 MARCH 2022

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Report No: B-14-2022

A communications plan has been developed to provide clear rationale, objectives, key issues, core messages, tactics and strategy around corporate parenting, UNCRC and the Promise.

2. We said that we will deliver a minimum of three training sessions and a minimum of two written or video recorded briefings per year.

Young inspection volunteers have been part of the methodology review group, framing the methodology for strategic joint inspections for children at risk of harm. They have coproduced a guide to support these strategic inspections. Our young inspection volunteers coproduced a video for children and young people, explaining joint strategic inspections and how they can get involved. From December 2021, young inspection volunteers have become involved in the induction of new regulated inspectors for children and young people.

We are continuing to support our young inspection volunteers, to explore the production of animations and videos to support care inspectorate staff induction.

The Care Inspectorate intranet now hosts a regular feature: "*I'm a corporate parent because*"..... This provides our staff across the organisation, to speak about what being a corporate parent means to them and why it is important.

3. We said that we will provide the opportunity for at least one young inspection volunteer to sit as a member of the corporate parenting group and that they will take responsibility for contributing to the work of the group as an equal stakeholder.

Young inspection volunteers have told us that they will contribute more effectively to the work of the group, by feeding in as appropriate to the agenda and continuing to engage with key aspects of our corporate parenting plan. Our young inspection volunteers continue to be a reference point for corporate parenting developments and shape our approach to corporate parenting.

The corporate parenting group have acknowledged the reliance placed upon our young inspection volunteers, who are small in number. As identified in the national reports on corporate parenting, a task for the year ahead is to explore how we can actively engage with currently or more recently care experienced children and young people, including those who are younger.

An exercise is underway to recruit new members to the Care Inspectorate Board. A Board member is being sought with experience of the care system from a young person's perspective.

4. We said that we will review our young inspection volunteer programme to ensure that it is inclusive, effective and impactful.

The review of the young inspection volunteer scheme is ongoing and a priority for completion by April 2022. Our young inspection volunteers are involved, as their experiences will shape the future of the programme.

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Report No: B-14-2022

In June 2021, the Operational Leadership Team agreed to remove the upper age cap of 26 years for young inspection volunteers. This recognises the importance of identifying clear pathways for people entering, exiting, and retaining a role within the care inspectorate's volunteering scheme.

5. We said that we will undertake awareness raising activities on the *text to complain* service.

During 2021, we undertook internal and external sessions to raise awareness about our complaint function and processes. We held awareness sessions as part of the induction programme for all new children and young people regulated inspectors, as well as a webinar for all Care Inspectorate staff. We also met with The Board to raise awareness about our complaint function and our '*text to complain*' service. The service was launched in April 2021.

Our young inspection volunteers continue to support our complaints awareness work. This has included a complaint awareness video for staff on our intranet and an animation explainer video about our complaint function. We ran complaint awareness sessions with Who Cares? Scotland and the Scottish Children's Rights Officers Network. We also ran sessions for The Health and Social Care Alliance Scotland.

Although complaint data for 2021 showed an increase in complaints made by young people in care services, we continue to promote, embed and evaluate the service.

6. We said that we will work with the Scottish Social Services Council to ensure that relevant aspect of our corporate parenting plans align. We will maximise benefit from our integrated Human Resources team in helping meet our commitment 5 (We will improve opportunities for our children and young people to develop skills, experience, and confidence to achieve their employment and career ambitions).

The Care Inspectorate and the Scottish Social Services Council (SSSC) worked together in the development of our corporate parenting plans, to ensure alignment. There have been six-monthly meetings with the corporate parenting plan lead in the SSSC, to retain a focus on synergy and opportunities for mutual collaboration in corporate parenting activities.

In December 2021, work started to identify potential approaches to enhance opportunities for care experienced individuals to become more involved at the Care Inspectorate and will continue into the next reporting year.

7. We said that we will access intelligence on how local authorities or health and social care partnerships are fulfilling their corporate parenting responsibilities through activities including scrutiny, link inspector and relationship managers contacts.

Regulated children and young people inspectors have been recording significant pieces of intelligence and highlighting any information of particular concern directly to strategic link inspectors.

Link inspectors continue to engage with partnerships and include discussion of corporate parenting on their agendas and form part of a link inspector development day (April/May 2022).

Our joint strategic inspection programme for children's services focusses on children at risk of harm recommenced in August 2021. [The report of our findings in the Dundee](#) area was published in January 2022. We are planning no more than five inspections in the year 2022/23 and are in the process of reviewing a range of data and intelligence to identify the areas to visit.

4.0 CONCLUSION AND RECOMMENDATIONS

We recognised in submitting our corporate parenting plan to the Board last year, that as an organisation, we required a recalibration of how we approach our statutory duties to corporate parenting. This report has highlighted some ways this has taken place, with increased internal communications, training, ongoing review of our inspection volunteer programme and revised governance and reporting arrangements. We have achieved clearer strategic direction and alignment with UNCRC and The Promise.

In meeting our statutory duties as corporate parents, whilst keeping us aligned with [The Promise](#)¹ and our [corporate plan](#) outcomes, the delivery of our corporate parenting plan requires continued commitment, involvement, resource and a growing recognition of our collective responsibilities to our children and young people.

The Board is asked to note the content of this report and to comment as considered necessary.

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS

5.1 Resources

We require to continue to invest in a whole organisation approach to corporate parenting, UNCRC and The Promise, with continued governance and reporting arrangements in place.

¹ The Promise is responsible for driving the work of change demanded by the findings of the Independent Care Review.

5.2 Sustainability

Environmental

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

Social considerations

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

Employment opportunities

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

Equality and Human Rights

Our corporate parenting plan, UNCRC report and our response to The Promise will continue to demonstrate how we reduce discrimination, promote rights, support opportunities and help improve the life chances of our children and young people.

Health and Safety

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

Fair Work Practice

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

5.3 Policy

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

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

[Getting it Right for Every Child \(GIRFEC\)](#)
[The United Nations Convention on the Rights of the Child](#)

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

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

5.4 People Who Experience Care

Our statutory duties, responsibilities and commitments to our young people are fully articulated in our corporate parenting plan, UNCRC report and our response to The Promise.

5.5 Customers (Internal and/or External)

We will continue to engage with our young people and external customers as outlined in our corporate parenting plan, UNCRC report and our response to The Promise.

6.0 NEXT STEPS

The Operational Leadership Team will continue to receive progress reports against the corporate parenting plan on a quarterly basis for both noting and assurance.

Our Strategic Leadership Team and Board hold governance responsibility for our corporate parenting plan. The corporate parenting group retain responsibility for its implementation, monitoring and review. The corporate parenting group will continue to provide progress updates to the board at the end of each fiscal year as a minimum.

The Board is asked to continue to critically review identified areas of exception, seek clarity when required and to challenge as appropriate in its oversight role of the ongoing progress of our corporate parenting responsibilities.



Title:	ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS	
Author:	<i>Kenny Dick, Head of Finance and Corporate Governance</i>	
Appendices:	1a	Draft Financial Regulations (version 9.0 clean)
	1b	Draft Financial Regulations (version 9.0 tracked)
Consultation:	Head of Legal Services	
Resource Implications:	No	

EXECUTIVE SUMMARY

In line with the approval and revision arrangements (para 24 of financial regulations attached as Appendix 1a) the annual review of Financial Regulations is now due to be carried out.

The Board is invited to:

1. Approve the Care Inspectorate Financial Regulations to ensure they remain fit for purpose in accordance with corporate governance best practice.

Links:	Corporate Plan Outcome	Principle 6	Risk Register - Y/N	Y - Risk number 5	Equality Impact Assessment - Y/N	N
For Noting		For Discussion		For Assurance		For Decision
						X

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

Reason for Confidentiality/Private Report: N/A – this is a public Board report

Disclosure after: Not applicable

BOARD MEETING 22 MARCH 2022

Agenda item 18
Report No: B-15-2022

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.
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f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS

1.0 INTRODUCTION

The Financial Regulations were last reviewed in March 2021. In line with the approval and revision arrangements (para 24 of financial regulations attached as Appendix 1a) the annual review of the Financial Regulations is now due to be carried out.

1.1 Financial Regulations Revisions

A summary of the proposed amendments is set out in paragraph 8.0, page 4, of the Version Control section of the Regulations. The principal changes refer to:

1. Amending the pronouns throughout the document to make the regulations more inclusive.
2. Updating the procurement thresholds in table 8.2 to include the revised Government Procurement Agreement (GPA) threshold effective from 1 January 2022.
3. The delegated approval value for permanent staff changes at paragraph 4.5 has been amended to clarify the delegation is £200k annually.
4. The approved payments paragraph at 11.5 now includes Direct Debit and Standing order as approved payment methods.
5. Updating the grant funding paragraph at 22.1 to include information SLT need for grants awarded to the Care Inspectorate.

2.0 IMPLICATIONS AND/OR DIRECT BENEFITS

2.1 Resources

There are no direct resource implications arising from this report.

2.2 Sustainability

There are no direct sustainability implications arising from this report.

2.4 People Who Experience Care

Ensuring effective financial governance ensures we maximise the resources available to bring benefits to people who experience care.

2.5 Customers (Internal and/or External)

The monitoring, review and publication of the financial regulations relate to strategic theme five of the Customer Service Strategy.

3.0 CONCLUSIONS/NEXT STEPS

Effective financial regulations, and regular periodic review, are necessary to maintain the effectiveness of financial systems. This annual review demonstrates our commitment to ensuring our financial regulations remain fit for purpose.



