



A Meeting of the Care Inspectorate Board is to take place from
10.30 am-1.00 pm on Thursday 5 June 2025
 Meeting Room 1.02/1.03, Compass House, Dundee

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

AGENDA

PUBLIC SESSION

Item		Time
1.	Welcome and Introductions	10:30
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Public Board Meeting held on 13 February 2025 (<i>paper attached – for approval</i>)	10:35
5.	Review of Board Action Record (<i>paper attached</i>)	
6.	Matters Arising	
7.	Chair's Quarterly Update – Report No: B-01-2025/26 (<i>for noting</i>)	10:40
8.	Chief Executive's Report – Report No: B-02-2025/26 (<i>for noting</i>)	10:45
	STRATEGY AND POLICY	
	No items for this meeting.	
	MONITORING AND GOVERNANCE	
9.	Monitoring our Performance 2024/25: Quarter 4 Report – Report No: B-03-2025/26 (<i>for discussion and noting</i>)	10:55
10.	Annual Report and Accounts and Financial Position Update – Report No: B-04-2025/26 (<i>for discussion and noting</i>)	11:05
11.	Complaints about the Care Inspectorate: Annual Report 2024/25 - Report No: B-05-2025/26 (<i>for noting</i>)	11:15

12.	Audit and Risk Committee Update to the Board (meetings held 13 March 2025 and 15 May 2025) – Report No: B-06-2025/26 (<i>for noting and assurance</i>)	11:30
13.	Finance and Resources Committee Update to the Board (meeting held 13 May 2025) - Report No: B-07-2025/26 (<i>for noting and assurance</i>)	11:40
14.	Delivery Reference Group – Meeting held 21 May 2025 (<i>verbal update</i>)	11:50
B R E A K		12:00
OPERATIONAL ITEMS		
15.	Update on new structure (<i>verbal - for noting</i>)	12:10
16.	Estates Annual Report 2024-25 – Report No: B-08-2025/26 (<i>for noting</i>)	12:20
STANDING ITEMS		
17.	Strategic Risk Register Monitoring – Report No: B-09-2025/26 (<i>for discussion</i>)	12:30
18.	Board Schedule of Business 2025/26 (<i>paper attached – for noting</i>)	
19.	Any Other Competent Business	12:40
20.	Close of Public Meeting and Date of Next Meeting: In person on 27 September 2025 at 10.30 am in Compass House, Dundee	12:45
PRIVATE ITEMS		
21.	Minutes of Private Board meetings (<i>papers attached – for approval</i>) 21.1 13 February 2025 21.2 27 March 2025 21.3 24 April 2025	12:45
22.	Matters Arising from Minutes of Private Meetings	
23.	2025/26 Budget And Indicative Budgets 2026/27 and 2027/28 – Update – Report No: B-10-2025/26 (<i>for decision</i>)	12:50
24.	Close of Private Meeting	13:00



Minutes

Meeting:	Public Board
Date:	13 February 2025
Time:	10.30 am to 1.00 pm
Venue:	Rooms 1.02/1.03, First Floor, Compass House, Dundee (with Teams link available)
Board members present:	Doug Moodie, Chair Naghat Ahmed Audrey Cowie Rona Fraser Paul Gray Ronnie Johnson Maria McGill Ed McGrachan Bill Maxwell Rosie Moore Peter Murray (<i>ex-officio</i> – Convener, Scottish Social Services Council) Jennifer Trott Carole Wilkinson (<i>ex-officio</i> – Chair, Healthcare Improvement Scotland)
In Attendance:	Jackie Irvine, Chief Executive (CE) Jackie Mackenzie, Executive Director of Corporate Services (EDoCS) Gordon Mackie, Executive Director of Digital and Data (EDoDD) Kenny Dick, Head of Finance and Corporate Governance (HoFCG) Lisa Rooke, Head of Corporate Policy and Communications (HoCPC) (<i>items 1 – 16 only – by Teams</i>) Kenny McClure, Head of Legal Services (HoLS) Anne Campbell, Executive Support Officer (ESO) (representing Fiona McKeand) Ingrid Gilray, Intelligence and Analysis Manager (IAM) (<i>item 12 only</i>) Sophie Siegel, Senior Intelligence Analyst (SIA) (<i>item 12 only</i>) Jacqui Duncan, Equalities Professional Adviser (EPA) (<i>item 17 only</i>) Craig Morris, Head of Quality Improvement and Participation (HoQIP) (<i>item 17 only</i>)
Observers:	Donna Laing – Co-Chair, Partnership Forum (official observer) Jane McIntosh, Executive Personal Assistant (staff) Lindsey Muir, Publication Production Officer (staff) Gillian Connelly, Communications Co-ordinator (staff)

Public Observers: Nicola McCardle, Senior Improvement Adviser, AHP (staff)
None

Apologies: Charlotte Armitage, Board member
Edith Macintosh, Executive Director of Assurance and Improvement, Adults Regulated Care, Complaints, Registration and Quality Improvement (EDoAI)
Kevin Mitchell, Executive Director of Assurance and Improvement, Children's Regulated Care and Strategic Scrutiny (EDoAI)
Fiona McKeand, Executive and Committee Support Manager (ECSM)

Item	Action
1.0 WELCOME	
The Chair welcomed Board members, attendees, and observers to the meeting.	
2.0 APOLOGIES	
Apologies were received, as noted above.	
3.0 DECLARATIONS OF INTEREST	
There were no declarations of interest.	
4.0 MINUTES OF PREVIOUS MEETINGS HELD ON 14 NOVEMBER 2024	
4.1 Minute of Private Board Meeting	
The minute of the private Board meeting held on 14 November 2024 had been circulated under separate cover to Board members and would be tabled at the Board's private session to be held at 1.00 pm.	
4.2 Minute of Public Board Meeting	
The minute of the public Board meeting held on 14 November 2024 was approved as an accurate record.	ESO
5.0 ACTION RECORD	
The Board noted the updated action record, including those actions that had been completed since the previous meeting.	ECSM
6.0 MATTERS ARISING	
There were no matters arising.	

7.0 CHAIR'S QUARTERLY UPDATE REPORT NO: B-40-2024/25

The Chair presented his quarterly report, which provided the Board with details of the Chair's activities since the Board meeting held on 14 November 2024.

The Board:

- **Noted** the Chair's quarterly report.

8.0 CHIEF EXECUTIVE'S REPORT REPORT NO: B-41-2024/25

The Chief Executive presented her quarterly report, which highlighted significant developments and new or completed activities that directly supported the Corporate Plan and its strategic outcomes. The following points were noted:

- That the review undertaken by Scottish Government in relation to the establishment of a Mental Health Scrutiny and Assurance Collaborative, the Care Inspectorate had been identified as a secondary stakeholder, the two main organisations being Healthcare Improvement Scotland and the Mental Welfare Commission.
- That the Scottish Child Abuse, and the UK and Scottish Covid-19 Inquiries continued and members would be informed of other submissions and requests at the appropriate time.
- That the new guidance on the management of medication in daycare and childminding services was in place and continued for the Adults care home sector.

The Board:

- **Noted** the information contained in the Chief Executive's report.
- **Congratulated** the Children and Young People's Team for winning their Happy to Translate – Team of the Year Award.

STRATEGY AND POLICY

9.0 CORPORATE PLAN 2026 ONWARDS REPORT NO: B-42-2024/25

The Chief Executive presented the report which provided the Board with a proposed activity and timeline for the development of the Care Inspectorate's new Corporate Plan in 2025, ahead of the planning publication in March 2026. The following points were noted:

- That the development of the plan required all board members' involvement.

- That the five year duration was welcomed by members.
- That additional time required to be built into the analysing of the consultation responses in the autumn. **HoCPC**
- That a Board Strategic Event would take place following the Joint Care Inspectorate/SSSC Development Event to be held on 19 March 2025 at an appropriate location. **CE/Chair**
- The Board:
- **Approved** the principles, process and timescales outlined.
- **Thanked** the Head of Corporate Policy and Communications and her team for their work.

10.0 **LEGAL STRATEGY 2025-27** **REPORT NO: B-43-2024/25**

The Head of Legal Services presented the report which set out the requirements of the legal strategy and invited the Board to review and approve it. The following points in particular were noted:

- That the Care Inspectorate had a small legal team and in addition, had a partnership in place with lawyers for bespoke work.
- That reference to the SSSC's Code of Practice required to be included.
- That amendments would be made to the section in respect of 'Our Appetite for Litigation'.
- That inspectors looked at practice and vulnerability of children leaving care or moving on and if there were any concerns, these would be escalated at inspection.
- That the legal team was there to support members when undertaking duties if required.

The Board:

- **Approved** the draft Legal Strategy for adoption by the Care Inspectorate, subject to amendments noted above.

MONITORING AND GOVERNANCE ITEMS

11.0 **FRAMEWORK DOCUMENT BETWEEN THE CARE INSPECTORATE AND SCOTTISH MINISTERS**

The Executive Director of Corporate Services updated the Board on the document that sets out the framework between the Care Inspectorate and Scottish Ministers. The document had been ongoing for sometime and the Care Inspectorate had received comments and it was hoped would be finalised within the following months.

The Board:

Version: 0_2	Status: <i>Draft</i>	Date: 19/02/2025
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- **Thanked** the Executive Director for the update and looked forward to receiving the framework in due course.

12.0 **MONITORING OUR PERFORMANCE 2024/25: QUARTER 3 REPORT**

REPORT NO: B-44-2024/25

The Executive Director of Digital and Data introduced the report which outlined the 2024/25 quarter 3 (Q3) summary on performance, with a focus on performance against the organisation's Key Performance Indicators (KPIs). It was noted that of the eight KPIs detailed in the Corporate Plan 2022-25, at the end of Q3 2024/25, six met or exceeded target and two did not meet the target.

There was discussion on the following:

- That in relation to KPI6 and on reflection of the discussion around long-term staff absence and mental health being the highest reason for sickness at the Finance and Resources Committee. This was being further considered by the Committee including monitoring by Directorate.
- That the break down of the percentage in relation to Key Outcome Indicator 1 was not possible due to the reliance on manual figures. When the Care Inspectorate moved to Stage 2 Digital Transformation that would change.
- That staff completing core learning (KPI5) remained low. This had been recognised and the Organisation and Workforce Development Team was looking to reduce the number of training modules. The Strategic Management Group (SMG) had a new standing item on its agenda looking at priorities, demands and capacity across the organisation and a reworking of the number of mandatory sessions within the Learning Management System would contribute to this.
- That Inspection Satisfaction Questionnaire responses from service users, relatives and visitors remained low. Work was ongoing within Digital Transformation looking at ways to increase the returns in the future.

The Board:

- **Discussed** and **noted** the report.
- **Thanked** the Intelligence and Analysis Manager and Senior Intelligence Analyst for their attendance.

13.0 **BUDGET MONITORING SUMMARY REPORT**

REPORT NO: B-45-2024/25

The Executive Director of Corporate Services introduced the report which highlighted the main aspects of the budget monitoring position following the submission of the more detailed report to the

Finance and Resources Committee at its meeting on 30 January 2025.

The Board:

- **Noted** the projected financial position for 2025/26 and the Finance and Resources Committee's highlights.

**14.0 AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD
(MEETING HELD 19 DECEMBER 2024)
REPORT NO: B-46-2024/25**

The Convener of the Audit and Risk Committee presented the update report to the Board and drew members' attention to:

- The adjustments to the strategic risk register.
- The Digital Programme Updates.
- That the Committee would receive a bi-annual report in respect of Artificial Intelligence technologies at the Care Inspectorate.

The Board:

- **Approved** the change to the strategic risk register in respect of strategic risk 1 'Financial Sustainability'.
- **Noted** the content of the Audit and Risk Committee's draft minute of its meeting held on 19 December 2024.
- **Thanked** the Convener of the Audit and Risk Committee for the report.

**15.0 FINANCE AND RESOURCES COMMITTEE UPDATE TO THE
BOARD (MEETING HELD 30 JANUARY 2025)
REPORT NO: B-47-2024/25**

The Convener of the Finance and Resources Committee presented the quarterly update to the Board covering the business conducted at its meeting on 30 January 2025. The following points were noted:

- That the lease tenure for Atlantic Quay 5 required confirmation.
- That a typographical amendment was made to the minute.

**HoFCG
ECSM**

The Board:

- **Approved** the revisions to the Care Inspectorate's Financial Regulations as contained under item 16.0.
- **Noted** the Committee's advice to the Board was that fee rates charged to care service providers in 2025/26 were not changed from the 2024/25 rate when the Board considered these at its meeting on 27 March 2025.
- **Noted** the content of the Finance and Resources Committee's draft minute of its meeting held on 30 January 2025.

16.0 ANNUAL REVIEW OF THE CARE INSPECTORATE'S FINANCIAL REGULATIONS REPORT NO: B-48-2024/25

The Board **approved** the revisions to the Care Inspectorate's Financial Regulations as confirmed in item 15.0.

17.0 EQUALITIES MAINSTREAMING REPORT APRIL 2023 - MARCH 2025 / OUR EQUALITY OUTCOMES 2025-2029 REPORT NO: B-49-2024/25

The Chief Executive introduced and the Head of Quality Improvement and Participation and the Equalities Improvement Adviser presented the report. The report provided the Board with progress against the equality outcomes from April 2021 to March 2025, the progress since the last report in 2023 and the new equality outcomes for 1 April to 31 March 2029. The following points in particular were noted:

- That the new equality outcome 1 would include reference to hearing voices more difficult to hear in relation to adults.
- That the Board welcomed the new equality outcome 4 in respect of people living with dementia.
- That the SMG had a standing item on its agenda in respect of trauma-informed practice and was working to include across the whole the organisation. It was suggested that the Board may want to take this as an action to include this for members.

Chair

The Board:

- **Congratulated** the Team on the detailed report of all the significant amount of work undertaken.
- **Noted** the progress made in mainstreaming equalities in all aspects of the Care Inspectorate's work since 2023 and the specific progress against the equality outcomes from 2021-2025.
- **Discussed** and **approved** the new equality outcomes for the period 2025-2029 subject to amendment as noted above.
- **Approved** the report and new equality outcomes for publication by 30 April 2025.

OPERATIONAL ITEMS

18.0 UPDATE ON NEW STRUCTURE

The Chief Executive provided an update on the new model of operation and structure, which followed on from discussion at the Finance and Resources Committee and the distribution to all Board members of the timeline for implementation. The following points were noted:

- That the Care Inspectorate was successful in its recruitment to two new posts with the Digital and Data Directorate.

- That Human Resources continued working with displaced staff and exploring options for them.
- That the merging of two Directorates had gone well.
- That the staff survey was more positive than expected despite it being completed during the uncertainty of the review of the structure at that time.

The Board:

- **Noted** the update.

19.0 PLANNING FOR BOARD DEVELOPMENT EVENT PROGRAMME 2025/26 - REPORT NO: B-50-2024/25

The Executive Director of Corporate Services introduced the report which provided the Board with a proposed schedule of Board Development Events during the 2025/26 cycle, including a provisional date for a Board Strategic Event in the autumn. Members made the following comments:

- That the programme appeared to be heavily focussed on children.
- That there was a typographical error at item 1.0 of the report which should read '24 April 2025'.
- That there was a risk of confusing Board Development and Strategic Events.
- That a programme of 'master classes' may be useful.
- That clarity was required in respect of items being considered via teams or face-to-face.
- That an Organisational Values and Culture and Corporate Parenting 'workshop' would be useful. Organisation Values and Culture would be added to the Board's effectiveness session.
- That the consideration of joint learning with the SSSC would be added to the agenda for discussion at the Joint Care Inspectorate/SSSC Development Event to be held on 19 March 2025.
- That it would be helpful to have a session on trauma-informed practice and behaviours.

The Board:

EDoCS

- **Noted** the report.
- **Noted** that an updated programme would be circulated via e-mail to members for Board approval.

STANDING ITEMS

20.0 STRATEGIC RISK REGISTER MONITORING REPORT NO: B-51-2024/25

The Executive Director of Corporate Services introduced the report, which outlined the Strategic Risk Register monitoring position for the Board's consideration, taking account of the discussions held at the Audit and Risk Committee meeting of 19 December 2024.

The Board:

- **Considered** and **reviewed** the risk monitoring position.
- **Approved** the change to the strategic risk register in respect of strategic risk 1 'Financial Sustainability, as confirmed in item 14.0.

21.0 BOARD SCHEDULE OF BUSINESS 2024/25

The Board:

- **Reviewed** and **noted** the schedule of business.
- **Agreed** to split the agenda to include headings for items 'for information' and 'for noting'. This was to allow for longer time for discussion items.
- **Agreed** that if members would wish to ask any questions on items for noting or information that the Chair would be notified in advance.

ECSM

22.0 ANY OTHER COMPETENT BUSINESS

22.1 Direct Debit Transfer Of Sponsorship Report No: B-52-2024/25

The Executive Director of Corporate Services explained that Board approval was required for the direct debit application process for the transfer of Sponsorship to the Government banking service.

The Board:

- Considered and **approved** the direct debit application process for the transfer of Sponsorship to the Government banking service.

23.0 CLOSE OF PUBLIC MEETING AND DATE OF NEXT MEETING

The date of the next meeting was noted as 27 March 2025, as a single item meeting to consider the draft budget and indicative budgets. Item 24 on the agenda was then taken in private session and a separate minute recorded.

Signed:

Doug Moodie, Chair

Version: 0_2	Status: <i>Draft</i>	Date: 19/02/2025
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BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments Completed
Actions from 9 May 2024					
10.0	STRATEGIC WORKFORCE PLAN 2023-2026: YEAR 1 PROGRESS REPORT – REPORT NO: B-05- 2024/25	Provision of a mid-year update on the action plan.	HoOWD	Following staff survey, Sept 2024	This work is ongoing Status at 29.5.25 Detailed progress report presented to Finance and Resources Committee meeting of 13.5.25 Information also contained under section 4.11 of the CE Report to Board Completed
15.0	COMPLAINTS ABOUT THE CARE INSPECTORATE: ANNUAL PERFORMANCE REPORT 2023/24 - REPORT NO: B-10- 2024/25	<ul style="list-style-type: none"> For next annual report, include information on types of complaints and their sources, any recurring issues and actions being taken to address these. Board to have oversight of data on a six-monthly basis. 	HoOWD HoOWD	May 2025 Update at next Board meeting	Report submitted to Board on 5.6.25 Completed

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Actions from Public Meeting on 13 February 2025					
9.0	CORPORATE PLAN 2026 ONWARDS REPORT NO: B-42-2024/25	Additional time to be built into the analysing of the consultation responses in the autumn. Board Strategic Event to be arranged for 19 March 2025, following the Joint Care Inspectorate/SSSC Development Event	HoCPC CE/Chair	In accordance with timeline	Completed
15.0	FINANCE AND RESOURCES COMMITTEE UPDATE TO THE BOARD (MEETING HELD 30 JANUARY 2025) REPORT NO: B-47-2024/25	The lease tenure for Atlantic Quay 5 required confirmation. Typographical amendment was made to the minute.	HoFCG ECCSM		Completed Completed
17.0	EQUALITIES MAINSTREAMING REPORT APRIL 2023 - MARCH 2025 / OUR EQUALITY OUTCOMES 2025-2029 REPORT NO: B-49-2024/25	The Chair to consider if Trauma-Informed practice be a standing item for Board (as it is for SMG agendas)	Chair		Session on trauma-informed practice scheduled for Board Development Event during 2025/26 cycle Completed

19.0	PLANNING FOR BOARD DEVELOPMENT EVENT PROGRAMME 2025/26 - REPORT NO: B-50-2024/25	Updated programme to be circulated via e-mail to members for Board approval.	ECCSM		Updated programme added to agenda for BDE being held on 24 April 2025 Status at 28.5.25 Awaiting approval/feedback on redrafted programme
21.0	BOARD SCHEDULE OF BUSINESS 2024/25	Re-format the Board agenda to include headings for items 'for information' and 'for noting'.	ECCSM/CE/Chair	Post-meeting	Following discussion with Chair and CE, agreed that format of agenda is currently reflective of the Board's responsibilities set out in the RoP&SoD. No split to be made therefore but details of "for noting/discussion/decision" to be added after each report item on agenda Completed
Actions from Private Board Meeting on 27 March 2025					
4.0	2025/26 DRAFT BUDGET AND INDICATIVE BUDGETS 2026/27 AND 2027/28 – REPORT NO: B-54-2024/25	Report to be re-worded at section 8.1 for clarity, where it refers to inflation levels and the cost of living crisis.	HoFCG	Immediate	Completed
5.0	DRAFT SCHEDULE OF BUSINESS 2025/26	Amend schedule to show annual report and accounts against the September 2025 Board meeting for approval.	ECCSM	Immediate	Completed

Actions from Private Board Meeting on 24 April 2025					
Non-Agenda item	Delivery Reference Group	Draft Terms of Reference for new working group (as agreed by the Board) to be circulated to members for comments/agreement.	Board Member Paul Gray	Immediate	Completed
4.0	SCRUTINY AND ASSURANCE PLAN 2025 TO 2026 – CAPACITY - REPORT NO: B-55-2025/26	<p>Presentation slides to be circulated to Board members post-meeting</p> <p>The amount of working hours required for statutory and non-statutory inspections, including time spent on preparing reports, travel time etc to be provided to members once complete.</p>	EDDD/ECSM EDDD	<p>Immediate</p> <p>On finalisation of the figures</p>	<p>Sent to Board on 29.4.25</p> <p>Completed</p>

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

BOARD MEETING 5 JUNE 2025

Agenda item 7
Report No: B-01-2025/26



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

EXECUTIVE SUMMARY

This Chair's update will sum up some of my activities since the public Board meeting held on 3 February 2025.

The Board is invited to:

1. Note the information contained in this report.

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

Equality Impact Assessment

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

Data Protection Impact Assessment Screening

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	(One is planned or is already in progress, but Info Gov is aware)	Reason: There are no data considerations or no sensitive data is being processed.

BOARD MEETING 5 JUNE 2025**Agenda item 7****Report No: B-01-2025/26**

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

Reason for Confidentiality/Private Report:

Not applicable - this is a public board report.

Reasons for Exclusion

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

CHAIR'S QUARTERLY UPDATE**1.0 FINANCE AND RESOURCES COMMITTEE**

Our Finance and Resources Committee continues to make good progress with a range of topics being discussed and assessed by all involved. Not least of which is enhancing our understanding of the core relationships between our people and finances.

2.0 BOARD MEMBER APPRAISALS

Board appraisals have been completed, and I would like to thank all Board members for their contributions and assistance in this matter. We streamlined the process a little more this year, as well as using the opportunity for some catch-up and discussions on how we see the Care Inspectorate evolving over the coming years to meet the challenges and opportunities which undoubtedly lie ahead. It was pleasing to also complete the process well ahead of schedule without it moving towards the core summer season.

Thank you again to everyone involved, and especially to Jane McIntosh for her support and keeping all of us on track.

3.0 JOINT CARE INSPECTORATE/SCOTTISH SOCIAL SERVICES COUNCIL DEVELOPMENT EVENT – 19 MARCH 2025

We held a joint session bringing together members of the Care Inspectorate and the Scottish Social Services Council (SSSC), including members and executive teams from both organisations.

The event focussed on the working relationship, opportunities, joint challenges, shared services and co-operation between both organisations. We also used the opportunity to get to know one another better and harness a joint understanding and collaboration to a greater effect. It was also interesting to identify opportunities where data and the sharing of core data can help make us both stronger and more agile in serving our respective people and sectors.

There was a strong sense of positivity and shared purpose among all attendees, and it was agreed that further joint sessions will be scheduled to continue this momentum. Special thanks go to the team who organised and co-ordinated the event as well as to the presenters who gave their time and insight to help us better understand the opportunities and challenges.

4.0 KING'S SUMMER GARDEN PARTY 2025

I am delighted to confirm that several representatives of the Care Inspectorate were selected to attend the King's Summer Garden Party in Edinburgh for 2025.

I would like to thank everyone who was nominated and hopefully those unsuccessful this time will get an opportunity in the future. The Board and I look forward to hearing about the experiences of the day of those attending.

5.0 SSSC STRATEGIC EVENT

I attended a strategic event with SSSC which was well attended and highlighted crossover opportunities with the Care Inspectorate.



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

EXECUTIVE SUMMARY

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

The Board is invited to:

- Note the information contained in the report and please contact the Chief Executive by email if you require any further information on any item.

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

Equality Impact Assessment

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

Data Protection Impact Assessment Screening

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
		Reason: There are no data considerations or no sensitive data is being processed.

BOARD MEETING 5 JUNE 2025**Agenda item 8****Report No: B-02-2025/26**

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

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

Disclosure after: Not applicable

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

CHIEF EXECUTIVE'S REPORT**1.0 INTRODUCTION**

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

Below are details of some of my engagement activities, covering meetings and events that I have taken part in during February, March and April 2025:

- The National Public Protection Leadership Group which consists of various public sector and Scottish Government colleagues and I to discuss and have oversight of Public Protection development needs and areas of concern across Scotland.
- The Public Service Reform (PSR) Summit at which the focus is on the upcoming publication of the Scottish Government's Public Service Reform Strategy.
- A session with Scottish Government and Scottish Social Services Council (SSSC) regarding financial viability for the social care sector which included discussion on the impact and risks of eNICS increases.
- Collaborative Response and Assurance Group (CRAG) meetings on delayed discharge improvement and performance. These are chaired by the Minister for Social Care, Mental Wellbeing and Sport and include various Chief Executives and Scottish Government colleagues.
- Regular meetings with Ministers, Sponsor Branch and other Regulators.

2.0 POLICY AND STRATEGIC DEVELOPMENT**2.1 Key Policy updates**

We are preparing for our oral evidence session at the Health, Social Care and Sport Committee at the Scottish Parliament. The Executive Directors of Assurance and Improvement and I are attending a meeting of the Committee on 10 June 2025.

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

- The Care Reform (Scotland) Bill (formerly the National Care Service (Scotland) Bill) as it was amended at Stage 2
- Reviews and proposals relating to the Care Quality Commission and Ofsted
- Scrutiny of the Education (Scotland) Bill, which has reached Stage 2
- The continued progress of the Criminal Justice Modernisation and Abusive Domestic Behaviour Reviews (Scotland) Bill, currently at Stage 2
- The introduction of the Restraint and Seclusion in Schools (Scotland) Bill
- Key publications and developments relating to other areas of policy, including The Promise, the Right to Addiction Recovery (Scotland) Bill, SDS

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improvement plan 2023-2027 and the Independent Commission on Sentencing and Penal Policy.

We submitted responses to consultations on:

- Criminal Justice Modernisation and Abusive Domestic Behaviour Reviews (Scotland) Bill
- Developing a universal definition of 'care experience'
- Equality and Human Rights Mainstreaming Strategy
- Future of foster care
- Expanding the SSSC Register

2.2 Guidance for Children and Young People's Services on the Inclusion of Transgender Including Non-binary Young People

Following the Supreme Court ruling we updated and reissued our 'Guidance for children and young people's services on the inclusion of transgender including non-binary young people'. This also took into account the interim guidance published by the EHRC.

2.3 Covid-19 Learning Review

We have completed a Learning Review of the Care Inspectorate's response to the Covid-19 Pandemic. This was held over the course of two days in February and April 2025. A report on this is currently being compiled.

2.4 Early Learning and Childcare (ELC) Quality Improvement Framework

Early Learning Childcare (ELC) Quality Improvement Framework pilot inspections have been completed. We undertook 54 Care Inspectorate inspections and five shared inspections with Education Scotland. The feedback from the pilot inspections will be used to inform our methodology moving forward. Feedback from those services taking part in the pilots has been largely positive. The Methodology team is working on a report regarding this. We are now planning additional content to be delivered in sector specific webinars and a range of publicity across our social media channels to support the introduction of the framework as our methodology from September 2025. To support this activity, we have successfully recruited a team manager and two inspectors on a twelve month secondment, with additional funding provided by Scottish Government.

2.5 Regulation of Child Contact Centres

The Chief Inspector, Children and Young People, a service manager and a team manager have begun to engage with the sector in respect of the regulation of child contact centres. Colleagues attended a meeting with Relationship Scotland that involved their managers from across Scotland. We have provided reassurance to providers about our process of scrutiny. Specific events will be scheduled for the sector once the legislation is finalised.

2.6 ELC Inspection Focus

The inspection focus area for ELC was launched at the start of the inspection year, a Provider Update was shared with the sector to advise of the approach. For our inspections from April 2025, we are undertaking a focus area to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This is following on from our activity to reduce incidents of children leaving settings unobserved by staff, including our very successful Keeping Children Safe - look, think, act Campaign. The focus area should not create additional work for services but will provide a system for Inspectors to collate and report on key themes relevant to the issue.

2.7 Care Home Design Guide

We are in the process of reviewing our Care Home Design Guide to ensure this remains aligned to good-practice and in turn supports sustainable service development within Scotland. To help inform the review, we have sought feedback from people experiencing care, family carers, staff and providers of services; as well as undertaking a detailed analysis of information held by us from our regulatory and improvement work. The Chief Inspector, Registration and Complaints is in the process of developing an options paper for discussion at the Assurance and Improvement Directorate meeting and for approval at the Strategic Management Group (SMG) thereafter.

2.8 Complaint and Protection Investigations

Following feedback from our Complaint's inspection colleagues, we are enhancing our procedures to allow complaint investigations to proceed in tandem with the Lead Agencies protection concern investigation. This means that when there are matters within the remit of the Care Inspectorate to investigate, we will not wait for the Lead Agencies investigation outcome before pursuing.

2.9 Equally Safe at Work

Progress towards achieving the Equally Safe at Work accreditation is ongoing. A focus group, facilitated by Close the Gap, and a staff survey were conducted to gather feedback from female business support colleagues. The data obtained from these initiatives will be analysed to provide a comprehensive understanding of staff experiences. The findings are anonymised to protect participants and Close the Gap will provide a report on their findings. This is a requirement for the accreditation.

2.10 Supporting the incorporation and implementation of Human Rights for Children and Adults

The Head of Quality Improvement and Participation continues to support national developments around the incorporation and implementation of human rights for both children and adults. With the Human Rights Bill for Scotland delayed until 2026 a national delivery group has been set up to support and accelerate the ways in which human rights can be incorporated. The first meeting of this national

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group took place in April 2025. The organisation continues to be represented at the national strategic implementation board for the incorporation of the United Nations Convention on the Rights of the Child (UNCRC) and Scottish National Action Plan for Human Rights (SNAP 2) leadership panel.