Care Inspectorate's Financial Regulations

Publication code (leave blank – comms will complete this)

Lead Director: Executive Director of Corporate and Customer Services

Presented to the Board – 25 March 2021

Approved by the Board – 25 March 2021

VERSION CONTROL

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
1.0	Board	First Issued Version	
2.0	Board	<ul style="list-style-type: none"> • Reference to ‘Management Statement and Finance Memorandum’ replaced with ‘NDPB Executive Framework’. • Finance function renamed as ‘Finance & Corporate Governance’. • Insurance section updated to refer to ‘Scottish Public Finance Manual (paragraph 14.1). • Minor grammatical corrections. 	18/12/15
3.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> • Post title changes to reflect current organisational structure. • Alternative Expenditure Proposal paragraph (4.3) updated to clarify that requests must relate to non-recurring spend and those proposals need to conclude by 31 March of the relevant financial year. • Procurement non-competitive action paragraph (8.7) amended to show delegated authority levels in the NDPB Executive Framework. • Inclusion of a new “Grants Awarded to the Care Inspectorate” section • Renumbering as a result of the insertion of the new section described above. 	10/11/16
4.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> • Team name changes to reflect current organisational structure. • Para 10 title amended from ‘Government Procurement Card’ to ‘Electronic Purchasing Card (GPC)’ • Para 6.2 (b) reference to ‘disks’ replaced with ‘memory devices’. • Para 18.3 updated to reflect change in delegated authority for travel and subsistence claims exceeding three months. • Para 13.10 amended to reflect the revised scheme of delegation regarding fee waivers. • Renumbering as a result of the above amendments. 	9/11/17
5.0	Head of Legal Services	<ul style="list-style-type: none"> • Changes to reflect amended Board and Committee structure. 	13/04/18

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		<ul style="list-style-type: none"> • Paragraph 3.3 redrafted to reflect Reservation of Powers and Scheme of Relegation • Paragraphs 4.2, 4.3 and 4.5 redrafted to reflect Reservation of Powers and Scheme of Delegation regarding Board authority in respect of changes to establishment. • Deletion of “request” and substitution with “require” in Para 6.2(d). • EU Procurement Threshold updated – Para 8.2. • Correction of typographical error in Para 9.2. • References to “Executive Team” changed to “Executive Group”. • Amendments to revise arrangements for Executive approval of reports. 	
6.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> • Para 1.6 updated to reflect the requirement for reports with resource implications to be submitted to the Director of Corporate and Customer Services no later than 7 days in advance of the issue date of the meeting papers. • Insertion of section 23 to include delegated authority to write off bad debts and/or losses. • Section 15 amended to remove reference to surpluses of deficiencies on stocks and stores as this is now included in the new section 23. • Approval and Revision of the Financial Regulations is now referenced in section 24 to reflect addition of bad debts and losses section above. • Reference to ‘receipts and payments’ in para 3.4 replaces with ‘income and expenditure’. • Para 10.2 updated to include restriction on the use of electronic purchasing card details not being stored on websites. • Para 1.8 amended to remove reference to Resources Committee. • Minor grammatical errors. • Renumbering as a result of the changes added in section 23. • Para 6.3 updated to replace ‘Prevention of Fraud Policy’ with the updated ‘Counter Fraud and Corruption Framework’ Para 13.9 updated to include PMS and RMS successor system reference. 	13/02/19

Agenda item 18 – Appendix 1a

7.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> • Para 2.4 updated to note that in addition to the value and length of use, future economic benefits are expected to be realised before an item of expenditure meets the capital definition. • References to Audit Committee amended to Audit and Risk Committee. • Amendment to para 4.2 to remove maximum virement value as virement requests will follow the agreed virement policy. • Amendment to para 8.2 to include the updated procurement thresholds. • Removal of previous para 8.4 as procurement risk is now addressed through the overarching procurement risk register and the procurement strategy business case for standard and higher risk procurements. Section 8 renumbered following this change. • Amendment of minor typographical errors. 	11/03/20
8.0	Head of Finance and Corporate Governance	<ul style="list-style-type: none"> • All references to EU replaced with Government Procurement Agreement • Update to changes in role titles where required. • References to 'Executive Group' changed to 'Senior Leadership Team'. • Para 8.6 updated to include the delegated authority to approved requests to direct award to the Head of Finance and Corporate Governance. • Requirement for travel and subsistence claims exceeding three months requiring the approval of the Head of Finance and Corporate Governance has been removed. This was para 18.3 and the subsequent paras have been renumbered sequentially. • Para 22.3 removed as grants agreed by Sponsor, reported through the budget and regular budget monitoring reports. • Minor grammatical changes. 	

Agenda item 18 – Appendix 1a

9.0	Head of Finance and Corporate Governance	<ul style="list-style-type: none">• Pronouns throughout the document amended to make the regulations more inclusive.• Procurement thresholds in table 8.2 updated to include the revised Government Procurement Agreement (GPA) threshold effective from 1 January 2022.• Para 4.5 updated to clarify the delegated approval value for permanent staff changes without recourse to the Board is £200k annually.• Para 11.5 updated to include Direct debit and Standing order as approved payment methods.• The grant funding para 22.1 updated to include information SLT need for grants awarded to the Care Inspectorate.• Other minor changes to sentences.	
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Financial Regulations

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FINANCIAL REGULATION

1. Introduction

- 1.1 The Chief Executive, as the accountable officer as detailed in the NDPB Executive Framework document, is personally responsible to the Scottish Parliament for properly administering the Care Inspectorate's financial affairs. The Memorandum requires that she/he acts according to its instructions and those laid down within the Scottish Public Finance Manual. In particular she/he must act according to the Memorandum to Accountable Officers of other public bodies.
- 1.2 The Chief Executive will delegate the day-to-day administration and oversight of these financial regulations to the Executive Director of Corporate and Customer Services who will ensure that there are suitable arrangements in place to protect the propriety and regularity of the Care Inspectorate's finances. The Executive Director of Corporate and Customer Services will report directly to the Chief Executive and keep them informed on the operation of these financial regulations. In the absence of the Executive Director of Corporate and Customer Services, the Chief Executive will assume responsibility for all functions delegated to them under these regulations.
- 1.3 The Care Inspectorate and all of its officers must observe the Care Inspectorate's financial regulations.
- 1.4 The Executive Director of Corporate and Customer Services will provide a Draft Budget Report to the Board each financial year for its approval.
- 1.5 The Executive Director of Corporate and Customer Services is entitled to report upon the financial implications of any matter coming before the Care Inspectorate or any of its committees and sub committees, and will further report to the Board if necessary, in the interests of the Care Inspectorate's financial affairs.
- 1.6 All Board and Committee reports prepared by officers must include a "Implications and/or Direct Benefits" section. Any officer who intends to submit a report which has resource implications to a Care Inspectorate Board, committee or sub-committee meeting must first submit the report to the relevant Executive Director for consideration and agreement. It is good practice for report authors to involve Corporate and Customer Services as early as possible in a development to ensure financial, IT and Human Resource implications are considered at an early stage. Normally, the responsible officer must submit the draft report to the Executive Director of Corporate and Customer Services no later than 7 days prior to the date of the reports being issued for the meeting. Any observations on the report made by the Executive Director of Corporate and Customer Services or their representative must be incorporated into the author's report. In exceptional circumstances the 7-day period mentioned above may be reduced with the prior agreement of the Executive Director of Corporate and Customer Services.

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- 1.7 At all times, the Care Inspectorate will try to secure best value for the money it spends, making appropriate use of all contract arrangements made and encouraging the use of the best management techniques throughout the organisation.
- 1.8 As the accountable officer, the Chief Executive will receive regular reports from the Executive Director of Corporate and Customer Services on the revenue spending of the Care Inspectorate. This will normally be through budget monitoring reports to Strategic Leadership Team (SLT), but the Chief Executive may ask for an update at any time. The Executive Director of Corporate and Customer Services will provide a budget monitoring report detailing any significant under or overspending to each meeting of the Board.
- 1.9 The Chief Executive is responsible for corporate and financial governance arrangements to ensure that proper financial control is exercised throughout the Care Inspectorate. The Executive Director of Corporate and Customer Services is responsible for ensuring that financial management systems exist to enable Executive Directors and their budget managers to make financial decisions and take corrective action to deal with under or overspending to achieve best value.

2. Revenue and capital budgets

- 2.1 The detailed form of the revenue and/or capital budgets will be determined by the Board taking account of advice received from the Executive Director of Corporate and Customer Services.
- 2.2 Executive Directors are responsible for preparing annual income and expenditure estimates on revenue accounts for their areas of responsibility. They must provide all necessary information regarding their directorate's requirements to the Executive Director of Corporate and Customer Services.
- 2.3 The Executive Director of Corporate and Customer Services will submit the draft Revenue Budget and Capital Plan first to SLT and then to the Board to consider any relevant decisions within the context of the Care Inspectorate's strategic objectives. The draft Revenue Budget and Capital Plan will be accompanied by a covering report containing all relevant information so that SLT and the Board can consider the proposed budget and approve as appropriate.
- 2.4 For capital budget purposes capital expenditure is defined as expenditure on individual items valued at over £5k and with a life in excess of one year, and where it is probable that future economic benefits associated with the item will flow to the Care Inspectorate. If in doubt, the Head of Finance and Corporate Governance or the Accounting and Procurement Manager can provide advice.

3. Budget monitoring

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

within the sphere of their delegated responsibility.

- 3.2 Expenditure will be restricted to that included in the Revenue Budget or Capital Plan, unless a budget flexibility procedure (see Section 4 below) has been followed, or alternatively, proposals for additional expenditure have been approved by the Board.
- 3.3 The Chief Executive may approve any expenditure which would otherwise require Board approval where she/he considers that to be urgent, necessary and expedient to protect or preserve the critical interests of the Care Inspectorate (a certificate of which, given by the Chief Executive or director deputising for the Chief Executive shall be conclusive), provided that such action is reported to the Board at its next meeting following the taking of the action, in terms of paragraph 2.3.9 of the Care Inspectorate's Reservation of Powers and Scheme of Delegation.
- 3.4 The Executive Director of Corporate and Customer Services will provide each budget manager regular statements of income and expenditure under each approved budget heading estimate and any other relevant information that they need. However, each budget manager is responsible for ensuring that they have all the relevant financial and non-financial information to control the actual expenditure and income against the budget.
- 3.5 Executive Directors are responsible for ensuring that their budget managers carry out budget monitoring in accordance with the requirements and timescales set out by the Executive Director of Corporate and Customer Services.
- 3.6 The Executive Director of Corporate and Customer Services will submit regular budget monitoring reports to the Board which detail the Care Inspectorate's income and expenditure position with sufficient additional information so that the Board can properly monitor the Care Inspectorate's up to date financial position.