2.11 Children's Rights and Corporate Parenting Plan

As part of our Children's Rights and Corporate Parenting plan 2024/2027, a small group of individuals have led several developments to further strengthen our offer of tailored development opportunities to the care experienced community. This has included our commitment to a guaranteed interview scheme, supporting our care experienced staff members and a modern apprentice programme for care experienced individuals. This is in addition to our ongoing volunteer development programme for care experienced individuals.

Our next phase of work focuses on strengthening our support through practical, initiatives such as exploring structured workplace learning programmes, for example working with external organisations, to bridge skills gaps.

2.12 Choosing a Childminder Campaign

We launched a range of materials to assist parents and carers when choosing a Childminder. This involved the creation of a leaflet, [webpage](#) and [podcast](#), that have been shared across our channels.

2.13 Corporate Plan 2026 onwards

Following the session with the Board in March 2025, we have begun engagement with colleagues and stakeholders on the new Corporate Plan that is being developed this year. We have engaged with 150 colleagues internally so far and have good engagement across the sectors that we regulate at our external engagement sessions. Following analysis of all the feedback, a draft will be developed for the Board's consideration and further engagement will take place in the autumn.

2.14 Review of Social Work Governance in Scotland

We published our [Review of social work governance](#) in Scotland on 6 May 2025. The review presents the key messages from our national review, and includes reflections and actions for social work services. The review of services found that overall, social work leaders and managers in Scotland worked effectively within often complicated governance arrangements. In most cases these arrangements were well understood by staff. However, inspectors also found that Scotland's social work services were finding it challenging to match supply with demand and this was exacerbated by increased levels of complexity of need and risk. This meant that social work was at risk of being unable to fulfil its statutory duties in some service areas. Scottish Government Ministers have reaffirmed their commitment to the National Social Work Agency to bring sustainable reforms that futureproof social work services in Scotland for generations to come. This allows

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for a renewed opportunity to find a different way to meaningfully address these challenges and make services resilient and sustainable.

2.15 2025 Equalities Mainstreaming Report

We supported the launch of the 2025 Equalities Mainstreaming report on 25 April. The report shows:

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

3.0 COLLABORATIVE/PARTNERSHIP WORKING**3.1 Care Inspectorate/SSSC Joint Working**

Following the joint Board and Council meeting on 19 March 2025 the Partnership Agreement has been revised by myself and Maree Allison, SSSC Chief Executive and agreed by the respective Chair and Convener. This has been circulated to Board members.

Maree Allison and I continue to meet regularly and we have both recently attended the Financial Viability meeting attended by Providers, HSPS, Chief Officers and chaired by the Scottish Government.

We have begun the Quarterly Strategic Leadership Group. Membership of this group is both organisations Chairs and Chief Executives with the intention that senior leaders will be invited in for specific items when appropriate.

3.2 Secure Accommodation Capacity in Scotland

Following considerable strain on available secure accommodation capacity in Scotland we worked closely with Scottish Government to expedite an increase in capacity. In April 2025 an additional four secure places at Rossie Secure Accommodation Service were registered by the Care Inspectorate and gained approval from Scottish Ministers.

3.3 Public Protection Scrutiny

The National Public Protection Leadership Group (NPPLG) is supporting the development of a new, national programme of scrutiny for public protection.

The Care Inspectorate is leading a Public Protection Scrutiny Working Group. This has been established to support the Scrutiny, Inspection, Assurance and Regulatory Advisory Group to the NPPLG to develop and deliver effective and

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proportionate scrutiny and assurance that supports improvements in public protection and enhances a culture of learning.

The Working Group had its first meeting in late February 2025 and will meet monthly. The Working Group is focussed on:

- Developing detailed proposals and plans for future scrutiny and improvement activities for public protection through collaborative working and co-ordination between relevant scrutiny bodies.
- Ensuring that proposals and plans are informed by effective engagement with stakeholders.
- Delivering effective and proportionate scrutiny and assurance that supports improvements in public protection and enhances a culture of learning.

3.4 Getting it Right for Every Child (GIRFEC)

We are represented through a Strategic Service Manager on the recently formed Getting it Right for Every Child (GIRFEC) sub-group of the National Children and Families Leadership Group. The first meeting was held in April 2025. The purpose of the group is to draw on the collective experience of members to strengthen the implementation of GIRFEC and support to practitioners through improvement activity. The sub-group is a partnership between the Scottish Government and members representing national organisations. The group will regularly report progress on its work programme to the wider National Children and Families Leadership Group to inform one of its agreed key priorities for 2025-2026 – To strengthen the implementation of GIRFEC.

3.5 ELC Quality Conversations

ELC undertook their quality conversations event with over 50 colleagues from the sector joining the event via Teams.

Topics covered included:

- Recent statistical trends in registered services for Early Learning and Childcare
- Quality evaluations at 31 January 2025
- Overview of the SIMOA campaign and resulting impact on number of incidents
- Trust, Connection and Emotional Security
- An overview from our Improvement team colleagues on their programme to date.

3.6 Schedule 12 Care Service Definitions and the Health and Social Care Standards Review

The Chief Inspector, Registration and Complaints and the Head of Legal Services continue to liaise with, and support, the Scottish Government's review of the s12 definitions and Health and Social Care Standards. To date, we have attended the

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steering and short life working groups, as well as meeting with the project leads ad-hoc and at their request, to provide feedback on both workstreams aims and drivers, reinforcing the importance of any review being rights-based.

3.7 Webinar - Preventing and managing infection in childcare and education settings, and what this means in practice

At the end of January 2025, the Health and Social Care Improvement Team (HSCIT) hosted a webinar for ELC and Children's services about how to prevent and manage infection in childcare and education settings. The idea for the webinar came from discussions with health protection colleagues about the Infection Prevention and Control (IPC) issues they were identifying within ELC settings. The webinar included practical guidance about standard IPC procedures and explored the role of the Health Protection teams and how they can help. The webinar featured a presentation by a health protection nurse specialist from NHS Grampian and a question and answer session supported by a panel of health protection nurse consultants and specialist nurses. 453 people attended the webinar and feedback was very positive.

3.8 Keeping Antibiotics Working Is Everybody's Business - Sector Webinar

In February 2025 the HSCIT hosted a webinar for Adult Social Care services about what we can all do to keep antibiotics working. The webinar aimed to raise awareness of antimicrobial resistance and antimicrobial stewardship across adult social care and to explore what they mean in practice. The webinar featured presentations from two antimicrobial stewardship nurses and a principal educator from NHS Education for Scotland, as well as a question and answer session. The webinar was well received by the 157 people who attended.

3.9 Infection Prevention and Control – National Guidance Development

A Senior Improvement Advisor from HSCIT is participating in a national guidance development group looking at scabies guidance and we are supporting the review of the health protection in children and young people settings, including education guidance both chaired by Public Health Scotland. We are also meeting with representatives from Scottish Government about a potential Tuberculosis (TB) webinar for adult care homes due to a possible increase in cases within the sector.

3.10 Care Home Improvement Project (CHIP) Cohort 2 and Programme Evaluation

Following a successful first cohort in Greater Glasgow and Clyde and Forth Valley, the Care Inspectorate delivered the second cohort of the CHIP in Tayside and Fife, between October 2024 and March 2025. Cohort 2 enabled care homes in the Tayside and Fife areas to build connections and peer support.

Adult care homes with a grade 3 from their most recent inspection were invited to apply to take part. Participation in the programme was voluntary. Our aim was to support care home staff to apply quality improvement interventions, to improve outcomes for people experiencing care. This flash report provides an overview of

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Cohort 2 <https://sway.cloud.microsoft/dcpkjXyvSoDYgCir?ref=Link> which highlight many successes.

The CHIP team is in the process of completing a full evaluation which will provide an evaluation report. This report will provide an overview of CHIP and identify recommendations for the next cohorts of the programme.

3.11 Safe Staffing Programme (SSP)

The Care Inspectorate Safe Staffing Programme (SSP) has received a further year's funding from Scottish Government for 2025/26.

During 2024/25, the programme team provided 145 responses to Health and Social Care Partnerships and Local Authorities to support them with their reporting duties. This has included mailbox enquiries, bespoke events, meetings and webinars. The team engaged with other stakeholders and agencies about reporting duties, including COSLA, Scotland Excel, CCPS and Scottish Care. The programme will continue to work with a range of stakeholders in 2025/26 to provide ongoing support in a variety of formats as well as developing support materials online for the future.

3.12 Neurological Conditions Care Network – Ayrshire and Arran

A Senior Improvement Adviser worked with the NHS Clinical Lead for Neurological Rehabilitation, Ayrshire and Arran, to prototype a care network for neurological conditions.

A collaborative service design approach was used to improve support for people living at home with neurological conditions. This involved bringing together individuals with lived experience, their families, and professionals from health and care services in a welcoming community setting.

Over the course of seven months, 42 participants—including people with neurological conditions, family members, and care and health staff—worked together to identify the key challenges affecting quality of life and care outcomes. Through open dialogue and shared learning, they explored the barriers to achieving the best possible support at home.

From these rich conversations, 18 priority areas emerged. Further focused discussions helped the group agree on the top four priorities, which is now guiding the work of a new care network launching in July 2025.

Everyone who took part in the process has been invited to join this new network, ensuring continuity, shared ownership, and ongoing collaboration. See the comprehensive [report here](#).

3.13 Digital Social Care - PainChek

Phase 2 of the PainChek pilot project is now complete. Usage figures are very encouraging, as are outcomes when the technology is used well. There were services that lacked the digital foundations, leadership and capacity to engage with the project. However, we worked with those services that were extremely committed and provided excellent data to support the project.

3.14 Digital Social Care Webinars

The national Digital Social Care team, with support from the Care Inspectorate's Technology Enabled Care team, held a webinar on artificial intelligence (AI) in social care in May 2025. 550 people registered to attend or receive the video recording. During the webinar, we had 318 attending the 1.5-hour session. From the evaluation, 85% said they improved their knowledge, which would enhance their practice, and 85% said the webinar had increased their confidence in AI use for social care.

3.15 Self-evaluation Technology Enabled Care (TEC) Toolkit for Care Providers

A small pilot is taking place on our Self-Evaluation Digital Toolkit. There are a range of services testing the toolkit, including ELC, CYP and Adult services who are providing valuable insights on its usability, effectiveness, and impact.

Early feedback highlights its potential to drive meaningful digital improvements, ensuring services are more inclusive, secure, and future-ready. The toolkit will be refined using the feedback to ensure it meets the sector's needs before a full rollout.

We have worked closely with a collaborative from Dumfries and Galloway who will support a test of change using the Digital Toolkit starting in May 2025.

3.16 Care Experience Improvement Model (CEIM)

The Quality Improvement Support Team (QIST) continues to work in collaboration with colleagues from Healthcare Improvement Scotland (HIS), National Education for Scotland (NES) and the Scottish Social Services Council (SSSC) in the delivery of the CEIM Experience Leaders Programme. Demand for the programme has increased by 119% from Cohorts 3 to 5 and there has been a 313% increase in the amount of trained CEIM Leaders, from 16 to 66. There is a significant number of applications from the social care sector. Participation has included practitioners from the independent sector.

3.17 Scottish Care – Care at Home Conference

On 19 May 2025, colleagues from the organisation attended Scottish Care's Care at Home conference. We hosted an exhibition stand as well as delivered an interactive insight session on how we are working alongside care providers to support improvements in dementia care, and to update on the development of practical dementia resources co-designed with frontline staff.

3.18 Scottish Child Abuse Inquiry

We continue to support this Inquiry in its work, by responding to statutory notices requiring the production of information, and by giving evidence when required. The Chief Inspector, Children and Young People gave evidence on 15 May 2025 in relation to the Inquiry's current work, considering the provision of residential care in establishments for children and young people with long-term healthcare needs, additional support needs, and disabilities.

3.19 Scottish and UK Covid-19 Inquiries

The Care Inspectorate continues to engage and co-operate with these Inquiries. Both are placing significant demands upon us in terms of the provision of the information they are "requesting" or requiring, invariably upon timescales which are extremely demanding, having regard to the nature, quantity and detail of the information they are seeking. The UK Covid-19 Inquiry will hold hearings in relation to adult social care in London, in July.

4.0 WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM ENGAGEMENT**4.1 Adult Volunteers Recruitment and Planned Induction**

Participation co-ordinators have been working hard to increase the opportunities for our volunteers and recruit a new cohort for the adults programme. This has included active engagement with local organisations through outreach work, the establishment of good relationships and promotion of opportunities through our communications. We had approximately 70 applicants and are currently in the stages of shortlisting, interviewing and organising training. We are hoping to take forward a minimum of 10 successful applications to the next stage. We will run another recruitment campaign later in 2025.

4.2 Promoting Accessibility and Inclusion through Easy Read and Photo Symbols

Work is underway to enhance accessibility and inclusion in reading materials that we provide to people experiencing care. Training on the creation and use of Easy Read formats and photo symbols has been provided to relevant staff within the organisation. These have included strategic inspectors, colleagues in the Communications team, the Participation and Equalities team, Methodology and inspectors across ELC, Adults, and Children Young People regulatory teams. Efforts are underway to adapt key information materials into accessible formats. This will be supported by a learning community within the Care Inspectorate to ensure that there is quality assurance and support in place in the early stages of the work.

4.3 Employee Engagement

In January 2025, we held our first 'in-person' Executive Team webinar of the year, with 305 colleagues attending. A short poll afterwards showed that staff preferred

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this format, finding it more interactive and informative. We used the session to launch our updated values and promote our 2025 calendar, which features the 12 photo competition finalists. Each month, the calendar highlights one of our values alongside a health and wellbeing theme. To support this, we're sharing monthly intranet articles that signpost useful resources and encourage team discussions. We have also launched our executive team blogs, which have had a great response so far.

4.4 Inspector Recruitment

At the beginning of Q4 2024/25, we launched our 2025 Inspector Campaign. This marked our largest ever response, with 306 candidates invited to the stage 1 written assessment. A total of 206 candidates were then interviewed and we have 75 appointable candidates which is an extremely successful campaign, which exceeds the number of posts we have, we will therefore be offering some candidates the opportunity to be placed in our 'talent pool' for consideration in respect of future vacancies.

A high-volume campaign with these numbers required a huge effort from the recruitment team and support from across the Assurance and Improvement Directorate.

4.5 Achievement of Disability Confident Level 3

We are proud to announce our achievement of Disability Confident Level 3 status, becoming a recognised Disability Confident Leader. This recognition highlights our commitment to creating an inclusive workplace for disabled individuals.

Achieving Level 3 means we are dedicated to employing and supporting disabled people and actively promoting disability confidence within our business community. As a leader, we champion best practices, influence networks, and encourage other organisations to follow our example.

We received a report in Q4 validating our move from Level 2 to Level 3 which confirmed our adherence to high standards and commitment to disability confidence. This achievement reflects our dedication to inclusivity and excellence.

4.6 PROFESSIONAL DEVELOPMENT AWARD (PDA)

In April 2025, the 5th cohort of regulated care inspectors completed the PDA. The course, and the supporting assessment centre, continue to receive excellent evaluations from the SQA and SSSC (our external qualification regulators). For the most recent external verification evaluations, five areas of excellence were highlighted. Cohort 5 graded unit projects are making valuable contributions to practice developments within the Care Inspectorate and with services/providers. The 6th cohort of regulated care inspectors commenced in May 2025. This includes 39 candidates from across all specialisms and representing all professional registration bodies.

BOARD MEETING 5 JUNE 2025**Agenda item 8****Report No: B-02-2025/26****4.7 Launch of Revised Core Values and New Cultural Aspirations**

Revised core values and new cultural aspirations were launched in early 2025. The values and cultural aspirations reflect who we are, what we stand for and the culture we want to create. They have been shaped through extensive consultation with staff, managers and leaders, and our joint trade union colleagues. The launch is just the start - the real impact will come from how we all bring the values to life in practice every day - in how we work together, make decisions and how we deliver for people experiencing care in Scotland. Over the coming weeks and months, colleagues will be supported to embed them into everything we do, making our workplace somewhere we all feel valued, recognised and supported. This will include the development of a shared values and culture framework, which will extend the descriptors of each value in practice and recognise responsibilities for behaviours at all levels of the organisation.

4.8 Skills Matrix Launch (Regulated Care Inspectors)

Skills matrices for regulated care Inspectors have been launched. The matrices have been designed to support development by outlining the core and specialist skills, knowledge and experience required for the role. They align learning and development with the organisations goals and act as a tool to help Inspectors plan their development, achieve their goals and maintain their professional registration requirements.

4.9 Staff Survey Action Plan

Following analysis of data from the 2024 staff survey and extensive follow-up feedback from 62 teams, four priority themes were identified for improvement: organisational culture (including connection to the organisation, leadership, and voice and decision making); change management; learning and career development and the Partnership Forum. The Staff Survey Action Plan has been designed and structured accordingly, covering short, medium and long-term activities. Aligning with our core values and supporting our cultural aspirations, the action plan reflects a commitment to listen, learn, and improve together. It has been shaped collaboratively through consultation with the staff survey planning group, the Partnership Forum and the Finance and Resources Committee. The Action Plan will be published in late May along with guidance to support all teams to contribute to its effective delivery. The Plan will be reviewed and monitored on an ongoing basis, with a formal annual progress report being produced.

4.10 Wellbeing Action Plan

A new Wellbeing Action Plan was launched in April 2025. This builds on the strong foundations already in place to support colleagues and ensures a cohesive and strategic approach to wellbeing. By consolidating wellbeing support currently delivered across different teams, the plan provides a clear and focused framework to enhance awareness, accessibility, and impact. It also aligns with external standards and best practices, reinforcing our commitment to maintaining a healthy, supportive, and high-performing organisation. Recognising the ongoing challenges of sustained workload pressures, organisational change, and

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uncertainty, this plan seeks to proactively embed wellbeing considerations into our culture, policies, and ways of working—supporting both individual resilience and organisational effectiveness.

4.11 Strategic Workforce Plan Progress Report

At the end of its second year, a progress report on delivery of the commitments in the Strategic Workforce Plan (2023-2026) has been shared with SMG, Partnership Forum and the Finance and Resources Committee. Overall, significant progress continues to be made to deliver on our three workforce priorities – living our values, building organisational capacity and capability; and shaping the future. As we enter year 3 of the strategic workforce plan, we have taken stock of the remaining activities to ensure these continue to be relevant and can be delivered within existing resources.

5.0 ORGANISATIONAL TRANSFORMATION**5.1 Stage 2 Digital Transformation**

Work on Stage 2 continues at pace. In April 2025 we had the opportunity to share with the Project Board and Digital Assurance and Advisory Group (DAAG) a very early demo on what some of the early functionality would look and feel like on the new platform. This was very well received by colleagues and members of the DAAG.

We also received the outcomes of some commissioned work focussing on a Data Readiness Assessment. The key recommendation from this work was to bring Registrations and Complaints into the scope of Stage 2. Following our project governance process which included our Project Board, DAAG and Audit and Risk Committee we have agreed to progress with bringing these areas into the scope of the project. Overall it will now add an additional three months to the project and at the time of writing this update the team is reviewing the detailed plan and working on a formal Contract Change Note with our delivery partners.

As we move into June the project team will be engaging at pace with colleagues on the early design work that has been undertaken and taking feedback to enable the project to get to a position during the alpha phase to secure agreement on design especially in some of the more complex areas of the functionality. We also have lined up a number of external sessions with Service Providers along with bodies such as Scottish Care.

Over the summer there will be additional service design sessions on Registrations and Complaints keeping true to the commitment of the project always putting the users at the heart of the design of what we build.

In preparation of Stage 2 and given the pace of Artificial Intelligence and the appetite for public sector to accelerate its thinking in this space we are putting in place some interim steps to utilise this technology. This will be primarily around Inspector Support e.g. Notetaking and possibly a few other areas subject to agreed Use Cases with agreed benefits that can be tracked & utilised for the

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organisation. It should be noted that while accelerating in this area we have been very clear that this is not at the expense of not adhering to good governance and ensuring we are managing the risks. The appropriate documentation in this will go to our Audit and Risk Committee.



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Authors:	Ingrid Gilray, Intelligence and Analysis Manager Sophie Siegel, Senior Intelligence Analyst Kaisha Wallace, Intelligence Researcher		
Responsible Director:	Gordon Mackie, Executive Director of Digital and Data		
Appendices:	1.	Key Outcome Indicators (KOIs) and Scrutiny and Assurance activities	
	2.	Technical notes	
Consultation:	N/A		
Resource Implications:	None		

EXECUTIVE SUMMARY

This report presents the Q4 2024/25 summary report on our performance and focusses on performance against the organisation's Key Performance Indicators (KPIs).

Of the 8 KPIs detailed in the Corporate Plan 2022-25, at the end of Q4 2024/25:

6 met or exceeded target.
2 did not meet the target.

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

The Board is invited to:

- | | |
|----|------------------------------|
| 1. | Discuss and note the report. |
|----|------------------------------|

Links	Corporate Plan Outcome (Number/s)	1,2,3,4	Risk Register (Yes/No)	Yes
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For Noting	X	For Discussion	X	For Assurance		For Decision	
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Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> Reason: Screening completed, and full assessment not required.

Data Protection Impact Assessment Screening		
Yes <input checked="" type="checkbox"/> Full DPIA completed	Not Yet <input type="checkbox"/>	No <input type="checkbox"/> Reason:

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

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

Disclosure after:

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

MONITORING OUR PERFORMANCE 2024/25 - QUARTER 4 REPORT**1.0 INTRODUCTION / BACKGROUND****Structure of this report**

This report sets out our performance against our agreed performance measures, under each of the four strategic outcomes in our Corporate Plan 2022-25. Further information on the work we have undertaken to deliver our strategic outcomes can be found in the Chief Executive's report to the Board. The director with lead responsibility for action is noted under each measure. Our four strategic outcomes to achieve our vision for world-class social care and social work in Scotland, where everyone, in every community, experiences high-quality care, support and learning, tailored to their rights, needs and wishes are:

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

Types of performance measure

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

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

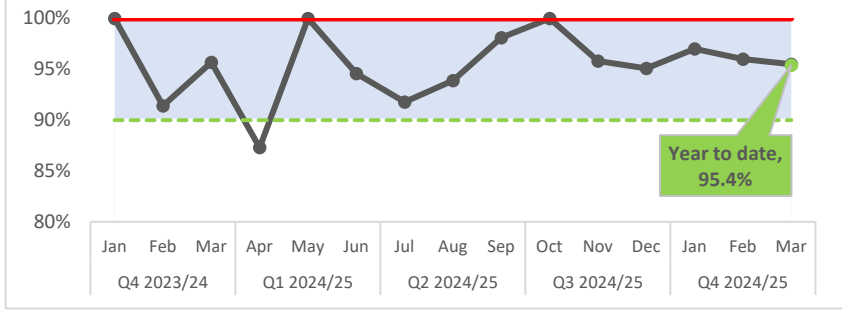
Summary of performance

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

Strategic outcome: High-quality care for all	Strategic outcome: Improving outcomes for all	Strategic outcome: Our people are skilled, confident and well supported to carry out their roles
KPI-1: % of people telling us that our scrutiny will improve care 95.4% [Target: 90%]	KPI-4: % of people telling us that our quality improvement support will improve care 91.8% [Target: 90%]	KPI-5: % staff completing core learning 78.1% [Target: 95%]
KPI-2: % scrutiny hours spent in high and medium risk services 76.5% [Target: 60-80%]		KPI-6: % staff sickness absence 5.3% [Target: 2.6%-5.2%]
KPI-3: % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) 92.1% [Target: 80%]		KPI-7: % staff turnover 5.8% [Target: <10%]
		KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work 33.5 days [Target: 30 days per month]
Colour code: Target achieved , Slightly below target , Significantly below target .		

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 MARCH 2025

Strategic outcome: High-quality care for all

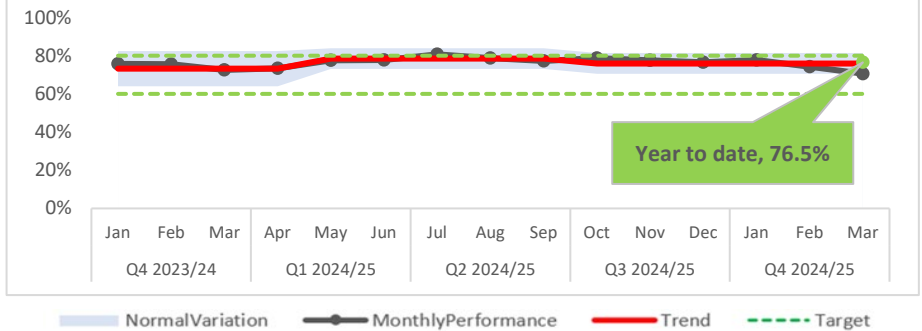
KPI-1: % of people telling us that our scrutiny will improve care		Ex Dir. Assurance and Improvement
Q4 year to date (Target 90%)	95.4% (1,003 responses)	 <p>Year to date, 95.4%</p>
KPI/KOI links:	KPI-4	
Analysis: <ul style="list-style-type: none"> Target met. 95.4% of respondents agreed our scrutiny will improve care in 2024/25, similar to 96.0% in 2023-24. The highest proportion of responses were Inspection Satisfaction Questionnaire (ISQ) responses from staff & managers (87%, 877 of the 1,003 responses). ISQ responses from people who use services, relatives and visitors remains low (2%, 23 of the 1,003 responses). We received 103 Registration Experience Applicant Feedback Survey responses which is a response rate of 19.7% in relation to the number of registrations completed. The number of ISQ responses from staff & managers fell during Q3, and continued to fall during Q4. Actions: <ul style="list-style-type: none"> Increase response rates: <ul style="list-style-type: none"> We continue to issue regular reminders to inspection staff to give out surveys to people who use care services, relatives and visitors whilst on the inspection visit. During Q3 we replaced the interim online Inspection Satisfaction Questionnaire (ISQ) for staff and managers with a longer term solution that will enable more detailed analysis and reporting of responses. Response rates have dropped over the last two quarters. We are exploring several practical actions to improve the response to these surveys. For example, initially we are exploring how we can change the communication that goes out to make the questionnaire link more prominent. 		

KPI-2: % scrutiny hours spent in high and medium risk services

Ex Dir. Assurance and Improvement

**Q4
year to date
(Target 60-
80%)**

**76.5%
(152,279 of
199,157
hours)**



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

Analysis:

- Performance remains within target range and normal limits.
- Time spent in high risk services is higher at the end of Q4 compared with the same period last year (72.7%).
- We usually spend a higher proportion of time in high-risk services at the start of the year as these are prioritised for inspection first, however this year the proportion spent in high risk services has remained between 77% and 81% each month between May 2024 and January 25. It was slightly lower in February and March 25 at 74% and 71% retrospectively.

Actions:

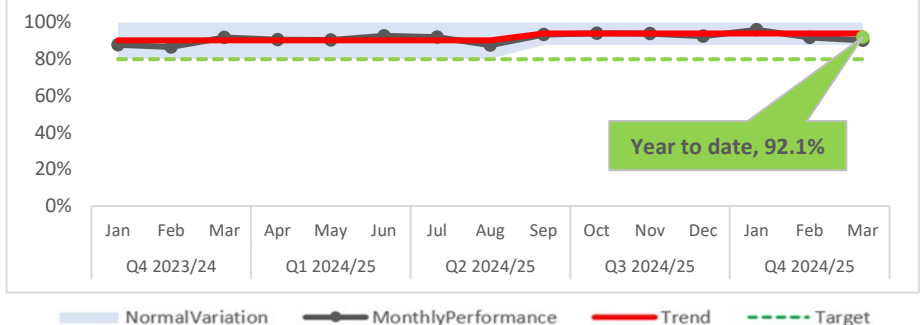
- We will continue to deliver our scrutiny plan and monitor our performance.

KPI-3: % of complaints about care resolved within relevant timescales

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

**Q4
year to date
(Target 80%)**

**92.1%
(2,021 of
2,194
complaints)**



KPI/KOI links KPI-2, KPI-6

Analysis:

- At the end of Q4, performance was above target and within normal limits, maintaining the high level of complaints resolved within timescales.
- The performance of 92.1% across the year 24/25 is higher than 23/24 when it was 87.6% at the year end.

Actions:

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

Strategic outcome: Improving outcomes for all

KPI-4: % of people telling us that our quality improvement support will improve care		Ex Dir. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)
Q4 year to date (Target 90%)	91.8% (1,003 of 1,092 responses)	
KPI/KOI links:	KPI-1	
Analysis: <ul style="list-style-type: none">At the end of Q4 performance is slightly above target of 90%, based on responses from those who have recently undergone some quality improvement support input. Actions: <ul style="list-style-type: none">We will continue to monitor performance at a monthly frequency.		

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

KPI-5: % staff completing core learning		Ex Dir. Corporate Services
Q4 year to date (Target 95%)	78.1%	
KPI/KOI links:	KPI-6	
Analysis: <ul style="list-style-type: none">• Performance remains below target at 78.1%, although there has been a steady improvement over the year (65.3% in Q1, 73.3% in Q2 and 75.6% in Q3).• This measure only includes staff who have completed the required core learning across all five modules by the end of Q4. The learning required in each quarter changes considerably due to fluctuations across expiry dates. Data does not include employees who are currently exempt from the training due to long term absence which includes maternity leave, career breaks and external secondments.• Two of the core learning modules have remained close to the target of 95%: Cyber Security at 95%, Health and Safety at 95%. Equalities has remained the same at 90%. Two core learning modules are slightly below the target of 90%, but both have improved between Q3 and Q4:<ul style="list-style-type: none">○ Data Protection increased from 87% to 89%.○ Protection Level 2 has been included in the report for the first time and as a result there has been a 10% increase in Protection compliance figures rising from 77% in Q3 to 87% in Q4.• Protection level 2 is the newest addition to KPI5 and it continues to impact on the overall compliance rate. Protection level 2 has been designed for those operating at Practitioner Level and consists of a programme of seven modules. This is new content, designed for staff in Improvement, Involvement and Equalities who require a practitioner level understanding of protection.• Protection Level 3 launched in January 2025 and sessions will be delivered over an 18 month period to allow all those within level 3 to attend. This means every member staff will be required to complete the level appropriate to their role. Level 3 will be included in the reporting following the 18 month lead in period, to allow everyone time to attend.		