4. Budget Flexibility

- 4.1 Once the Board has approved a budget it is expected that expenditure will be authorised in accordance with the approved budget. However, it is sometimes necessary to change plans or respond to events. Therefore, controlled budget flexibility is required. Below are the main budget flexibility procedures.
- 4.2 **Virement** (the transfer of budget between income/expenditure headings or costs centres) may be used as a means of funding desirable or essential expenditure. The budget virement policy is available on the Finance section of the intranet. It should be noted that no virement proposal should be used to finance a new service, change an existing Care Inspectorate policy decision or change the permanent establishment of the Care Inspectorate where that will incur costs of more than £200k per annum. All of which need the approval of the Board.
- 4.3 **Alternative Expenditure Proposals (AEP):** The AEP process (available on

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the intranet) is used for SLT to decide on expenditure priorities to react to corporate budget underspends. The AEP process is used where budget flexibility is required for non-recurring expenditure in excess of £10,000 which will be incurred in the current financial year. All AEP proposals are considered by SLT. It should be noted that no AEP proposal should be used to finance a new service or change an existing Care Inspectorate policy decision. All of which need the approval of the Board.

- 4.4 **Fee income:** Where actual fee income is to exceed budget then this reflects additional workload requirements and related expenditure may exceed budget by an amount not exceeding the additional income. Correspondingly, if actual income is less than budgeted then expenditure must be adjusted as far as practicable to offset the income shortfall.
- 4.5 Board approval is required for:
- all proposals that will significantly expand or contract an area of activity on an on-going basis (implications beyond the current financial year)
 - all proposals to start a new area of activity or significantly curtail an existing area of activity.
 - all proposals that will require changes to existing policy decisions.
 - proposals that require a change to the permanent establishment of the Care Inspectorate where that change will incur costs of more than £200k per annum. £200k is the cumulative total in any financial year.

5. Accounting

- 5.1 All accounting procedures and records of the Care Inspectorate and its officers will be determined by the Executive Director of Corporate and Customer Services. All Care Inspectorate accounts and accounting records will be compiled by the Executive Director of Corporate and Customer Services or under their direction.
- 5.2 Each year, the Executive Director of Corporate and Customer Services will ensure the Care Inspectorate's Annual Report and Accounts are laid before the Scottish Parliament in accordance with statutory requirements.

6. Internal audit

- 6.1 As part of their remit the Audit and Risk Committee will ensure that there is appropriate and proportionate internal audit coverage of the Care Inspectorate's accounting and financial operations.
- 6.2 The Executive Director of Corporate and Customer Services or any member of their staff or any other person authorised by them for that purpose is authorised to:
- (a) enter all Care Inspectorate offices, establishments or land at any time.
 - (b) have access to all records, computer files, memory devices and other media documents and correspondence relating to any financial and related Care Inspectorate transactions.
 - (c) request and receive such explanations as are necessary concerning any matter under examination; and
 - (d) require any Care Inspectorate employee to produce cash, stores or any

other Care Inspectorate property under their control.

- 6.3 Whenever there is any suspicion of an irregularity concerning cash, payments made, income received, payroll (including claiming expenses), stores, other property of the Care Inspectorate or any suspected irregularity in the functions exercised by the Care Inspectorate, then the Head of Finance and Corporate Governance (designated Fraud Prevention Officer) should be informed in the first instance. If due to the nature of the suspicion it is not appropriate to inform the Head of Finance & Corporate Governance then one of the following should be informed as appropriate; the Chief Executive, the Executive Director of Corporate and Customer Services or the internal auditors (contact details on the intranet). [The Counter Fraud, Bribery and Corruption Framework](#) and the Whistleblowing Guidance are all relevant for consideration in such circumstances.
- 6.4 All internal audit reports shall be submitted to SLT for consideration and agreement of a management response where required.
- 6.5 All reports from either the External Auditor or Internal Auditor will be submitted to the Audit and Risk Committee for its consideration.

7. Banking arrangements and control of cheques

- 7.1 All arrangements with the Care Inspectorate's bankers shall be made by the Executive Director of Corporate and Customer Services who will operate such banking accounts as he may consider necessary.
- 7.2 The Executive Director of Corporate and Customer Services is responsible for ensuring proper arrangements are in place for the safe custody of cash and cheques.
- 7.3 Cheques on the Care Inspectorate's banking accounts will be signed by any two authorised signatories as approved by the Care Inspectorate as required.
- 7.4 The Executive Director of Corporate and Customer Services is responsible for arranging any payments through the Bankers Automated Clearing System (BACS) or on-line banking arrangements and ensuring that proper security control procedures are affected and reviewed.
- 7.5 The Executive Director of Corporate and Customer Services is responsible for ensuring regular and effective bank account reconciliation procedures are followed.

8. Procurement

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

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Finance section of the document library on the intranet.

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

Competitive process to be followed	Value of spend (exc VAT and for the whole life of the requirement)	Route to market		Procurement strategy business case required (Template 30)	Engage Procurement Team
		Suitable framework available?			
		Yes	No		
Low Value	<£1,000	n/a	Min 1 quote	No	No
Basic Value	£1,000- £10,000	Direct award or mini competition as per Framework rules	Min 3 evidenced quotes	No	No (support available if required)
Quick Quote/ Framework	£10,000-£50,000	Direct award or mini competition as per Framework rules	Min 4 quotes through PCS	No	Yes
Standard	£50,000 – £177,897	Direct award or mini competition as per Framework rules	Open competition through PCS with basic SPD	Yes	Yes
Government Procurement Agreement (GPA) Tender Process¹	>£177,897	Direct award or mini competition as per Framework rules	Open competition through PCS with full SPD	Yes	Yes

8.3 Where quotes received exceed the originally estimated value of expenditure and this moves the procurement to a new value threshold, the procurement route for the new value threshold must then be applied. In exceptional circumstances, approval to proceed with the existing process may be granted. Requests for an exception must be submitted to the Finance Procurement Team.

8.4 All procurement which is advertised as a full tender on the 'Public Contracts Scotland' advertising portal must have a project and evaluation team whereby, as a minimum, the Lead Officer has undergone procurement training.

¹ The GPA threshold is a VAT inclusive threshold of £213,447. This is reviewed every two years.

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- 8.5 Authority to award competitively procured contracts is delegated to officers as noted in the [‘Delegated Authority to Commit & Approve Expenditure’](#) document available on the intranet. This is with the exception of internal audit services where the authority to contract is reserved to the Board as noted in the Reservation of Powers and Scheme of Delegation. No authority to award contracts will be delegated to an officer who has not satisfactorily undertaken the relevant procurement training.
- 8.6 Contracts awarded without competitive advertising need to meet specific criteria as noted in the procurement procedures and require specific approval. Requests for [‘Non Competitive Action’](#) with a value of lower than £30,000 total contract value or £10,000 annually may be approved by the Executive Director of Corporate and Customer Services and the Head of Finance and Corporate Governance. Requests for [‘Non Competitive Action’](#) with a value exceeding these thresholds require Sponsor Department approval.
- 8.7 Specific approval is required for the procurement of consultancy services. The definition and approval [requirement for consultancy expenditure](#) is available within the procurement area of the Finance section of the document library on the intranet.

9. Orders for works, goods and services

- 9.1 Purchase orders must, with a few exceptions noted below, be raised and approved in the financial system. [Guidance and procedural documentation](#) are available within the purchasing and payment area of the Finance and Corporate Governance section on the intranet.
- 9.2 Purchase orders shall be issued for all work, goods or services to be supplied to the Care Inspectorate except for the following:
- the purchase is being made using an Electronic Purchasing Card,
 - supplies of public utility services,
 - periodic payments such as rent and rates,
 - petty cash purchases,
 - postal charges or
 - other exceptions as the Executive Director of Corporate and Customer Services may approve.
- 9.3 In exceptional cases of urgency, where it is not possible to issue an approved purchase order in the financial system, a manual purchase order number can be requested from the Finance Section. The supplier must be advised to quote this order number on any invoice submitted for payment.
- 9.4 No authority to raise or approve purchase orders will be delegated to any officer who has not satisfactorily undertaken the relevant training.
- 9.5 Each budget manager will be responsible for all orders issued by their department and for ensuring that the cost is allocated to an appropriate budget head and is covered within the approved budgeted expenditure.
- 9.6 Budget managers may delegate financial responsibility to an expenditure approver subject to the limits noted in the Finance & Corporate Governance

Scheme of Delegation in the [‘Authority to Commit and Approve Expenditure’](#) document.

- 9.7 The Executive Director of Corporate and Customer Services will maintain a register of authorised signatories. Budget managers must notify any additions and deletions to the Accounting and Procurement Manager.

10. Electronic Purchasing Card (GPC)

- 10.1 Designated officers have a GPC card in order to purchase low value goods and services. The GPC card has set transaction limits of up to a maximum value of £1,000 per single transaction and £10,000 cumulative value of transactions per month. Applications for, and guidance on the use of GPC cards, are detailed within the GPC card procedure within the Transactions Team/ Payments area of the Finance section of the document library on the intranet.

- 10.2 Purchases using the GPC card are restricted as follows:

- a. It cannot be used to withdraw cash.
- b. It must not be used for personal expenditure.
- c. It must not be used to pay for items already invoiced.
- d. Loyalty points cannot be collected.
- e. Card details must not be stored on internet sites.

- 10.3 Cardholders are responsible for ensuring the safe, secure storage of their card and card details.

- 10.4 Budget managers are responsible for all purchases from their budget made by GPC card.

11. Payment of accounts

- 11.1 The Care Inspectorate is committed to paying supplier invoices within 10 working days of the invoice(s) being received. Performance against this target is reported in the Annual Report and Accounts each year.

- 11.2 All invoices should be received by the Transactions Team at Compass House as noted on the approved purchase order.

- 11.3 Where possible, arrangements should be made for the separation of the authorisation of purchase orders as distinct from goods received notes. Each goods received note should be signed by the appropriate receiving officer. Where a goods received note is not provided, a manual one should be created using the template provided within the Transactions Team area of the Finance and Corporate Governance section on the intranet.

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

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

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- (c) there is no duplication of payments.
- (d) expenditure is within the approved budget.
- (e) the expenditure is coded to an appropriate cost centre and account code and is within their delegated financial authority.
- (f) work has been carried out to a satisfactory level.

11.5 The payment of all approved invoices and payments will be made under arrangements approved and controlled by the Executive Director of Corporate and Customer Services. Approved payment methods are as follows:

- (a) Direct BACS submission i.e. invoices and non-payroll expenses
- (b) Indirect BACS submission i.e. managed payroll service payments
- (c) Cheque
- (d) Direct payments via bank account
- (e) Petty cash (see section 17)
- (f) GPC card (see section 10)
- (g) Direct debit
- (h) Standing order

Internal control arrangements are in place to ensure separation of duties between preparation, approval and processing of payments.

11.6 Payment will not be made on duplicate invoices, statements or photocopy invoices unless the approving officer certifies in writing that the amount in question has not previously been paid.

11.7 The Executive Director of Corporate and Customer Services may approve compensation payments made under legal obligation, up to the value of £10,000. Any compensation payments exceeding this value must be approved by the Sponsor Department.

11.8 The maximum value of any ex-gratia payment cannot exceed £200 and must be approved by the Executive Director of Corporate and Customer Services.

12. Payroll administration

12.1 The payment of all salaries, wages, allowances, pensions, compensation and other emoluments to all employees and Board members or former employees and Board members of the Care Inspectorate will be made by the Executive Director of Corporate and Customer Services under arrangements approved and controlled by them.

12.2 The Executive Director of Corporate and Customer Services will provide guidance on responsibilities for ensuring proper records are kept of all matters affecting the payment of such emoluments and in particular:

- (a) appointments, promotions, resignations, dismissals, suspensions, secondments and transfers.
- (b) absences from duty for sickness, holidays or other reason.
- (c) changes in remuneration, other than normal increments and pay awards and agreements of general application.
- (d) information necessary to maintain records of service for pension, income tax, national insurance and other areas as required.

- 12.3 All time records or other pay documents will be in a form prescribed or approved by the Executive Director of Corporate and Customer Services and shall be certified in accordance with guidance issued by the Executive Director of Corporate and Customer Services.
- 12.4 The Executive Director of Corporate and Customer Services will provide through the payroll system any management information as they, the Chief Executive, or any Executive Director decide is necessary to achieve value for money and/or compliance with policy and procedures.

13. Income

- 13.1 The statutory fee rates charged by the Care Inspectorate to care service providers shall be set at rates equal to or below the statutory maximum rates. The rates set will be approved by the Board and shall not be altered without its approval.
- 13.2 The rate of charge for goods or services supplied by the Care Inspectorate to the public and external organisations will be approved by SLT and shall be set with reference to the Fees and Charges section of the Scottish Public Finance Manual.
- 13.3 It is the Executive Director of Corporate and Customer Services duty to make adequate financial and accounting arrangements to ensure that all monies due to the Care Inspectorate are properly recorded and for the proper collection, custody, control and banking of all cash and cash equivalents in all the Care Inspectorate's departments and locations.
- 13.4 It is essential that particulars of all charges to be made for services rendered by the Care Inspectorate and of all other amounts due to it shall be promptly notified to the Head of Finance and Corporate Governance in a form approved by them. All accounts due to the Care Inspectorate will be issued by, or under arrangements approved by, the Executive Director of Corporate and Customer Services.
- 13.5 All financial documents such as receipt forms, receipt books, tickets and other such items will be in a form approved by the Executive Director of Corporate and Customer Services who will be satisfied with the arrangement for the ordering, supply and control by each department. All records, forms and so on must be kept by each department for a period stipulated by the Executive Director of Corporate and Customer Services.
- 13.6 All monies received on behalf of the Care Inspectorate in any department shall be deposited promptly with the Executive Director of Corporate and Customer Services or the Care Inspectorate's bankers according to the arrangements made by the Executive Director of Corporate and Customer Services. No deduction may be made from such monies. All income must be banked in full.
- 13.7 Personal cheques shall not be cashed out of money held on behalf of the Care Inspectorate.

- 13.8 Where cash is received, the person receiving it will issue a receipt to record the transaction.
- 13.9 Each Executive Director is responsible for ensuring that all of their departmental income is billed promptly and efficiently. This includes ensuring that the correct new registration fees are charged to prospective service providers and that accurate data is held on the Practice Management System and Regulatory Management System for the billing of continuation of registration fees, or their successor system when implemented.
- 13.10 The “Fee Waiver Policy” must be followed should it be considered appropriate to contemplate charging reduced fees or waiving a fee altogether. The Head of Finance and Corporate Governance and the Transactions Manager have authority to approve fee waiver requests. Discounts for combined services are an exception to this as a standing authorisation has been supplied to offer a discount to services that provide two or more services from the same premises. Responsibility for the initial granting and annual review of combined service discounts rests with the Chief Inspectors.

14. Insurance

- 14.1 The Care Inspectorate is not permitted to take out commercial insurance apart from circumstances meeting the exception criteria as set out in the Scottish Public Finance Manual. It is the Scottish Government’s policy to self-insure. The Sponsor Department has supplied a Certificate of Exemption for Employer’s Liability Insurance. Within this context the Executive Director of Corporate and Customer Services will ensure that necessary insurance cover is in place and negotiate all claims in consultation with other officers as necessary.
- 14.2 Each senior manager must promptly notify the Executive Director of Corporate and Customer Services of any action or event which may give rise to a claim being made by or against the Care Inspectorate. Senior Managers will immediately notify the Executive Director of Corporate and Customer Services in writing of any loss of property and inform the police if appropriate of the circumstances of the loss. The Executive Director of Corporate and Customer Services will be responsible for agreeing a position with the Sponsor Department where losses occur.

15. Inventories

- 15.1 The Executive Director of Corporate and Customer Services is responsible for ensuring inventory lists of all furniture and fittings, vehicles, plant and equipment is maintained.
- 15.2 All surplus plant, vehicles, tools, equipment, furnishings, materials or commodities to be disposed of by any Care Inspectorate department will be advertised for sale either by the invitation of sale offers or by public auction unless special circumstances apply. The Executive Director of Corporate and Customer Services alone can decide whether these apply. All offers received

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must be held on file for audit purposes with the inventory records amended as appropriate.

- 15.3 The Care Inspectorate's property will not be removed unless in the ordinary course of Care Inspectorate business. Its property may only be used for official purposes unless otherwise specifically directed by an Executive Director.

16. Security

- 16.1 Each Executive Director or Senior Manager as appropriate, is responsible for maintaining proper security at all times for all buildings, stock, stores, furniture, equipment, cash, records etc. under their control. They shall consult with the Executive Director of Corporate and Customer Services in any case where security is thought to be defective or where it is considered that special security arrangements may be needed.
- 16.2 Maximum limits for cash holdings shall be agreed with the Executive Director of Corporate and Customer Services and shall not be exceeded without their express permission. Specific guidance relating to the administration of petty cash imprests (money advanced) is available on the Care Inspectorate's intranet.
- 16.3 Keys to safes and similar receptacles are the responsibility of the designated keyholder who will make suitable arrangements for their security at all times. The loss of any such keys must be reported to the Executive Director of Corporate and Customer Services immediately. For security purposes, keys should be removed from premises overnight.

17. Petty Cash Imprest accounts

- 17.1 The Executive Director of Corporate and Customer Services shall make appropriate imprest advances and determine accounting periods in connection with the payment of expenses and petty outlays chargeable to the Care Inspectorate.
- 17.2 The Executive Director of Corporate and Customer Services shall issue appropriate instructions to officers to ensure to their satisfaction the proper security of cash advanced in this way. They will also determine the limit for any one payment from petty cash and this will be specified in the Petty Cash Guidance.
- 17.3 The recipient of any advance of petty cash or imprest shall account for this money to the Executive Director of Corporate and Customer Services when required and shall repay the money on leaving the Care Inspectorate's employment or when required by the Executive Director of Corporate and Customer Services. Detailed guidance on the administration of petty cash and petty cash imprests is available on the Care Inspectorate's intranet.

18. Travelling, subsistence and financial loss allowances

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

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and incidental expenses shall be submitted according to the approved Business Travel and Subsistence Policy, duly certified, in a form approved by the Executive Director of Corporate and Customer Services to them at such regular intervals as are agreed. A significant proportion of expenses will be claimed via the payroll/HR system and authorisation will be through the line management arrangements approved and set up on the payroll/HR system. The names of officers authorised to approve expenses incurred outwith the payroll/HR system process shall be sent to the Executive Director of Corporate and Customer Services by each Executive Director together with specimen signatures and shall be amended on the occasion of any change. The number of officers so authorised shall be determined in agreement with the Executive Director of Corporate and Customer Services.

- 18.2 The authorisation by or on behalf of an Executive Director shall be taken to mean that the authorising officer is satisfied that the journeys were properly sanctioned, the expenditure properly and necessarily incurred and that the allowances are properly payable.
- 18.3 Business expenses charged to GPC cards remain subject to the Business Travel and Subsistence Policy. Customer Service and Finance staff conduct regular compliance reviews.
- 18.4 Whenever possible, travel and accommodation should be arranged by Care Inspectorate administrative staff. This avoids the need for the reimbursement of expenses.

19. Expenditure on gifts, hospitality and sponsorship

- 19.1 The Chief Executive, Executive Directors and budget managers may provide hospitality within their delegated budget allowance. Hospitality is appropriate when members and/or officers of the Care Inspectorate are meeting with members or officers of other public bodies, Members of Parliament, firms, consultants or others who are assisting or co-operating with the Care Inspectorate in carrying out its functions. A record of all hospitality granted shall be kept and shall be open to inspection by any member of the Care Inspectorate.
- 19.2 Where there is a proposal to provide a gift, this must be submitted in writing to the Chief Executive who will consider and, if appropriate, approve. The maximum value for any gift cannot exceed £200 in accordance with the sum laid down in the NDPB Executive Framework.
- 19.3 Payments made to sponsor individuals, groups or events will be subject to the Care Inspectorate Sponsorship Policy and will not exceed £200 in value.