- Performance for Q4 is not directly comparable to last year because of the Protection Level 1 and 2 core learning module addition.

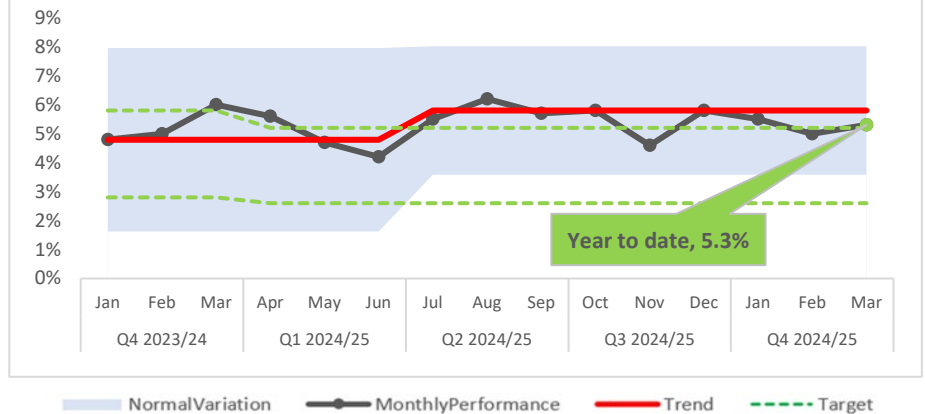
Actions:

- Manager dashboards are now in place within the LMS, to support managers to proactively track their team progress with KPI core learning modules. OWD have provided clear guidance and will continue to highlight the dashboards through multiple channels.
- As part of the OWD stakeholder meetings, core learning continues to be a topic of discussion to provide support and encourage compliance.
- OWD continue to highlight core learning topics through the regular OWD update email to all staff.
- OWD continue to work with subject area experts to ensure core learning modules for staff are appropriate and reflective of legislation. Work has commenced on a bespoke equalities core learning module for the role of inspectors. We expect to complete this by Q1 2025/26.
- Heads of Service and Executive Directors have access to the performance dashboard updated every month to monitor performance across their areas of responsibility.
- Targeted emails are issued to remind staff to complete core learning modules where the learning is close to expiry or overdue.

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

**Q4
year to date
(Target 2.6%-
5.2%)**

5.3%



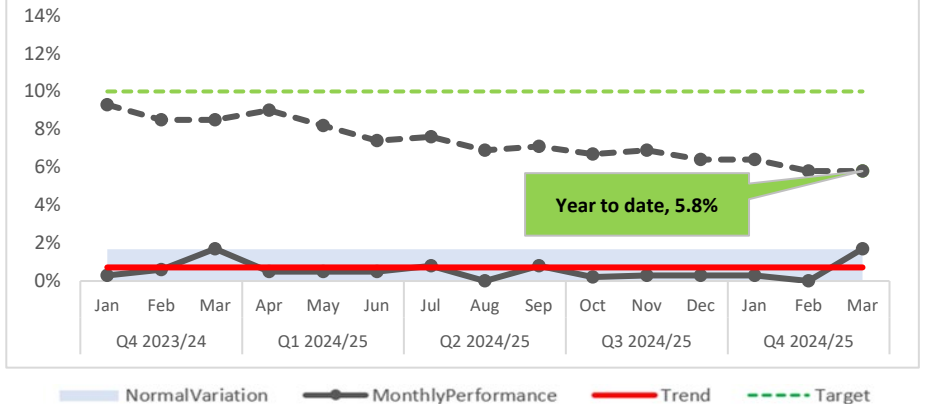
KPI/KOI links: KPI-2, KPI-3, KPI-5, KPI-7

Analysis:

- Performance is slightly above target range at 5.3%.
- Compared to Q2 and Q3 2024/25, overall absence remained the same at 5.3%. Absence in Q4 was above the target in January and March at 5.5% and 5.3% retrospectively and was below target in February at 5.0%
- Short and medium term absences were at their highest levels in 24/25 in October and January but decreased again in November and December as well as February and March to levels similar to Q1 and Q2. Long-term absence has been fluctuating over the year 2024/25 with the highest levels in April, July and August.
- 'Mental health' is the highest reason for absence – this covers many conditions from employees experiencing stress to diagnosed mental health conditions – some are also connected to employee relations cases and performance management situations.
- The next largest categories are chest and respiratory conditions followed closely by colds and flu.

Actions:

- We will support managers to monitor, analyse and understand ongoing trends.
- We are actively promoting staff health and wellbeing and continuing to support managers to manage absence effectively.
- We are progressing employee relations cases as quickly and effectively as possible to support staff going through such processes enabling a return to work where there has been absence.
- We continue to promote the use of our Sickness Self-Serve feature in MyView for reporting staff absence.

KPI-7: % staff turnover (monthly and rolling)		Ex Dir. Corporate Services																															
<div><div>Q4 year to date (Target <10%)</div><div>5.8%</div></div>	<div><table border="1"><thead><tr><th>Month</th><th>Monthly Performance (%)</th></tr></thead><tbody><tr><td>Jan Q4 2023/24</td><td>0.2</td></tr><tr><td>Feb Q4 2023/24</td><td>0.5</td></tr><tr><td>Mar Q4 2023/24</td><td>1.8</td></tr><tr><td>Apr Q4 2023/24</td><td>0.2</td></tr><tr><td>May Q4 2023/24</td><td>0.2</td></tr><tr><td>Jun Q4 2023/24</td><td>0.2</td></tr><tr><td>Jul Q4 2023/24</td><td>0.8</td></tr><tr><td>Aug Q4 2023/24</td><td>0.0</td></tr><tr><td>Sep Q4 2023/24</td><td>0.8</td></tr><tr><td>Oct Q4 2023/24</td><td>0.2</td></tr><tr><td>Nov Q4 2023/24</td><td>0.2</td></tr><tr><td>Dec Q4 2023/24</td><td>0.2</td></tr><tr><td>Jan Q1 2024/25</td><td>0.2</td></tr><tr><td>Feb Q1 2024/25</td><td>0.0</td></tr><tr><td>Mar Q1 2024/25</td><td>1.5</td></tr></tbody></table><div>Normal Variation Monthly Performance Trend Target</div></div>	Month	Monthly Performance (%)	Jan Q4 2023/24	0.2	Feb Q4 2023/24	0.5	Mar Q4 2023/24	1.8	Apr Q4 2023/24	0.2	May Q4 2023/24	0.2	Jun Q4 2023/24	0.2	Jul Q4 2023/24	0.8	Aug Q4 2023/24	0.0	Sep Q4 2023/24	0.8	Oct Q4 2023/24	0.2	Nov Q4 2023/24	0.2	Dec Q4 2023/24	0.2	Jan Q1 2024/25	0.2	Feb Q1 2024/25	0.0	Mar Q1 2024/25	1.5
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KPI/KOI links:	KPI-2, KPI-3, KPI-6																																
<div>Analysis:</div> <div><div><div>• Staff turnover was below the target and within normal limits.</div><div>• Over the year 2024/25 37 staff left the organisation, of which 23 retired and 14 left voluntarily.</div><div>• This is fewer than in 2023/24 when 58 staff left the organisation (26 retired and 32 left voluntarily). At the end of 2023/24 staff turnover was 9.1%.</div><div>• The month with the highest staff turnover was March 2025 when 11 staff left the Care Inspectorate (of which 10 retired).</div></div></div> <div>Actions:</div> <div><div>• Performance remains within control limits and we will continue to monitor performance at a monthly frequency.</div></div>																																	

KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work		Ex Dir. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)
Q4 year to date (Target 30 days per month)	33.5 days	
KPI/KOI links:	N/A	
Analysis: <ul style="list-style-type: none">• Year to date performance is above target of 30 days per month, similar to 33.6 days per month at the end of 2023-24.• During Q4, inspection volunteers (including young inspection volunteers) were involved in inspection activity on 63.5 days and other involvement activities on 48.5 days.• The inspection volunteers continue to be involved in a range of work across the Care Inspectorate. During Q4:<ul style="list-style-type: none">○ 4 adult inspection volunteers were involved in testing and reviewing the form that the complaints team intend to use after an inspection of a complaint.○ 2 of our volunteers recently had the opportunity to work alongside our inspectors and inspectors from Healthcare Improvement Scotland to review and update documents that are used in the strategic inspections of adult services		

Agenda item 9**Report No: B-03-2025/26**

- A few inspection volunteers were involved in an inspector in the complaint's team Professional Development Award (PDA). The inspector is doing a feasibility study on the use of inspection volunteers during the complaints process.
- 2 young inspection volunteers have been involved in creating a video recording of the findings of recent strategic inspection that they have been involved in.

Actions:

- We successfully concluded the inspection volunteer recruitment campaign, resulting in over 70 applicants and shortlisting 24 candidates for interviews. Next stage will be to train successful applicants.
- We started a targeted recruitment campaign specifically for young inspection volunteers. Potential interviews and training dates have been organised, and we are aiming to have new recruits starting by the end of September 2025.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

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

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

3.1 Resources

There are no additional resource implications arising from this report.

3.2 Sustainability

There are no direct sustainability implications arising from this report.

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

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

3.4 Customers (Internal and/or External)

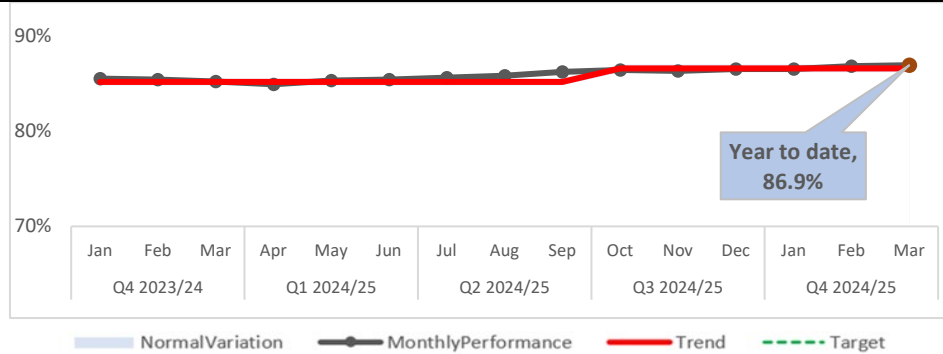
This report includes a number of measures of customer satisfaction.

4.0 CONCLUSIONS/NEXT STEPS

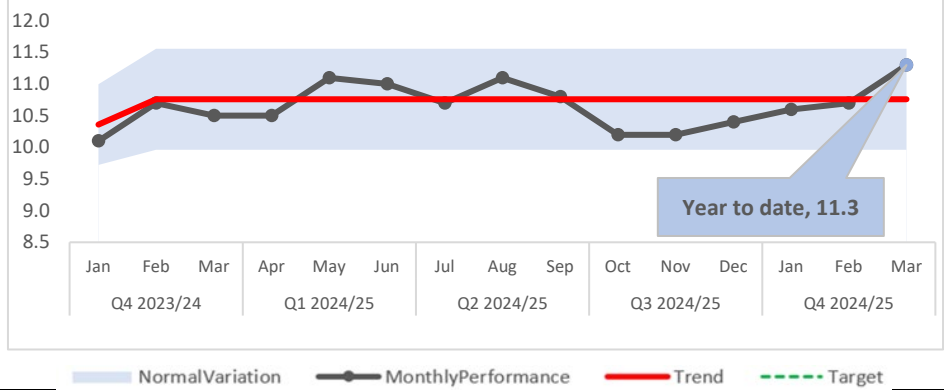
The Board is invited to discuss and note the report.

Key Outcome Indicators (KOIs) and Scrutiny and Assurance activities

Strategic outcome: High-quality care for all

KOI-1: % services with good or better grades (across all KQs)			Ex Dir. Assurance and Improvement																																																									
Q4 year to date	86.9%	<div><table border="1"><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Jan 2023</td><td>85.0</td></tr><tr><td>Feb 2023</td><td>85.0</td></tr><tr><td>Mar 2023</td><td>85.0</td></tr><tr><td>Apr 2023</td><td>85.0</td></tr><tr><td>May 2023</td><td>85.0</td></tr><tr><td>Jun 2023</td><td>85.0</td></tr><tr><td>Jul 2023</td><td>85.0</td></tr><tr><td>Aug 2023</td><td>85.0</td></tr><tr><td>Sep 2023</td><td>85.0</td></tr><tr><td>Oct 2023</td><td>85.0</td></tr><tr><td>Nov 2023</td><td>85.0</td></tr><tr><td>Dec 2023</td><td>85.0</td></tr><tr><td>Jan 2024</td><td>85.0</td></tr><tr><td>Feb 2024</td><td>85.0</td></tr><tr><td>Mar 2024</td><td>85.0</td></tr><tr><td>Apr 2024</td><td>84.9</td></tr><tr><td>May 2024</td><td>85.0</td></tr><tr><td>Jun 2024</td><td>85.0</td></tr><tr><td>Jul 2024</td><td>85.0</td></tr><tr><td>Aug 2024</td><td>85.0</td></tr><tr><td>Sep 2024</td><td>85.0</td></tr><tr><td>Oct 2024</td><td>86.0</td></tr><tr><td>Nov 2024</td><td>86.0</td></tr><tr><td>Dec 2024</td><td>86.0</td></tr><tr><td>Jan 2025</td><td>86.0</td></tr><tr><td>Feb 2025</td><td>86.0</td></tr><tr><td>Mar 2025</td><td>86.9</td></tr></tbody></table><p>Year to date, 86.9%</p></div>			Month	Performance (%)	Jan 2023	85.0	Feb 2023	85.0	Mar 2023	85.0	Apr 2023	85.0	May 2023	85.0	Jun 2023	85.0	Jul 2023	85.0	Aug 2023	85.0	Sep 2023	85.0	Oct 2023	85.0	Nov 2023	85.0	Dec 2023	85.0	Jan 2024	85.0	Feb 2024	85.0	Mar 2024	85.0	Apr 2024	84.9	May 2024	85.0	Jun 2024	85.0	Jul 2024	85.0	Aug 2024	85.0	Sep 2024	85.0	Oct 2024	86.0	Nov 2024	86.0	Dec 2024	86.0	Jan 2025	86.0	Feb 2025	86.0	Mar 2025	86.9
Month	Performance (%)																																																											
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KPI/KOI links:	KPI-2, KOI-3, KOI-4, KOI-5, KOI-6																																																											
Analysis: <ul style="list-style-type: none">86.9% of registered services had grades of good or better at the end of Q4 2024/25. The proportion of services with grades of good or better has been increasing month on month since April 2024 (84.9%) We will continue to monitor this trend closely.There is variation by type of service: adult daycare (94%), childminding (93%) and daycare of children (88%) are all statistically significantly above the average while care homes for older people (68%), care homes for adults (81%), care at home services (84%) as well as fostering services (67%) and adoption services (65%) are statistically significantly below average.Compared to Q4 2023/24 care homes for older people with good or better grades have increased by 8 percentage points and care homes for adults by 9 percentage points.																																																												
Actions: <ul style="list-style-type: none">Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches.																																																												

KOI-2: % of services with good or better grades at first inspection following registration			Ex Dir. Assurance and Improvement																																
Q4 year to date	71.2% (307 of 431 inspections)	<table border="1"><thead><tr><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr></thead><tbody><tr><td>68%</td><td>58%</td><td>55%</td><td>48%</td><td>70%</td><td>68%</td><td>70%</td><td>75%</td><td>70%</td><td>78%</td><td>62%</td><td>72%</td><td>72%</td><td>65%</td><td>80%</td></tr></tbody></table>				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	68%	58%	55%	48%	70%	68%	70%	75%	70%	78%	62%	72%	72%	65%	80%
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																					
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KPI/KOI links:	KOI-1																																		
Analysis: <ul style="list-style-type: none">Performance remains within the range of expected variation with 71.2% of services having good or better grades at the first inspection following registration this year to date.Performance improved overall during 2024/25: 71.2% compared to 67.3% at the end of Q4 2023/24. Actions: <ul style="list-style-type: none">We are continuing our analysis into grading at services' first inspections post registration with a focus on services with lower grades and services that have been re-registered.We will continue to prioritise higher risk and lower quality services' inspections following registration.We will continue to approach (re)registrations in a pragmatic and proportionate way, ensuring that service provision within localities, particularly rural areas, supports positive outcomes for people experiencing care and connectedness within their community.We continue to provide support to services throughout the registration process, setting expectations for alignment with the legislation, health and social care standards and quality frameworks used during the inspection process.																																			