20. Registering and Declaring Interests

- 20.1 Board members and officers must not allow any business or personal interest to influence the decisions they make in relation to work or use their position to further their own interests or the interest of others who do not have a right to benefit under Care Inspectorate policies.

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- 20.2 Full details of registering and declaring interests are contained within the Board Members Code of Conduct and for officers: The Code of Conduct Policy.
- 20.3 A register of Board members interests will be maintained and reviewed at least annually.
- 20.4 Where there is any doubt about whether an interest should be registered or declared then advice should be sought from the Chair, Chief Executive, Executive Director of Corporate and Customer Services or the Head of Finance and Corporate Governance as appropriate.

21. Acceptance of Gifts, Hospitality and Services

- 21.1 Generally, no employee should accept gifts, gratuities etc from any client or stakeholder other than a token item.
- 21.2 Any token item which is accepted and has an estimated value of more than £20 should be registered, using the appropriate form.
- 21.3 Full details of the acceptance of gifts, hospitality and services are contained in the Organisational Development section of the intranet within the Code of Conduct area.

22. Grants Awarded to the Care Inspectorate

- 22.1 All bids for grant funding must be approved by the Senior Leadership Team before being submitted to the grant provider. SLT should be informed of the grant funding amount, funding period, staffing implications, outcomes, key milestones and any risks to the Care Inspectorate. Where possible, grants will be included in the annual budget.
- 22.2 Grants from Scottish Government other than grant in aid, must be referred to the Sponsor Department in advance of being agreed, in accordance with the Scottish Public Finance Manual.

23. Write off of Bad Debts and/or Losses

- 23.1 The Executive Director of Corporate and Customer Services may approve the write off of bad debt and or losses, not exceeding £3,000 in the following circumstances:
 - i) Loss of cash due to theft, fraud, overpayment of salaries, wages, fees, allowances or other causes
 - ii) Loss of equipment and property due to theft, fraud, arson, fire, flood, motor vehicle accidents or damage to vehicles.
- 23.2 Losses exceeding £3,000 must be submitted to the Sponsor Department and will be reported to the Board.

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23.3 In accordance with the NDPB Executive Framework, irrecoverable debt with a value of £10,000 or less will be authorised by the Chief Executive and debts to be written off with a value exceeding £10,000 must be authorised by the Sponsor Department.

24. Approval and Revision of Financial Regulations by the Care Inspectorate

24.1 The Financial Regulations will be reviewed at least annually by the Board and at any time if the circumstances indicate this would be appropriate. The Board must approve any amendments to the Financial Regulations.

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Care Inspectorate's Financial Regulations

Publication code (leave blank – comms will complete this)

Lead Director: Executive Director of Corporate and Customer Services

Presented to the Board – 25 March 2021

Approved by the Board – 25 March 2021

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VERSION CONTROL

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
1.0	Board	First Issued Version	
2.0	Board	<ul style="list-style-type: none"> • Reference to 'Management Statement and Finance Memorandum' replaced with 'NDPB Executive Framework'. • Finance function renamed as 'Finance & Corporate Governance'. • Insurance section updated to refer to 'Scottish Public Finance Manual (paragraph 14.1). • Minor grammatical corrections. 	18/12/15
3.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> • Post title changes to reflect current organisational structure. • Alternative Expenditure Proposal paragraph (4.3) updated to clarify that requests must relate to non-recurring spend and that proposal those proposals need to conclude by 31 March of the relevant financial year. • Procurement non-competitive action paragraph (8.7) amended to show delegated authority levels in the NDPB Executive Framework. • Inclusion of a new "Grants Awarded to the Care Inspectorate" section • Renumbering as a result of the insertion of the new section described above. 	10/11/16
4.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> • Team name changes to reflect current organisational structure. • Para 10 title amended from 'Government Procurement Card' to 'Electronic Purchasing Card (GPC)' • Para 6.2 (b) reference to 'disks' replaced with 'memory devices'. • Para 18.3 updated to reflect change in delegated authority for travel and subsistence claims exceeding three months. • Para 13.10 amended to reflect the revised scheme of delegation regarding fee waivers. • Renumbering as a result of the above amendments. 	9/11/17

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5.0	Head of Legal Services	<ul style="list-style-type: none"> • Changes to reflect amended Board and Committee structure. • Paragraph 3.3 redrafted to reflect Reservation of Powers and Scheme of Relegation • Paragraphs 4.2, 4.3 and 4.5 redrafted to reflect Reservation of Powers and Scheme of Delegation regarding Board authority in respect of changes to establishment. • Deletion of “request” and substitution with “require” in Para 6.2(d). • EU Procurement Threshold updated – Para 8.2. • Correction of typographical error in Para 9.2. • References to “Executive Team” changed to “Executive Group”. • Amendments to revise arrangements for Executive approval of reports. 	13/04/18
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6.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> • Para 1.6 updated to reflect the requirement for reports with resource implications to be submitted to the Director of Corporate and Customer Services no later than 7 days in advance of the issue date of the meeting papers. • Insertion of section 23 to include delegated authority to write off bad debts and/or losses. • Section 15 amended to remove reference to surpluses of deficiencies on stocks and stores as this is now included in the new section 23. • Approval and Revision of the Financial Regulations is now referenced in section 24 to reflect addition of bad debts and losses section above. • Reference to 'receipts and payments' in para 3.4 replaces with 'income and expenditure'. • Para 10.2 updated to include restriction on the use of electronic purchasing card details not being stored on websites. • Para 1.8 amended to remove reference to Resources Committee. • Minor grammatical errors. • Renumbering as a result of the changes added in section 23. • Para 6.3 updated to replace 'Prevention of Fraud Policy' with the updated 'Counter Fraud and Corruption Framework' Para 13.9 updated to include PMS and RMS successor system reference. 	13/02/19
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7.0	Head of Finance & Corporate Governance	<ul style="list-style-type: none"> • Para 2.4 updated to note that in addition to the value and length of use, future economic benefits are expected to be realised before an item of expenditure meets the capital definition. • References to Audit Committee amended to Audit and Risk Committee. • Amendment to para 4.2 to remove maximum virement value as virement requests will follow the agreed virement policy. • Amendment to para 8.2 to include the updated procurement thresholds. • Removal of previous para 8.4 as procurement risk is now addressed through the overarching procurement risk register and the procurement strategy business case for standard and higher risk procurements. Section 8 renumbered following this change. • Amendment of minor typographical errors. 	11/03/20
8.0	Head of Finance and Corporate Governance	<ul style="list-style-type: none"> • All references to EU replaced with Government Procurement Agreement • Update to changes in role titles where required. • References to 'Executive Group' changed to 'Senior Leadership Team'. • Para 8.6 updated to include the delegated authority to approved requests to direct award to the Head of Finance and Corporate Governance. • Requirement for travel and subsistence claims exceeding three months requiring the approval of the Head of Finance and Corporate Governance has been removed. This was para 18.3 and the subsequent paras have been renumbered sequentially. • Para 22.3 removed as grants agreed by Sponsor, reported through the budget and regular budget monitoring reports. • Minor grammatical changes. 	

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<u>9.0</u>	<u>Head of Finance and Corporate Governance</u>	<ul style="list-style-type: none">• <u>Pronouns throughout the document amended to make the regulations more inclusive.</u>• <u>Procurement thresholds in table 8.2 updated to include the revised Government Procurement Agreement (GPA) threshold effective from 1 January 2022.</u>• <u>Para 4.5 updated to clarify the delegated approval value for permanent staff changes without recourse to the Board is £200k annually.</u>• <u>Para 11.5 updated to include Direct debit and Standing order as approved payment methods.</u>• <u>The grant funding para 22.1 updated to include information SLT need for grants awarded to the Care Inspectorate.</u>• <u>Other minor changes to sentences.</u>	
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FINANCIAL REGULATION**1. Introduction**

- 1.1 The Chief Executive, as the accountable officer as detailed in the NDPB Executive Framework document, is personally responsible to the Scottish Parliament for properly administering the Care Inspectorate's financial affairs. The Memorandum requires that she/he acts according to its instructions and those laid down within the Scottish Public Finance Manual. In particular she/he must act according to the Memorandum to Accountable Officers of other public bodies.
- 1.2 The Chief Executive will delegate the day-to-day administration and oversight of these financial regulations to the Executive Director of Corporate and Customer Services who will ensure that there are suitable arrangements in place to protect the propriety and regularity of the Care Inspectorate's finances. The Executive Director of Corporate and Customer Services will report directly to the Chief Executive and keep ~~them~~~~her~~~~him~~ informed on the operation of these financial regulations. In the absence of the Executive Director of Corporate and Customer Services, the Chief Executive will assume responsibility for all functions delegated to ~~them~~~~her~~~~him~~ under these regulations.
- 1.3 The Care Inspectorate and all of its officers must observe the Care Inspectorate's financial regulations.
- 1.4 The Executive Director of Corporate and Customer Services will provide a Draft Budget Report to the Board each financial year for its approval.
- 1.5 The Executive Director of Corporate and Customer Services is entitled to report upon the financial implications of any matter coming before the Care Inspectorate or any of its committees and sub committees, and will further report to the Board if necessary, in the interests of the Care Inspectorate's financial affairs.
- 1.6 All Board and Committee reports prepared by officers must include a "Implications and/or Direct Benefits" section. Any officer who intends to submit a report which has resource implications to a Care Inspectorate Board, committee or sub-committee meeting must first submit the report to the relevant Executive Director for consideration and agreement. It is good practice for report authors to involve Corporate and Customer Services as early as possible in a development to ensure financial, ICT and Human Resource implications are considered at an early stage. Normally, the responsible officer must submit the draft report to the Executive Director of Corporate and Customer Services no later than 7 days prior to the date of the reports being issued for the meeting. Any observations on the report made by the Executive Director of Corporate and Customer Services or ~~his~~~~her~~~~their~~ representative must be incorporated into the author's report. In exceptional circumstances the 7-day period mentioned above may be reduced with the prior agreement of the Executive Director of Corporate and Customer

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Services.

- 1.7 At all times, the Care Inspectorate will try to secure best value for the money it spends, making appropriate use of all contract arrangements made and encouraging the use of the best management techniques throughout the organisation.
- 1.8 As the accountable officer, the Chief Executive will receive regular reports from the Executive Director of Corporate and Customer Services on the revenue spending of the Care Inspectorate. This will normally be through budget monitoring reports to Strategic Leadership Team (SLT), but the Chief Executive may ask for an update at any time. The Executive Director of Corporate and Customer Services will provide a budget monitoring report detailing any significant under or overspending to each meeting of the Board.
- 1.9 The Chief Executive is responsible for corporate and financial governance arrangements to ensure that proper financial control is exercised throughout the Care Inspectorate. The Executive Director of Corporate and Customer Services is responsible for ensuring that financial management systems exist to enable Executive Directors and their budget managers to make financial decisions and take corrective action to deal with under or overspending to achieve best value.

2. Revenue and capital budgets

- 2.1 The detailed form of the revenue and/or capital budgets will be determined by the Board taking account of advice received from the Executive Director of Corporate and Customer Services.
- 2.2 Executive Directors are responsible for preparing annual income and expenditure estimates on revenue accounts for their areas of responsibility. They must provide all necessary information regarding their directorate's requirements to the Executive Director of Corporate and Customer Services.
- 2.3 The Executive Director of Corporate and Customer Services will submit the draft Revenue Budget and Capital Plan first to SLT and then to the Board to consider any relevant decisions within the context of the Care Inspectorate's strategic objectives. The draft Revenue Budget and Capital Plan will be accompanied by a covering report containing all relevant information so that SLT and the Board can consider the proposed budget and approve as appropriate.
- 2.4 For capital budget purposes capital expenditure is defined as expenditure on individual items valued at over £5k and with a life in excess of one year, and where it is probable that future economic benefits associated with the item will flow to the Care Inspectorate. If in doubt, the Head of Finance and Corporate Governance or the Accounting and Procurement Manager can provide advice.

3. Budget monitoring

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- 3.1 The overall responsibility for control of departmental revenue expenditure lies with each relevant Executive Director. Designated budget managers are responsible for the detailed monitoring and control of income and expenditure within the sphere of their delegated responsibility.
- 3.2 Expenditure will be restricted to that included in the Revenue Budget or Capital Plan, unless a budget flexibility procedure (see Section 4 below) has been followed, or alternatively, proposals for additional expenditure have been approved by the Board.
- 3.3 The Chief Executive may approve any expenditure which would otherwise require Board approval where she/he considers that to be urgent, necessary and expedient to protect or preserve the critical interests of the Care Inspectorate (a certificate of which, given by the Chief Executive or director deputising for the Chief Executive shall be conclusive), provided that such action is reported to the Board at its next meeting following the taking of the action, in terms of paragraph 2.3.9 of the Care Inspectorate's Reservation of Powers and Scheme of Delegation.
- 3.4 The Executive Director of Corporate and Customer Services will provide each budget manager regular statements of income and expenditure under each approved budget heading estimate and any other relevant information that they need. However, each budget manager is responsible for ensuring that they have all the relevant financial and non-financial information to control the actual expenditure and income against the budget.
- 3.5 Executive Directors are responsible for ensuring that their budget managers carry out budget monitoring in accordance with the requirements and timescales set out by the Executive Director of Corporate and Customer Services.
- 3.6 The Executive Director of Corporate and Customer Services will submit regular budget monitoring reports to the Board which detail the Care Inspectorate's income and expenditure position with sufficient additional information so that the Board can properly monitor the Care Inspectorate's up to date financial position.

4. Budget Flexibility

- 4.1 Once the Board has approved a budget it is expected that expenditure will be authorised in accordance with the approved budget. However, it is sometimes necessary to change plans or respond to events. Therefore, controlled budget flexibility is required. Below are the main budget flexibility procedures.
- 4.2 **Virement** (the transfer of budget between income/expenditure headings or costs centres) may be used as a means of funding desirable or essential expenditure. The budget virement policy is available on the Finance section of the intranet. It should be noted that no virement proposal should be used to

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finance a new service, change an existing Care Inspectorate policy decision or change the permanent establishment of the Care Inspectorate where that will incur costs of more than £200k per annum. All of which need the approval of the Board.

- 4.3 **Alternative Expenditure Proposals (AEP):** The AEP process (available on the intranet) is used for SLT to decide on expenditure priorities to react to corporate budget underspends. The AEP process is used where budget flexibility is required for non-recurring expenditure in excess of £10,000 which will be incurred in the current financial year. All AEP proposals are considered by SLT. It should be noted that no AEP proposal should be used to finance a new service or change an existing Care Inspectorate policy decision. All of which need the approval of the Board.
- 4.4 **Fee income:** Where actual fee income is to exceed budget then this reflects additional workload requirements and related expenditure may exceed budget by an amount not exceeding the additional income. Correspondingly, if actual income is less than budgeted then expenditure must be adjusted as far as practicable to offset the income shortfall.
- 4.5 Board approval is required for:
- aAll proposals that will significantly expand or contract an area of activity on an on-going basis (implications beyond the current financial year)
 - aAll proposals to start a new area of activity or significantly curtail an existing area of activity.
 - aAll proposals that will require changes to existing policy decisions.
 - pProposals that require a change to the permanent establishment of the Care Inspectorate where that change will incur costs of more than £200k per annum. – £200k is the cumulative total in any financial year.

5. Accounting

- 5.1 All accounting procedures and records of the Care Inspectorate and its officers will be determined by the Executive Director of Corporate and Customer Services. All Care Inspectorate accounts and accounting records will be compiled by the Executive Director of Corporate and Customer Services or under his/her/their -direction.
- 5.2 Each year, the Executive Director of Corporate and Customer Services will ensure the Care Inspectorate's Annual Report and Accounts are laid before the Scottish Parliament in accordance with statutory requirements.

6. Internal audit

- 6.1 As part of their remit the Audit and Risk Committee will ensure that there is appropriate and proportionate internal audit coverage of the Care Inspectorate's accounting and financial operations.
- 6.2 The Executive Director of Corporate and Customer Services or any member of their/his/her staff or any other person authorised by them/her/im/him/er for

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that purpose is authorised to:

- (a) enter all Care Inspectorate offices, establishments or land at any time.
- (b) have access to all records, computer files, memory devices and other media documents and correspondence relating to any financial and related Care Inspectorate transactions.
- (c) request and receive such explanations as are necessary concerning any matter under examination; and
- (d) require any Care Inspectorate employee to produce cash, stores or any other Care Inspectorate property under ~~his/her~~their -control.

6.3 Whenever there is any suspicion of an irregularity concerning cash, payments made, income received, payroll (including claiming expenses), stores, other property of the Care Inspectorate or any suspected irregularity in the functions exercised by the Care Inspectorate, then the Head of Finance and Corporate Governance (designated Fraud Prevention Officer) should be informed in the first instance. If due to the nature of the suspicion it is not appropriate to inform the Head of Finance & Corporate Governance then one of the following should be informed as appropriate; the Chief Executive, the Executive Director of Corporate and Customer Services or the internal auditors (contact details on the intranet). [The Counter Fraud, Bribery and Corruption Framework](#)~~The Counter Fraud and Corruption Framework and its associated Response Plan, the Prevention of Bribery Policy a~~ and the Whistleblowing Guidance are all relevant for consideration in such circumstances.

6.4 All internal audit reports shall be submitted to SLT for consideration and agreement of a management response where required.

6.5 All reports from either the External Auditor or Internal Auditor will be submitted to the Audit and Risk Committee for its consideration.

7. Banking arrangements and control of cheques

7.1 All arrangements with the Care Inspectorate's bankers shall be made by the Executive Director of Corporate and Customer Services who will operate such banking accounts as he may consider necessary.

7.2 The Executive Director of Corporate and Customer Services is responsible for ensuring proper arrangements are in place for the safe custody of cash and cheques.

7.3 Cheques on the Care Inspectorate's banking accounts will be signed by any two authorised signatories as approved by the Care Inspectorate as required.

7.4 The Executive Director of Corporate and Customer Services is responsible for arranging any payments through the Bankers Automated Clearing System (BACS) or on-line banking arrangements and ensuring that proper security control procedures are affected and reviewed.

7.5 The Executive Director of Corporate and Customer Services is responsible for ensuring regular and effective bank account reconciliation procedures are

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followed.

8. Procurement

8.1 The Care Inspectorate’s Procurement Strategy and Policy ~~are intended to be~~**must be** followed for all procurement and purchasing activity. Guidance and procedural documentation are available for all procurement processes within the procurement area of the Finance & Corporate Governance ~~section of~~ the [document library on the intranet](#). All procurement activity must follow the approved procurement procedures and comply with the ‘Delegated Authority to Commit & Approve Expenditure’ which is also available within the [procurement area of the Finance section of the document library on the intranet](#)~~Procurement area of the Finance and Corporate Governance section on the intranet.~~

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

Competitive process to be followed	Value of spend (exc VAT and for the whole life of the requirement)	Route to market Suitable framework available?		Procurement strategy business case required (Template 30)	Engage Procurement Team
		Yes	No		
Low Value	<£1,000	n/a	Min 1 quote	No	No
Basic Value	£1,000- £10,000	Direct award or mini competition as per Framework rules	Min 3 evidenced quotes	No	No (support available if required)
Quick Quote/ Framework	£10,000-£50,000	Direct award or mini competition as per Framework rules	Min 4 quotes through PCS	No	Yes
Standard	£50,000 – £177,897,330	Direct award or mini competition as per Framework rules	Open competition through PCS with basic SPD	Yes	Yes
Government Procurement Agreement (GPA) Tender Process	>£177,897,330	Direct award or mini competition as per Framework rules	Open competition through PCS with full SPD	Yes	Yes

↓The GPA threshold is a VAT inclusive threshold of £213,447. This is reviewed every two years.