KOI-3: Average time a service continues to have a grade of less than adequate		Ex Dir. Assurance and Improvement
Q4 year to date	11.3 months	 <p>Year to date, 11.3</p>
KPI/KOI links:	KPI-2, KOI-1	
Analysis: <ul style="list-style-type: none"> After an improvement throughout the year, performance has slightly decreased from an average 10.5 months at the end of Q4 2023/24 to 11.3 months at the end of Q4 2024/25 but is within the range of expected variation. At the same time the number of services that continued to have a grade of less than adequate fell from 213 at the end of Q4 2023/24 to 142 services at the end of Q4 2024/25 – a reduction of 70 services (-33%). The number of services with these poor grades is a small and reducing proportion of services: 1.3% of all non-cancelled services at the end of Q4 compared to 2.0% of services at the end of last year. This reduction also relates to improving performance against KOI-1, % services with good or better grades. At the end of Q4 most services (67%) had these grades for less than the average of 11.3 months. Of the 142 services: <ul style="list-style-type: none"> 33% (47 services) were equal to or above the average of 11.3 months. 67% (95 services) were below the average of 11.3 months. 38% (54 services) had the grades for less than 6 months. 48% were early learning and childcare services, 30% were adult services and 22% were children and young people services. 5 services were inactive services. Inspections continue to be mainly focussed on services where we have concerns (see KPI-2), which are likely to have lower grades following inspection. Furthermore, a number of these services have ongoing enforcement action against them. Grades of poorly performing services will not be increased until we are confident there has been an improvement in quality which can be sustained long term – meaning this measure will be slow to improve especially against the backdrop of financial and staffing pressures in the sector. 		
Actions: <ul style="list-style-type: none"> Continue to focus on higher risk services as evidenced by KPI-2. Continue to use the performance dashboard to ensure that scrutiny managers have clear oversight of services with grades of less than adequate. 		

KOI-4: % of services with expected grades or better		Ex Dir. Assurance and Improvement
Q4 year to date	98.9% (791 of 800 inspections)	
KPI/KOI links:	KPI-2, KOI-1, KOI-3	
Analysis: <ul style="list-style-type: none">• Performance remained high up to the end of Q4 with 98.9% of services getting expected grades or better. This is slightly higher than at the end of Q4 2023/24 with 97%.• The continued high performance in this measure provides assurance that good quality services are not declining while we continue to focus scrutiny on high risk services. Actions: <ul style="list-style-type: none">• Continue to monitor this measure.		

Scrutiny and assurance activity

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

Registered care services

	Q4 Year to Date 2023/24	Q4 Year to Date 2024/25	2024/25 vs 2023/24 year to date % change
Inspections completed	4,584	4,407	-4%
Serious concern letters issued	48	26	-46%
Improvement notice enforcements	32	33	+3%
Notice to cancel enforcements	4	2	-50%
Condition notice (incl emergency condition notice)		3	+100%
Total complaints resolved (not inc. concerns logged as intelligence)	2,184	2,194	+0.5%
New registrations completed	452	522	+16%
Number of variations completed (not inc. typographical changes)	1,593	1,602	+0.6%

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

Overall the number of inspections completed in 2024/25 is 4% lower than in the same period last year. The decrease in number of inspections completed is not the case for all teams, as some have completed a similar amount or more inspections compared to the previous year. For those teams that have completed less inspections there are a number of reasons for fewer completions such as staff vacancies, higher sickness rates compared to last year, and a number of enforcement cases that affect all inspection teams. There are other team specific reasons where some of the staff have been working on other projects such as shared framework in early learning and childcare teams.

The number of submitted registration applications has increased during 2024/25 compared to previous years. In May 2024, the registration team embarked on an improvement journey to bring about efficiencies within the function. This included providing applicants with high level feedback earlier in the process, allowing them to enhance the competence of their submission more timeously, and greater quality assurance oversight of caseloads by team managers. The increase in the number of completed registration applications is one of the outcomes of this work.

Strategic Inspections

	Q4 Year to Date 2023/24	Q4 Year to Date 2024/25
Inspections completed (published)	21	15
Total staff survey responses received	5,759	5,950
Total people experiencing care engaged with	649	366
Total number of case files read	1,397	491
Number of serious incident reviews received	Please see note below*	76
Learning reviews received (those that have proceeded to a learning review)		27
Learning review notifications received (notifications we have received that have not proceeded to a learning review)		52
Other review reports received		8

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

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

There was a 65% drop in the number of case files read compared to last year. This is due to fewer inspections completed overall, our focus on fewer but larger thematic inspections and a change in the Adult Support and Protection inspection methodology in 24/25 where the focus is on staff surveys and fewer case files.

Strategic outcome: Improving outcomes for all

KOI-5: % of services with >90% of people telling us they are happy with the quality of care and support they receive		Ex Dir. Assurance and Improvement
Q4 year to date	91.2% (1,881 of 2,062 services, from 35,450 responses in total)	
KPI/KOI links:	KOI-7	
Analysis: <ul style="list-style-type: none">Up to the end of Q4, 91.2% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive.By the end of Q4 we had received 35,450 questionnaires*, an increase of 46% on the 24,322** we received last year. This increase can be attributed to the extensive work in developing new questionnaires and the distribution of those.		
Actions: <ul style="list-style-type: none">We have continued our work to develop questionnaires, including in a wider range of formats.Surveys for people who use services are available in paper and online formats, while surveys for relatives, staff and other professionals are available as online versions only.		

- We have recently developed an accessible document using the recommended photo symbols. The roll-out of this questionnaire is still in progress, we anticipate the easy read questionnaire will be finalised and accessible by the conclusion of Quarter 1.

*figures as at 10 April 2025

**revised figure for 23/24

Improvement support and external communications summary year to date

	Q4 Year to Date 2023/24	Q4 Year to Date 2024/25	2024/25 vs 2023/24 year to date % change
External improvement support events	215	73	-66%
Internal improvement support events	12	8	-33%
Number of unique services engaged	112	88	-21%
Number of individuals engaged	6,638	3,509	-47%
Website page views – Total	Please see note below*	2,943,654 (from Q2)	N/A
Hub page views – Total		272,593	N/A

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

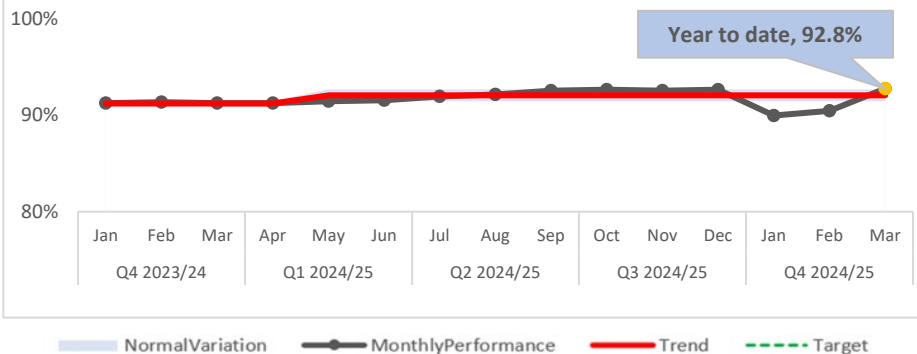
*Due to upgrading our web analytics reporting on 01 July 2023, the figures are not comparable to last year.

Quality improvement (QI) interventions, aligned to the Care Inspectorate's business operating model, works on a risk-based approach. QI interventions are based on the principle of the right support, right place and at the right time, aligned to the key themes of all inspection work (including complaints) and issues identified across social care, including early learning and childcare.

Over the last 18 months, we have worked with inspection colleagues and heavily invested in large scale national targeted QI programmes, such as the Care Home Improvement Programme, Stress and Distress programme and reducing the misuse of psychoactive medication in care homes. In the same timeframe, we have also developed intensive QI interventions at enforcement stage and are working directly with large providers where serious issues are identified. Consequently, the number of individuals and services connected to our work will appear lower than in previous years.

It should also be noted that these numbers only include the individuals and services connected by our work measured by the key performance indicator. This process will be reviewed as part of the next review of corporate plan performance framework. For example, we do not include QI consultative work, mainly delivered by the Health and Social Care Improvement Team, this is short-term universal work providing specialist input internally and externally.

Strategic outcome: Everyone's rights are respected and realised

KOI-6: % services good or better for ‘How well do we support people’s wellbeing’		Ex Dir. Assurance and Improvement																																
Q4 year to date	92.8%	<div><p>Year to date, 92.8%</p><table border="1"><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Jan 2023</td><td>91.3</td></tr><tr><td>Feb 2023</td><td>91.3</td></tr><tr><td>Mar 2023</td><td>91.3</td></tr><tr><td>Apr 2023</td><td>91.3</td></tr><tr><td>May 2023</td><td>91.3</td></tr><tr><td>Jun 2023</td><td>91.3</td></tr><tr><td>Jul 2023</td><td>91.8</td></tr><tr><td>Aug 2023</td><td>91.8</td></tr><tr><td>Sep 2023</td><td>92.2</td></tr><tr><td>Oct 2023</td><td>92.2</td></tr><tr><td>Nov 2023</td><td>92.2</td></tr><tr><td>Dec 2023</td><td>92.2</td></tr><tr><td>Jan 2024</td><td>90.0</td></tr><tr><td>Feb 2024</td><td>90.2</td></tr><tr><td>Mar 2024</td><td>92.8</td></tr></tbody></table><p>Normal Variation Monthly Performance Trend Target</p></div>	Month	Performance (%)	Jan 2023	91.3	Feb 2023	91.3	Mar 2023	91.3	Apr 2023	91.3	May 2023	91.3	Jun 2023	91.3	Jul 2023	91.8	Aug 2023	91.8	Sep 2023	92.2	Oct 2023	92.2	Nov 2023	92.2	Dec 2023	92.2	Jan 2024	90.0	Feb 2024	90.2	Mar 2024	92.8
Month	Performance (%)																																	
Jan 2023	91.3																																	
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Dec 2023	92.2																																	
Jan 2024	90.0																																	
Feb 2024	90.2																																	
Mar 2024	92.8																																	
KPI/KOI links:	KOI-1, KPI-2, KOI-3, KOI-4, KOI-5																																	
Analysis: <ul style="list-style-type: none">The overall increase in performance reported over the last year was sustained in Q4 2024/25, although with a slight dip in January and February.Similar to KOI-1, performance has improved overall this year and 92.8% of services are graded as good or better for ‘How well do we support people’s wellbeing’ at the end of Q4 2024/25 compared to 91.3% of services at the end of Q4 2023/24.																																		
Actions: <ul style="list-style-type: none">Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches.																																		

KOI-7: % of services with >90% of people telling us they make decisions about their own care		Ex Dir. Assurance and Improvement
Q4 year to date	83.4% (1,707 of 2,046 services, from 33,592 responses in total)	
KPI/KOI links:	KOI-5	
Analysis: <ul style="list-style-type: none">83.4% of services had 90% or more respondents telling us they make decisions about their own care.Performance remained within normal limits.Up to the end of Q4 we received 33,592 questionnaires*, an increase of 42% on the 23,697** we received last year. This increase can be attributed to the extensive work in developing new questionnaires and the distribution of those.		
Actions: <ul style="list-style-type: none">We have continued our work to develop questionnaires, including in a wider range of formats. See KOI-5 for further detail.		
*figures as at 10 April 2025		
**revised figure for 23/24		

Technical Notes

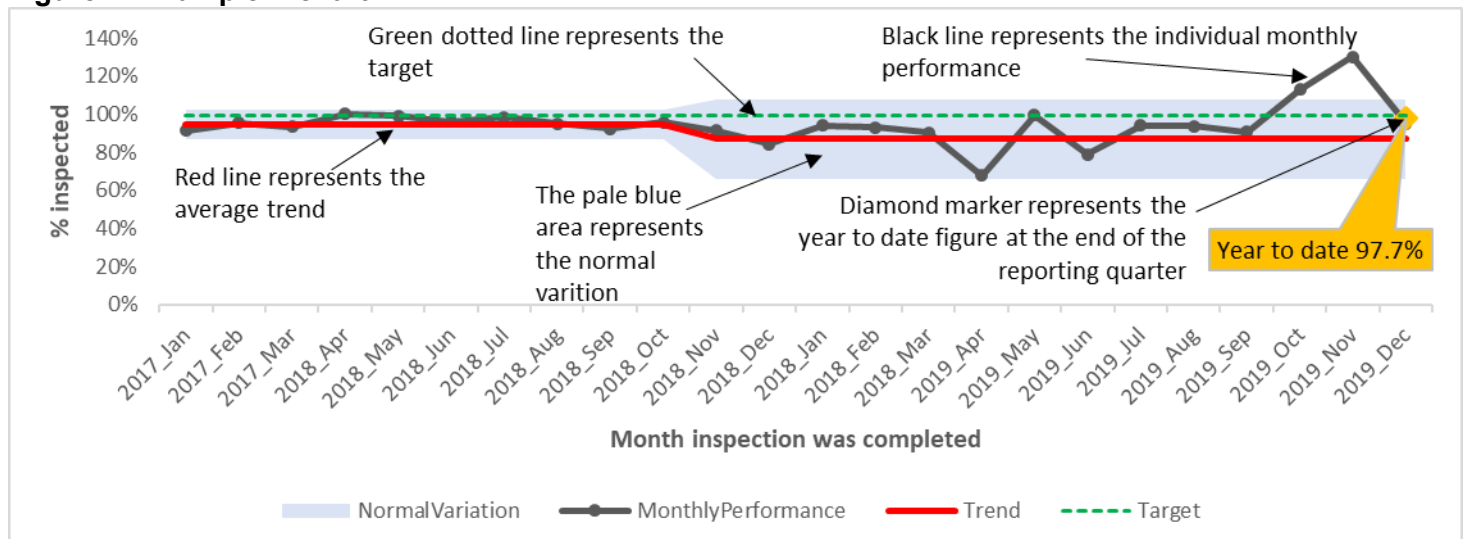
Data updates

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

Notes on presentation

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

Figure 1: Example X chart



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

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



Title:	ANNUAL REPORT AND ACCOUNTS AND FINANCIAL POSITION UPDATE
Author:	Kenny Dick, Head of Finance and Corporate Governance
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate Services
Appendices:	None
Consultation:	
Resource Implications:	Yes

EXECUTIVE SUMMARY

This report provides an update on the progress of the 2024/25 Annual Report and Accounts and the projected financial position for the year to 31 March 2025.