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- 8.3 Where quotes received exceed the originally estimated value of expenditure and this moves the procurement to a new value threshold, the procurement route for the new value threshold must then be applied. In exceptional circumstances, approval to proceed with the existing process may be granted. Requests for an exception must be submitted to the Finance Procurement Team.
- 8.4 All procurement which is advertised as a full tender on the 'Public Contracts Scotland' advertising portal must have a project and evaluation team whereby, as a minimum, the Lead Officer has undergone procurement training.
- 8.5 Authority to award competitively procured contracts is delegated to officers as noted in the ['Delegated Authority to Commit & Approve Expenditure'](#) document available on the intranet. This is with the exception of internal audit services where the authority to contract is reserved to the Board as noted in the Reservation of Powers and Scheme of Delegation. No authority to award contracts will be delegated to an officer who has not satisfactorily undertaken the relevant procurement training.
- 8.6 Contracts awarded without competitive advertising need to meet specific criteria as noted in the procurement procedures and require specific approval. Requests for '[Non Competitive Action](#)' with a value of lower than £30,000 total contract value or £10,000 annually may be approved by the Executive Director of Corporate and Customer Services and the Head of Finance and Corporate Governance. Requests for '[Non Competitive Action](#)' with a value exceeding these thresholds require Sponsor Department approval.
- 8.7 Specific approval is required for the procurement of consultancy services. The definition and approval [requirement for consultancy expenditure](#) is available within the [procurement area of the Finance section of the document library on the intranet](#)~~procurement area of the Finance and Corporate Governance section on the intranet.~~
- 9. Orders for works, goods and services**
- 9.1 Purchase orders must, with a few exceptions noted below, be raised and approved in the financial system. [Guidance and procedural documentation](#) are available within the purchasing and payment area of the Finance and Corporate Governance section on the intranet.
- 9.2 Purchase orders shall be issued for all work, goods or services to be supplied to the Care Inspectorate except for the following:
- the purchase is being made using an Electronic Purchasing Card,
 - supplies of public utility services,
 - periodic payments such as rent and rates,
 - petty cash purchases,
 - postal charges or

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- other exceptions as the Executive Director of Corporate and Customer Services may approve.
- 9.3 In exceptional cases of urgency, where it is not possible to issue an approved purchase order in the financial system, a manual purchase order number can be requested from the Finance Section. The supplier must be advised to quote this order number on any invoice submitted for payment.
- 9.4 No authority to raise or approve purchase orders will be delegated to any officer who has not satisfactorily undertaken the relevant training.
- 9.5 Each budget manager will be responsible for all orders issued by their department and for ensuring that the cost is allocated to an appropriate budget head and is covered within the approved budgeted expenditure.
- 9.6 Budget managers may delegate financial responsibility to an expenditure approver subject to the limits noted in the Finance & Corporate Governance Scheme of Delegation in the [‘Authority to Commit and Approve Expenditure’](#) document.
- 9.7 The Executive Director of Corporate and Customer Services will maintain a register of authorised signatories. Budget managers must notify any additions and deletions to the Accounting and Procurement Manager.

10. Electronic Purchasing Card (GPC)

- 10.1 Designated officers have a GPC card in order to purchase low value goods and services. The GPC card has set transaction limits of up to a maximum value of £1,000 per single transaction and £10,000 cumulative value of transactions per month. Applications for, and guidance on the use of GPC cards, are detailed within the GPC card procedure within the [Transactions Team/ Payments Purchasing & Payment](#) area of the Finance [section of the document library and Corporate Governance section of](#) the intranet.
- 10.2 Purchases using the GPC card are restricted as follows:
- a. It cannot be used to withdraw cash.
 - b. It must not be used for personal expenditure.
 - c. It must not be used to pay for items already invoiced.
 - d. Loyalty points cannot be collected.
 - e. Card details must not be stored on internet sites.
- 10.3 Cardholders are responsible for ensuring the safe, secure storage of their card and card details.
- 10.4 Budget managers are responsible for all purchases from their budget made by GPC card.

11. Payment of accounts

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- 11.1 The Care Inspectorate is committed to paying supplier invoices within 10 working days of the invoice(s) being received. Performance against this target is reported in the Annual Report and Accounts each year.
- 11.2 All invoices should be received by the Transactions Team at Compass House as noted on the approved purchase order.
- 11.3 Where possible, arrangements should be made for the separation of the authorisation of purchase orders as distinct from goods received notes. Each goods received note should be signed by the appropriate receiving officer. Where a goods received note is not provided, a manual one should be created using the template provided within the Transactions Team area of the Finance and Corporate Governance section on the intranet.
- 11.4 Where budget managers or expenditure approvers are requested to manually approve an invoice, the officer must make sure that:
- (a) the goods received match the order.
 - (b) prices, discounts and arithmetic are correct.
 - (c) there is no duplication of payments.
 - (d) expenditure is within the approved budget.
 - (e) the expenditure is coded to an appropriate cost centre and account code and is within their delegated financial authority.
 - (f) work has been carried out to a satisfactory level.
- 11.5 The payment of all approved invoices and payments will be made under arrangements approved and controlled by the Executive Director of Corporate and Customer Services. Approved payment methods are as follows:
- (a) Direct BACS sSubmission i.e. invoices and non-payroll expenses
 - (b) Indirect BACS sSubmission i.e. managed payroll service payments
 - (c) Cheque
 - (d) Direct pPayments via bBank aAccount
 - (e) Petty cCash (see section 17)
 - (f) GPC card (see section 10)
 - (g) Direct debit
 - (f)(h) Standing order
- Internal control arrangements are in place to ensure separation of duties between preparation, approval and processing of payments.
- 11.6 Payment will not be made on duplicate invoices, statements or photocopy invoices unless the approving officer certifies in writing that the amount in question has not previously been paid.
- 11.7 The Executive Director of Corporate and Customer Services may approve compensation payments made under legal obligation, up to the value of £10,000. Any compensation payments exceeding this value must be approved by the Sponsor Department.

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11.8 The maximum value of any ex-gratia payment cannot exceed £200 and must be approved by the Executive Director of Corporate and Customer Services.

12. Payroll administration

12.1 The payment of all salaries, wages, allowances, pensions, compensation and other emoluments to all employees and Board members or former employees and Board members of the Care Inspectorate will be made by the Executive Director of Corporate and Customer Services under arrangements approved and controlled by [her/him/them](#).

12.2 The Executive Director of Corporate and Customer Services will provide guidance on responsibilities for ensuring proper records are kept of all matters affecting the payment of such emoluments and in particular:

- (a) appointments, promotions, resignations, dismissals, suspensions, secondments and transfers.
- (b) absences from duty for sickness, holidays or other reason.
- (c) changes in remuneration, other than normal increments and pay awards and agreements of general application.
- (d) information necessary to maintain records of service for pension, income tax, national insurance and other areas as required.

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

12.4 The Executive Director of Corporate and Customer Services will provide through the payroll system any management information as [she/he/they](#), the Chief Executive, or any Executive Director decide is necessary to achieve value for money and/or compliance with policy and procedures.

13. Income

13.1 The statutory fee rates charged by the Care Inspectorate to care service providers shall be set at rates equal to or below the statutory maximum rates. The rates set will be approved by the Board and shall not be altered without its approval.

13.2 The rate of charge for goods or services supplied by the Care Inspectorate to the public and external organisations will be approved by SLT and shall be set with reference to the Fees and Charges section of the Scottish Public Finance Manual.

13.3 It is the Executive Director of Corporate and Customer Services duty to make adequate financial and accounting arrangements to ensure that all monies due to the Care Inspectorate are properly recorded and for the proper collection, custody, control and banking of all cash and cash equivalents in all the Care Inspectorate's departments and locations.

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- 13.4 It is essential that particulars of all charges to be made for services rendered by the Care Inspectorate and of all other amounts due to it shall be promptly notified to the Head of Finance and Corporate Governance in a form approved by [them/him/her](#). All accounts due to the Care Inspectorate will be issued by, or under arrangements approved by, the Executive Director of Corporate and Customer Services.
- 13.5 All financial documents such as receipt forms, receipt books, tickets and other such items will be in a form approved by the Executive Director of Corporate and Customer Services who will be satisfied with the arrangement for the ordering, supply and control by each department. All records, forms and so on must be kept by each department for a period stipulated by the Executive Director of Corporate and Customer Services.
- 13.6 All monies received on behalf of the Care Inspectorate in any department shall be deposited promptly with the Executive Director of Corporate and Customer Services or the Care Inspectorate's bankers according to the arrangements made by the Executive Director of Corporate and Customer Services. No deduction may be made from such monies. All income must be banked in full.
- 13.7 Personal cheques shall not be cashed out of money held on behalf of the Care Inspectorate.
- 13.8 Where cash is received, the person receiving it will issue a receipt to record the transaction.
- 13.9 Each Executive Director is responsible for ensuring that all of their departmental income is billed promptly and efficiently. This includes ensuring that the correct new registration fees are charged to prospective service providers and that accurate data is held on the Practice Management System and Regulatory Management System for the billing of continuation of registration fees, or their successor system when implemented.
- 13.10 The "Fee Waiver Policy" must be followed should it be considered appropriate to contemplate charging reduced fees or waiving a fee altogether. The Head of Finance and Corporate Governance and the Transactions Manager have authority to approve fee waiver requests. Discounts for combined services are an exception to this as a standing authorisation has been supplied to offer a discount to services that provide two or more services from the same premises. Responsibility for the initial granting and annual review of combined service discounts rests with the Chief Inspectors.

14. Insurance

- 14.1 The Care Inspectorate is not permitted to take out commercial insurance apart from circumstances meeting the exception criteria as set out in the Scottish Public Finance Manual. It is the Scottish Government's policy to self-insure. The Sponsor Department has supplied a Certificate of Exemption for Employer's Liability Insurance. Within this context the Executive Director of

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Corporate and Customer Services will ensure that necessary insurance cover is in place and negotiate all claims in consultation with other officers as necessary.

- 14.2 Each senior manager must promptly notify the Executive Director of Corporate and Customer Services of any action or event which may give rise to a claim being made by or against the Care Inspectorate. Senior Managers will immediately notify the Executive Director of Corporate and Customer Services in writing of any loss of property and inform the police if appropriate of the circumstances of the loss. The Executive Director of Corporate and Customer Services will be responsible for agreeing a position with the Sponsor Department where losses occur.

15. Inventories

- 15.1 The Executive Director of Corporate and Customer Services is responsible for ensuring inventory lists of all furniture and fittings, vehicles, plant and equipment is maintained.
- 15.2 All surplus plant, vehicles, tools, equipment, furnishings, materials or commodities to be disposed of by any Care Inspectorate department will be advertised for sale either by the invitation of sale offers or by public auction unless special circumstances apply. The Executive Director of Corporate and Customer Services alone can decide whether these apply. All offers received must be held on file for audit purposes with the inventory records amended as appropriate.
- 15.3 The Care Inspectorate's property will not be removed unless in the ordinary course of Care Inspectorate business. Its property may only be used for official purposes unless otherwise specifically directed by an Executive Director.

16. Security

- 16.1 Each Executive Director or Senior Manager as appropriate, is responsible for maintaining proper security at all times for all buildings, stock, stores, furniture, equipment, cash, records etc. under their control. They shall consult with the Executive Director of Corporate and Customer Services in any case where security is thought to be defective or where it is considered that special security arrangements may be needed.
- 16.2 Maximum limits for cash holdings shall be agreed with the Executive Director of Corporate and Customer Services and shall not be exceeded without ~~their~~^{his/her} express permission. Specific guidance relating to the administration of petty cash imprests (money advanced) is available on the Care Inspectorate's intranet.
- 16.3 Keys to safes and similar receptacles are the responsibility of the designated keyholder who will make suitable arrangements for their security at all times.

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The loss of any such keys must be reported to the Executive Director of Corporate and Customer Services immediately. For security purposes, keys should be removed from premises overnight.

17. Petty Cash Imprest accounts

- 17.1 The Executive Director of Corporate and Customer Services shall make appropriate imprest advances and determine accounting periods in connection with the payment of expenses and petty outlays chargeable to the Care Inspectorate.
- 17.2 The Executive Director of Corporate and Customer Services shall issue appropriate instructions to officers to ensure to ~~their~~^{his/her} satisfaction the proper security of cash advanced in this way. ~~They~~^{She/he} will also determine the limit for any one payment from petty cash and this will be specified in the Petty Cash Guidance.
- 17.3 The recipient of any advance of petty cash or imprest shall account for this money to the Executive Director of Corporate and Customer Services when required and shall repay the money on leaving the Care Inspectorate's employment or when required by the Executive Director of Corporate and Customer Services. Detailed guidance on the administration of petty cash and petty cash imprests is available on the Care Inspectorate's intranet.

18. Travelling, subsistence and financial loss allowances

- 18.1 All claims for payment of car allowances, subsistence allowances, travelling and incidental expenses shall be submitted according to the approved Business Travel and Subsistence Policy, duly certified, in a form approved by the Executive Director of Corporate and Customer Services to ~~her~~^{him/himself} at such regular intervals as are agreed. A significant proportion of expenses will be claimed via the payroll/HR system and authorisation will be through the line management arrangements approved and set up on the payroll/HR system. The names of officers authorised to approve expenses incurred outwith the payroll/HR system process shall be sent to the Executive Director of Corporate and Customer Services by each Executive Director together with specimen signatures and shall be amended on the occasion of any change. The number of officers so authorised shall be determined in agreement with the Executive Director of Corporate and Customer Services.
- 18.2 The authorisation by or on behalf of an Executive Director shall be taken to mean that the authorising officer is satisfied that the journeys were properly sanctioned, the expenditure properly and necessarily incurred and that the allowances are properly payable.

~~18.3~~

- 18.3 Business expenses charged to GPC cards remain subject to the Business Travel and Subsistence Policy. ~~The Finance Team~~^{Customer Service and}

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[Finance staff](#) conduct regular compliance reviews.

- 18.4 Whenever possible, travel and accommodation should be arranged by Care Inspectorate administrative staff. This avoids the need for the reimbursement of expenses.

19. Expenditure on gifts, hospitality and sponsorship

- 19.1 The Chief Executive, Executive Directors and budget managers may provide hospitality within their delegated budget allowance. Hospitality is appropriate when members and/or officers of the Care Inspectorate are meeting with members or officers of other public bodies, Members of Parliament, firms, consultants or others who are assisting or co-operating with the Care Inspectorate in carrying out its functions. A record of all hospitality granted shall be kept and shall be open to inspection by any member of the Care Inspectorate.
- 19.2 Where there is a proposal to provide a gift, this must be submitted in writing to the Chief Executive who will consider and, if appropriate, approve. The maximum value for any gift cannot exceed £200 in accordance with the sum laid down in the NDPB Executive Framework.
- 19.3 Payments made to sponsor individuals, groups or events will be subject to the Care Inspectorate Sponsorship Policy and will not exceed £200 in value.

20. Registering and Declaring Interests

- 20.1 Board members and officers must not allow any business or personal interest to influence the decisions they make in relation to work or use their position to further their own interests or the interest of others who do not have a right to benefit under Care Inspectorate policies.
- 20.2 Full details of registering and declaring interests are contained within the Board Members Code of Conduct and for officers: The Code of Conduct Policy.
- 20.3 A register of Board members interests will be maintained and reviewed at least annually.
- 20.4 Where there is any doubt about whether an interest should be registered or declared then advice should be sought from the Chair, Chief Executive, Executive Director of Corporate and Customer Services or the Head of Finance and Corporate Governance as appropriate.

21. Acceptance of Gifts, Hospitality and Services

- 21.1 Generally, no employee should accept gifts, gratuities etc from any client or stakeholder other than a token item.

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- 21.2 Any token item which is accepted and has an estimated value of more than £20 should be registered, using the appropriate form.
- 21.3 Full details of the acceptance of gifts, hospitality and services are contained in the Organisational Development section of the intranet within the Code of Conduct area.

22. Grants Awarded to the Care Inspectorate

- 22.1 All bids for grant funding must be approved by the Senior Leadership Team before being submitted to the grant provider. [SLT should be informed of the grant funding amount, funding period, staffing implications, outcomes, key milestones and any risks to the Care Inspectorate. Where possible, grants will be included in the annual budget.](#)
- 22.2 Grants from Scottish Government other than grant in aid, must be referred to the Sponsor Department in advance of being agreed, in accordance with the Scottish Public Finance Manual.

23. Write off of Bad Debts and/or Losses

- 23.1 The Executive Director of Corporate and Customer Services may approve the write off of bad debt and or losses, not exceeding £3,000 in the following circumstances:
- i) Loss of cash due to theft, fraud, overpayment of salaries, wages, fees, allowances or other causes
 - ii) Loss of equipment and property due to theft, fraud, arson, fire, flood, motor vehicle accidents or damage to vehicles.
- 23.2 Losses exceeding £3,000 must be submitted to the Sponsor Department and will be reported to the Board.
- 23.3 In accordance with the NDPB Executive Framework, irrecoverable debt with a value of £10,000 or less will be authorised by the Chief Executive and debts to be written off with a value exceeding £10,000 must be authorised by the Sponsor Department.

24. Approval and Revision of Financial Regulations by the Care Inspectorate

- 24.1 The Financial Regulations will be reviewed at least annually by the Board and at any time if the circumstances indicate this would be appropriate. The Board must approve any amendments to the Financial Regulations.

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BOARD

Schedule of Business 2022/23

BUSINESS TOPIC	16 June 2022	11 Aug 2022	22 Sept 2022	15 Dec 2022	9 Feb 2023	30 Mar 2023
Chair's Report (quarterly)	✓		✓	✓		✓
Chief Executive Report (quarterly)	✓		✓	✓		✓
STRATEGY AND POLICY ITEMS						
Approval of Care Inspectorate Strategies on a rolling/as required basis <ul style="list-style-type: none"> • Financial Strategy • Customer Service Strategy • Legal Services Strategy • ICT Strategy • Intelligence Strategy • Shared Services Strategy • Information Governance Strategy • Communications Strategy • Improvement Strategy • Health and Safety Strategy • Workforce Strategy 						
Financial Strategy						
Scrutiny and Assurance Plan					✓ (Draft)	✓
Budget and Indicative Budgets						✓
Strategic Risk Register 2021/22	✓					
Approval of Risk Appetite and Risk Policy	✓					
Annual Review of Procurement Strategy			✓			

BUSINESS TOPIC	16 June 2022	11 Aug 2022	22 Sept 2022	15 Dec 2022	9 Feb 2023	30 Mar 2023
Customer Engagement Strategy – Refreshed <i>(to be added to the 2022/23 Board cycle – timing tbc)</i>						
MONITORING AND GOVERNANCE ITEMS						
Monitoring our Performance Quarterly Report	Q4 ✓		Q1 ✓	Q2 ✓		Q3 ✓
Minute of Audit and Risk Committee	✓		✓	✓		✓
Complaints Activity Report	✓ (annual)			✓ (mid-year)		
Annual Accounts 2020/21 Progress Report <i>(to 1st Quarter meeting of Board)</i>	✓					
Shared Services Update Report	✓					
Annual Report and Accounts - Audit and Risk Committee Annual Report - Draft Annual Report and Accounts 2019/20 - Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit			✓			
Budget Monitoring			✓			✓
Health, Safety and Wellbeing Strategy and Action Plan <i>(timing tbc)</i>						
Health and Safety Annual Report				✓		
Equality Duty Reporting – Annual Progress Report						✓
Annual Review of the CI's Financial Regs						✓
Annual Procurement Performance Report			✓			
OPERATIONAL ITEMS						
Remobilisation Update (Future Working Group)	✓					
HR Annual Report <i>(normally first meeting of Board)</i>	✓					
Board and Committee Cycle 2022/23 – proposed meeting dates			✓			
Approval of Pay Remit for submission to Scottish Government (tbc)						

BUSINESS TOPIC	16 June 2022	11 Aug 2022	22 Sept 2022	15 Dec 2022	9 Feb 2023	30 Mar 2023
Update on Significant Organisational Restructures <i>(when required)</i>						
Estates Update <i>(when required)</i>						
Approval of Compensation Payments <i>(when required)</i>						
STANDING ITEMS						
Identification of Risk	✓		✓	✓	✓	✓
Schedule of Board Business	✓	✓	✓	✓	✓	✓
CI Employee Relations Appeals <i>(standing item, but only when required)</i>						
PRIVATE AND CONFIDENTIAL ITEMS						