We are progressing the preparation of the 2024/25 Annual Report and Accounts, and we are on track to submit to external auditors in accordance with the agreed timescales.

As we are still preparing and reviewing the final year end transactions, the projected financial position is based on our ledger position at the end of the 2024/25 financial year (March 2025). We are projecting an underspend of £0.033m. This is an increase in net expenditure of £0.466m from the position reported to the Board on 13 February 2025.

The Finance and Resources Committee considered a more detailed report on our projected 2024/25 financial position and our income collection and debt management performance at its meeting of 13 May 2025.

The Board is invited to:

1. Note the draft Annual Report and Accounts are expected to be completed and ready for submission to the external auditors on 7 July 2025.
2. Note the projected financial position for the 2024/25 financial year.

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

BOARD MEETING 5 JUNE 2025

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Report Number: B-04-2025/26

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

Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input checked="" type="checkbox"/> Reason: There are no data considerations in this report

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

Reason for Confidentiality/Private Report: N/A
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.

ANNUAL REPORT AND ACCOUNTS AND FINANCIAL POSITION UPDATE**1.0 INTRODUCTION**

This report is to advise the Board on the progress of the Annual Accounts and the latest projected financial position for 2024/25.

2.0 ANNUAL REPORT AND ACCOUNTS PROGRESS**2.1 Submission to External Audit**

Responsibility for the preparation of the Annual Report and Accounts is shared between several officers. The preparation of the Annual Report and Accounts is progressing satisfactorily, and it is expected that the draft documents will be submitted to our external auditors (Deloitte) for auditing purposes on 7 July 2025 in accordance with the agreed timetable.

- 2.2** As noted in 2.1 above, the preparation of the 2024/25 financial statements is progressing satisfactorily. We are partially through the annual accounts process, the projected financial outturns are based on the ledger as at 31 March 2025.

We drew down £0.122m of the £2.530m additional in-year funding to try and achieve a break-even position for the year. The draw down value was determined by the February 2025 projected outturn. Expenditure variations in March and accounting adjustments and estimates processed to date mean the current projected outturn is a small underspend of £0.033m.

	2024/25 Revised Budget	Latest Projected Position	Variance
	£m	£m	£m
Gross Expenditure	48.847	46.080	(2.767)
Fee income	(11.900)	(12.220)	(0.320)
Other income	(1.768)	(1.849)	(0.081)
Net Expenditure	35.179	32.011	(3.168)
Funded by:			
Grant-in-aid	(31.922)	(31.922)	0.000
Additional in-year	(2.025)	(0.122)	1.903
(Surplus) / Deficit	1.232	(0.033)	(1.265)
(increase) /decrease reserve	1.232	(0.033)	

2.3 Draft Summary Financial Position

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The above changes have the following impact on our general reserve balance and how we intend to use our general reserve in 2025/26.

	24/25 Budget £m	Latest Projected Outturn £m	Variance £m
Opening reserve	(1.878)	(2.436)	(0.558)
2024/25 (Surplus) / Deficit	1.232	(0.033)	(1.265)
Projected closing balance	(0.646)	(2.469)	(1.823)
Intended use:			
Stage 2 transformation project		1.051	
Website development		0.320	
Temporary recruitment staff		0.099	
Accelerate scrutiny recruitment		0.209	
Retain reserve at max of target range		0.757	
Available for general use during year		(0.033)	

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS**3.1 Resources**

There are no direct resource implications associated with this Annual Accounts Update report.

3.2 Sustainability

There are no direct sustainability implications arising from this report.

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

This report 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.

3.4 Customers (Internal and/or External)

The financial position represents all five customer service strategic themes.

4.0 CONCLUSION

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Report Number: B-04-2025/26

The greater than budgeted opening general reserve balance together with the small projected budget surplus means we are projecting our closing 2024/25 general reserve balance will be sufficient to support non-recurring expenditure built into the approved 2025/26 budget.



Title:	COMPLAINTS ABOUT THE CARE INSPECTORATE: ANNUAL REPORT 2024/25		
Author:	John Elliot, Manager for Complaints about the Care Inspectorate		
Responsible Officer:	Kirstine Rankin, Head of Organisation and Workforce Development		
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate Services		
Appendices:	1.	Complaints About The Care Inspectorate: Annual Performance Report 2024/25	
Consultation:	Not applicable		
Resource Implications:	No		

EXECUTIVE SUMMARY

Our reporting model for complaints about the Care Inspectorate is based directly on the requirements of the Scottish Public Services Ombudsman (SPSO) model complaints handling procedure (MCHP) and complaints key performance indicators (KPIs).

The SPSO require public bodies, including the Care Inspectorate, to publish an annual performance report. Appendix 1 is the Complaints Annual Performance Report presenting information regarding how we have managed complaints about the Care Inspectorate between 1 April 2024 and 31 March 2025. The report is structured to include content meeting the SPSO reporting requirements and will be published on our website.

The purpose of this report is to update the Board on performance data relating to complaints about the Care Inspectorate over the period 1 April 2024 to 31 March 2025.

The Board is invited to:

1.	Note the Annual Performance Report for Complaints about the Care Inspectorate over 2024/25.
2.	Note the internal KPI performance reporting information for Complaints about the Care Inspectorate over 2024/25.
3.	Note the planned development priorities for the year ahead.

Links	Corporate Plan Outcome (Number/s)	2	Risk Register (Yes/No)	No
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For Noting	x	For Discussion		For Assurance		For Decision	
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Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress)	No <input checked="" type="checkbox"/> Reason: An EQIA is not required for this statistical report.

Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input checked="" type="checkbox"/> Reason below: A DPIA is not required as no sensitive data is being processed.

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

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

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

COMPLAINTS ABOUT THE CARE INSPECTORATE: ANNUAL REPORT 2024/25

1.0 INTRODUCTION

Our reporting model for complaints about the Care Inspectorate is based directly on the requirements of the Scottish Public Services Ombudsman (SPSO) model complaints handling procedure (MCHP) and complaints key performance indicators (KPIs).

The SPSO require public bodies, including the Care Inspectorate, to publish an annual performance report. Appendix 1 is the draft Complaints Annual Performance Report presenting information regarding how we have managed complaints about the Care Inspectorate between 1 April 2024 and 31 March 2025. The report is structured to include content meeting the SPSO reporting requirements and will be published on our website.

In addition to our reporting against the SPSO complaints key performance indicators (KPIs) we also have a number of internal KPIs to support internal complaints monitoring. Profiling complaints in this way supports our organisational understanding and learning from complaints about the Care Inspectorate.

The internal KPIs are summarised in table 1.

Table 1

Internal KPI	Description
Type of complaint	Areas of practice or policy being complained about
Profile of complaints received by Directorate/ specialism	Profile of complaints relating to the work of different Directorates and teams across the organisation
Profile of revoked complaints	Profile of revoked complaints
Profile of delayed complaints	Profile of delayed complaints (reasons and delay period)

The purpose of this report is to update the Board on all performance data relating to complaints about the Care Inspectorate over the period 1 April 2024 to 31 March 2025.

2.0 MANAGING COMPLAINTS ABOUT THE CARE INSPECTORATE

All complaints are triaged by the complaints about the Care Inspectorate team. Each complaint is assessed and categorised as a stage 1 or 2 complaint, depending on nature and complexity. Complaints may be revoked where they

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Report No: B-05-2025/26**

are assessed to be out with timescale, not within our remit, or where another more appropriate mechanism to resolve the matter is appropriate.

Stage 1 of the complaints procedure, known as front line resolution or early resolution, is used for non-complex complaints that can be addressed quickly without a full investigation. This stage has a timescale of five working days and requires the complainant's agreement that the issue has been satisfactorily resolved.

Stage 2 involves a formal investigation within a timescale of 20 working days. In some cases, a complaint initially handled at stage 1 may be escalated to stage 2 if a resolution cannot be reached.

2.1 Profile of complaints about the Care Inspectorate 2024/25

Appendix 1 is the Complaints Annual Performance Report for 2024/2. The report is structured to meet the SPSO reporting requirements and presents information regarding how we have managed complaints about the Care Inspectorate between 1 April 2024 and 31 March 2025.

The tables below summarise the internal KPIs relating to all complaints received and concluded over the period 1 April 2024 to 31 March 2025.

Type of complaint		
Complaint Type	Number of complaints received	% of all complaints received
Communications with the Care Inspectorate	2	2%
Variation process	0	0%
Inspection process	57	63%
Regulatory complaints process	17	19%
Registration process	5	5%
Enforcement	0	0%
Information handling	4	4%
Complaints about Care Inspectorate (General)	6	7%
Total	91	100%

Profile of complaints received by Directorate/ Specialism		
Directorate/ Specialism	Number of complaints received	% of all complaints received
Early Learning Childcare	35	38%
Adults	27	30%
Children and Young People	7	8%
Complaints	11	12%
Registration	5	5%
Care Inspectorate	6	7%
Total	91	100%

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Profile of revoked complaints – TOTAL Q1-Q4		
Revoked complaint reason	Number of revoked complaints	% of all revoked complaints
Out of scope of policy	1	8%
Complaint withdrawn by the complainant	5	38%
No response from complainant	1	8%
Complaint out with timescale	2	15%
Complaint already investigated	1	8%
Insufficient evidence	3	23%
Total	13	100%

Profile of delayed complaints - TOTAL Q1-Q4		
Delay reason	Number of delayed complaints	Delay period
Delayed complaint forwarding to complaints team	0	N/A
Staff Annual leave	4	24 days
Staff absence	1	12 days
Delay caused by staff availability	3	5 days
Administrative delay	0	N/A
Delay caused by team handling stage 1	6	39 days
Delay caused by complaints investigator (Stage 2)	0	N/A
Delays in accessing information to support complaints investigation	0	N/A
Delay caused by complexity of complaint	17	95 days
Delay caused by complainant availability	0	N/A
Total	31	175 days

A large and complex complaint involving 17 complainants was investigated over Q3 and 4 2024/25. Due to the complexity and large number of complainants, an extended timescale was required to conclude the extensive investigation required. This was due to multiple factors including complexity, availability of evidence, other agency involvement and the need to review our initial findings. This is reflected in the high number of working days to respond to complaints at stage 2 during Q4 2024/25, and is an anomaly to our usual complaint handling performance.

3.0 DEVELOPMENT PRIORITIES FOR THE YEAR AHEAD

In response to learning from recent complaints and, as part of our commitment to continuous improvement, several development priorities have been identified to strengthen our current approach to managing complaints about the Care Inspectorate. These priorities will be progressed over the coming year and include:

Refreshed policy and guidance

The policy and guidance for complaints about the Care Inspectorate will be updated to ensure all documents are transparent, supportive, and accessible. Principles of 'duty of care'; 'trauma aware'; and supporting complainants with vulnerabilities, including an assessment for 'reasonable adjustments', will be incorporated into all documents.

Enhancing engagement with complainants

More personalised contact with complainants will improve how we demonstrate our organisational values when communicating and working with complainants. This will include more frequent feedback, clearer information and improved support throughout the process.

Refreshed focus on early resolution

To improve consistency and response times, stage 1 complainants will focus on early, prompt front line resolution by relevant staff. Training will be provided for all staff to recognise and respond to concerns and complaints made about the Care Inspectorate

Prioritising a learning focus through all stages of the process

Reflection and learning will be integrated through all stages of the process, including stage 2 investigations. This will support enhanced reporting through the consistent recording of learning and actions taken to support service improvement.

Developing a learning and development framework

Targeted and focused learning and development will be introduced to ensure all staff understand their role in supporting good complaints handling. This will include enhanced training for staff supporting the management of stage 1 complaints.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS**4.1 Resources**

There are no additional resource implications from this report.

4.2 Sustainability

There are no sustainability implications arising from this report.

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

The consistent application and reporting of performance against the SPSO and our own KPIs helps us to understand and report on our performance in line with the Model Complaints Handling Procedure (MCHP).

We use learning from complaints to inform improvements and this in turn directly benefits those who experience care.

4.4 Customers (Internal and/or External)

We currently seek feedback on how we have handled complaints to help improve our service. This will continue and will be enhanced by wider developments to improve our customer service and learning culture.

5.0 CONCLUSIONS/NEXT STEPS

The Board is invited to:

1. Note the Annual Performance Report for Complaints about the Care Inspectorate over 2024/25.
2. Note the internal KPI performance reporting information for Complaints about the Care Inspectorate over 2024/25.
3. Note the planned development priorities for the year ahead.



Annual Complaints Performance Report 2024/2025

Publication date: (to be added by Comms)

Contents

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Introduction

About the Care Inspectorate

Everyone in Scotland has the right to access high-quality, safe and compassionate social care and social work services that make a real and positive difference to their lives. The Care Inspectorate is responsible for regulating care services including services for adults, early learning and childcare, children's services, and community justice. This includes registration, inspection, complaints, enforcement and supporting quality improvement. Our role is to ensure that services meet the right standards, provide the quality of care that meets the needs of people experiencing care and support and to support them to improve if needed. We work in partnership with other scrutiny and improvement bodies, looking at how care is provided by community planning partnerships and health and social care partnerships across local authority areas. This helps all stakeholders understand how well services are working together to support positive experiences and outcomes for people.

Our job is not just to inspect care but to support improvement in the quality of care where it is needed. This means we work with care providers, offering advice and guidance and sharing good practice, to support them to develop and deliver improved care. If we find that care isn't good enough, we take action. We identify areas for improvement and can issue requirements for change and check these are met. If we believe there is a serious and immediate risk to life, health or wellbeing, we can impose an improvement notice or apply to the Sheriff court for emergency cancellation of a service's registration.

We support people to raise concerns, and we handle complaints made to us about registered care services. We robustly challenge poor-quality care and we are independent, impartial and fair. We have a duty to protect people and will refer adult and child protection concerns to the relevant social work agencies or Police Scotland. We influence social care policy and development both nationally and internationally, sharing our learning with others, contributing to the transformation of social care in Scotland.

Complaints about the Care Inspectorate

The policy and procedure for complaints about the Care Inspectorate reflect our commitment to valuing complaints as a source information to improve how we work. Our policy and procedure are based on the Scottish Public Services Ombudsman's (SPSO) Model Complaints Handling Procedure (MCHP).

<https://www.spsso.org.uk/the-model-complaints-handling-procedures>

We monitor and report on our performance managing complaints about the Care Inspectorate in line with the requirements set by the SPSO. The consistent application and reporting of performance against the SPSO key performance indicators (KPIs) helps us to understand and report on our performance in line with the Model Complaints Handling Procedure (MCHP). We also use this information to

compare; contrast and benchmark complaints handling with other organisations to share learning and improve standards of complaints handling performance.

This report relates to complaints about the work of the Care Inspectorate. Complaints about care services are managed and reported separately.

Our reporting model is based directly on the requirements of the Scottish Public Services Ombudsman (SPSO) model complaints handling procedure (MCHP) and their complaints key performance indicators (KPIs). Under this framework we and other public bodies are expected to report against the following KPIs:

- | | |
|-------------|--|
| SPSO KPI 1: | The total number of complaints received |
| SPSO KPI 2: | The number and percentage of complaints at each stage that were closed in full within the set timescales of five and 20 working days |
| SPSO KPI 3: | The average time in working days for a full response to complaints at each stage |
| SPSO KPI 4: | The outcome of complaints at each stage |

This year's Complaints Annual Performance Report presents information about the way we have managed complaints about the Care Inspectorate between 1 April 2024 and 31 March 2025.

Part 1: Key Performance Indicators – Quantitative data**KPI 1: The total number of complaints received**

Total number of complaints received	1 April 2024 and 31 March 2025
	91

The rate of complaints received between 1 April 2024 and 31 March 2025 is broadly consistent with the trend recorded over previous years. A total of 13 complaints were revoked in the last year. This includes complaints assessed to be out with our remit and timescales, as well as complaints withdrawn by a complainant.

KPI 2: The percentage of complaints at each stage that were closed in full within the set timescales of 5 and 20 working days

The number of complaints closed in full at Stage 1 within five working days as a percentage of all Stage 1 complaints responded to in full	2024/25 Number	2024/25 %
	18	67%

The number of complaints closed in full at Stage 2 within 20 working days as a percentage of all Stage 2 complaints responded to in full	2024/25 Number	2024/25 %
	23	52%

The number of complaints closed in full after escalation to Stage 2 within 20 working days as a percentage	2024/25 Number	2024/25 %
	5	71%

Performance data over the last year reflects the complexity of complaints received about the Care Inspectorate and the extended timescales required to undertake investigations. Extended timescales are required where there are specific challenges gathering evidence to make an informed conclusion in relation to the concerns raised. Personal circumstances of complainants and staff absence can contribute to delayed evidence gathering. Any delays are communicated to complainants in writing explaining the reasons and the new planned date for completion.

SPSO KPI 3: The average time in working days for a full response to complaints at each stage

Average time in working days to respond to complaints at Stage 1	2024/25
	5 days

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Average time in working days to respond to complaints at Stage 2	2024/25
	47 days

Average time in working days to respond to complaints after escalation to Stage 2	2024/25
	19 days

A large and complex complaint involving 17 complainants was investigated over quarters 3 and 4 2024/25. Due to the complexity and large number of complainants, an extended timescale was required to conclude the extensive investigation required. This is reflected in the higher than average number of working days to respond to complaints at stage 2 during quarter 4 2024/25.

SPSO KPI 4: The outcome of complaints at each stage

Number of complaints received at Stage 1 which were upheld, not upheld and resolved as a percentage of all complaints closed at Stage 1	2024/25
	Upheld: 0%
	Not upheld: 0%
	Resolved: 90%
	Revoked: 10%

Number of complaints at Stage 2 which were upheld and not upheld as a percentage of all complaints closed at Stage 2	2024/25
	Upheld: 50%
	Not upheld: 50%

Number of complaints upheld and not upheld after escalation as a percentage of all complaints closed after escalation to Stage 2	2024/25
	Upheld: 14%
	Not upheld: 86%

In all instances where complaints are upheld, we will issue an apology and identify relevant learning to support service improvement.

Part 2: Key Performance Indicators – Qualitative: Learning from complaints

The Care Inspectorate uses learning from complaints to inform improvement. Learning from complaints in 2024/25 has informed the following improvements in four broad areas of activity.

1. Complaints process and experience

We continue to regularly review and update our policy and procedure for complaints about the Care Inspectorate. Feedback from stakeholders is central to this work and we continue to refine and strengthen how we gather feedback about our procedure in practice. Over the past year we have met with complainants to learn how we can improve experiences for people making complaints. This led to a review of our complaints policy to better demonstrate the Care Inspectorate's values and quality expectations for supporting people who raise concerns or make complaints.

2. Staff awareness and training

Our complaints procedure and guidance are available for all staff on the Care Inspectorate intranet. Training on the complaints about the Care Inspectorate procedure is provided to new staff through our induction programme. We also provide good complaint handling training to managers using the SPSO's guidance and good practice materials. We continue to refine and strengthen our approach to ensure all staff are aware of the procedure and the principles of good complaints handling. Enhanced support is also provided to complaints investigators.

3. Learning from complaints

A review has been undertaken to strengthen our approach to how learning from complaints is identified. Learning themes are identified during the management of complaints and information is shared with relevant teams to consider and develop an action or improvement plan. In every case we aim to maximise the learning for individual staff involved in the process irrespective of the outcome of the complaint.

4. Complaints recording and reporting

A review has been undertaken to strengthen our approach to recording complaints. Our new systems have resulted in improvements to how information is recorded to support effective reporting on complaints performance and trends. Quarterly performance reports are presented to the senior management team, and annual reports to our Board for consideration and comment.



Title:	AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD		
Author:	Bill Maxwell, Committee Convener		
Responsible Director:	Not Applicable		
Appendices:	1.	Quarterly Update to the Board on Business undertaken by the Audit and Risk Committee	
	2.	Approved Minutes of Audit and Risk Committee of 13 March 2025	
	3.	Draft Minutes of Audit and Risk Committee of 15 May 2025	
Consultation:	Not Applicable		
Resource Implications:	No		

EXECUTIVE SUMMARY

This report is the Convener's quarterly update to the Board, following the meeting of the Audit and Risk Committee of 13 March and 15 May 2025, summarising the business undertaken by the Committee at that meeting and any matters being referred to the Board for consideration and decision. A copy of the full minutes of those meetings (approved for 13 March and draft for 15 May) are also provided for reference.

The Board is invited to:

1.	Approve the recommendation to the Board that a new risk be placed on the Strategic Risk Register regarding the issues raised in the Inspector Workforce and Operational Planning Report.
2.	Note that a further Internal Audit in respect of complaints handling is being commissioned, at Ministerial request, the terms of reference for which will be circulated to the Audit and Risk Committee when the separate engagement letter has been confirmed with the Internal Auditors.
3.	Note the contents of the Audit and Risk Committee minutes of 13 March 2025 and 15 May 2025.

Links	Corporate Plan Outcome (Number/s)	N/A	Risk Register (Yes/No)	No
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For Noting	x	For Discussion		For Assurance	x	For Decision	x
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BOARD MEETING 5 JUNE 2025

Agenda item 12
Report No: B-06-2025/26

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress)	No <input checked="" type="checkbox"/> Reason: Not Applicable

Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input checked="" type="checkbox"/> Reason below: (for example there are no data considerations or no sensitive data is being processed) Not Applicable.

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

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

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

QUARTERLY UPDATE TO THE BOARD ON BUSINESS UNDERTAKEN BY THE AUDIT AND RISK COMMITTEE

Meetings of the Audit and Risk Committee were held on 13 March 2025 and 15 May 2025.

Issues referred for discussion/decision by the Board
<p>The Board is invited to:</p> <ul style="list-style-type: none"> Note that the Committee had received audit reports on the following topics and agreed the management actions in relation to the recommendations made: IT Asset Management, Internal Audit Annual Report, Draft Strategic Internal Audit Plan 2025 to 2028, Travel and Expenses, Inspector Workforce and Operational Planning and Risk Management. Note that the Committee agreed the Annual External Audit Plan provided by the External Auditors for this year and looked forward to receiving the output at its September 2025 meeting, noting that there may be a delay in respect of the pension balances. Note that an additional specially commissioned Internal Audit in respect of complaints handling is being commissioned, at Ministerial request, the terms of reference for which would be circulated to the Committee when the separate engagement letter was confirmed with the Internal Auditors. Note that the Committee agreed the Draft Strategic Internal Audit Plan for the next three years, and the annual internal audit plan for 2025/26. Note the Committee's recommendation to the Board regarding a new risk to be placed on the strategic risk register, reflecting issues highlighted in the Inspector Workforce and Operational Planning Report. Note the Committee's continuing positive assurance regarding the progress of the digital transformation programme. Note that the Committee has received positive annual reports providing assurance on Information security and records handling, cyber security and counter-fraud arrangements.

Bill Maxwell
Convener



Minutes

Meeting: Audit and Risk Committee

Date: 13 March 2025

Time: 10.30 am

Venue: Teams

Committee Members Present: Bill Maxwell (Convener)
Ronnie Johnson
Rona Fraser
Maria McGill
Paul Gray

In Attendance: Jackie Irvine, Chief Executive (CE)
Jackie Mackenzie, Executive Director of Corporate Services (EDoCS)
Gordon Mackie, Executive Director of Digital and Data (EDoDD)
Edith Macintosh, Executive Director of Assurance and Improvement, Adults Regulated Care, Complaints, Registration and Quality Improvement (EDoAI) (items 1 – 10)
Kevin Mitchell, Executive Director of Assurance and Improvement, Children's Regulated Care and Strategic Scrutiny (EDoAI)
Kenny Dick, Head of Finance and Corporate Governance (HoFCG)
David Archibald, Internal Auditor (IA)
Sandy Denholm, External Auditor (EA)
Hannah Cloherty, External Auditor (EA) (items 1 – 9)
Martha Dalton, Head of Digital Delivery and Change (MD) (for item 12)
Anne Campbell, Executive Support Officer (ESO) (representing Claire Brown)

Apologies: Claire Brown, Executive Support Officer
Sarah McGavin, External Auditor (EA)

Item	Action
1.0 WELCOME	

The Convener welcomed everyone to the meeting and in particular, the internal and external auditors.

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2.0 APOLOGIES FOR ABSENCE

Apologies received, as noted above.

3.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

4.0 MINUTE OF MEETING HELD ON 19 DECEMBER 2024

The minute of the meeting held on 19 December 2024 was **approved** as an accurate record, subject to amendment.

5.0 ACTION RECORD OF MEETING HELD 19 DECEMBER 2024

The Committee **reviewed** and **noted** the updated action record.

ESO

6.0 MATTERS ARISING

It was noted that two of the Internal Audits which had previously been scheduled to report to this meeting, namely, Travel Expenses and Inspector Workforce and Operational Planning, had been carried forward and were now scheduled to report to the Committee's meeting on 15 May 2025.

7.0 INTERNAL AUDIT REPORT: FOLLOW-UP REVIEWS REPORT NO: ARC-24-2024/25

The Internal Auditor presented his routine report updating the Committee on the progress made in addressing outstanding recommendations from previous internal audit reports. Six recommendations were outstanding. All the following points in particular were noted:

- That there had been limited progress overall in taking forward the recommendations follow-up as part of the review, with one recommendation being fully implemented, four partially implemented and one rated as little or no progress.
- That in terms of the Fraud Prevention, Detection and Response action plan, the Employee Code of Conduct had not been progressed due to capacity in the Human Resources department. It was hoped that this would be submitted to the Finance and Resources Committee's meeting to be held on 12 August 2025.

JM

The Committee:

- **Accepted** the Internal Audit report on Follow-Up Reviews as at March 2025.

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- **Noted** that there were no further revisions to implementation dates to be approved.

8.0 INTERNAL AUDIT REVIEW: IT ASSET MANAGEMENT REPORT NO: ARC-25-2024/25

The Internal Auditor presented the report which provided the Committee with the findings of the internal audit on IT Asset Management. The following points were noted:

- That there were eight internal audit objectives and the assurance of 'good' was provided against all, with the overall assurance provided as 'good'.
- That there were no recommendations identified throughout the review.
- That the IT department continued to progress work in respect of manual databases, the automation of which, would be progressed as part of the IT workplan for 2025/26.
- That the Executive Director of Digital and Data welcomed the Committee's engagement in taking forward the Care Inspectorate's cyber security work and the challenges being faced.

The Committee:

- **Accepted** the Internal Auditor's report on IT Asset Management and recorded its appreciation of the hard work of the staff who managed this area of work and had delivered such a positive outcome.

9.0 ANNUAL AUDIT PLAN 2025/26 – ANNUAL ACCOUNTS

The External Auditors updated the Committee on the changes within the audit team, particularly around the decision to assign a director based in Aberdeen. The planning report on the 2024/25 was presented, with the following points noted:

- That the key messages were supported.
- That the examination of the pension balances was assumed and then benchmarked across similar organisations.
- That the migration to Oracle Fusion had not been without issue and the Care Inspectorate was in a difficult situation with the reporting section of Fusion not yet being available.

The Committee:

- **Thanked** the External Auditors, **noted** the Annual Audit Plan 2025/26 and looked forward to receiving the output at its September 2025 meeting, noting that there may be a delay in respect of the pension balances.

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10.0 LEARNING AND IMPROVEMENT ACTIONS DRAWN FROM THE EXPERIENCE OF A RECENT CHILDMINDING CASE

The Chief Executive presented an improvement plan which was the product of a 'lessons learned' exercise conducted to reflect on the Care Inspectorate's engagement in a challenging childminding case dating back to August 2024. The Committee had a full and extensive discussion on the improvement plan and the following points in particular were noted:

- That there were a further two meetings arranged for 27 March and 23 April 2025 with parents and Ministers respectively.
- That the complaint headings and outcomes would be added as an appendix to the plan and recirculated to the Committee and Board members. JI
- That a further Internal Audit in respect of complaints handling would be commissioned, at Ministerial request, the terms of reference for which, would be circulated to the Committee when the separate engagement letter was confirmed with the Internal Auditors. JM
- That the safeguarding training was well underway, prioritising the Early Learning and Childcare staff, which would be included in the plan. JI
- That the Care Inspectorate was in discussion with Scottish Government in respect of the frequency of inspections in various sectors. The Board was to be updated at its meeting to be held on 27 March 2025, where any decision required, would be made in respect of reputational risk and the strategic risk register.
- That the Committee would receive an update on progress in implementing the Improvement Plan at its next meeting.

The Committee:

- **Welcomed** and was provided with **assurance** of the steps underway and planned.
- **Thanked** officers for their extensive work.

11.0 STRATEGIC RISK REGISTER AND ASSURANCE MAPPING

11.1 Strategic Risk Monitoring Report No: ARC-26-2024/25

The Head of Finance and Corporate Governance presented the report which provided the Committee with the monitoring position in relation to the Strategic Risk Register. The following points in particular were noted:

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- That there had been no changes since the previous meeting of the Committee.
- That in relation to Operation Koper, the phase of Fatal Accident Inquiries had commenced which was a further demand in relation to capacity.

The Committee:

- **Considered** the risk monitoring position, **noting** that there were no issues that required to be brought to the attention of the Board at its meeting to be held on 27 March 2025.

11.2 Assurance Mapping

There were no updates provided.

12.0 DIGITAL DELIVERY AND CHANGE UPDATE **REPORT NO: ARC-27-2024/25**

The Executive Director of Digital and Data introduced and the Head of Digital Delivery and Change presented the report which provided the Committee with an update on progress on the digital delivery and change programme. The following points were noted:

- That in respect of the registration application, the data readiness assessment revealed critical risks in regard of it serving as a source for care service and service provider master data and a new two-stage approach had been adopted.
- That Capgemini (with StormID) had been selected as the preferred supplier for next phase of stage 2.
- That design from Capgemini was ambitious and would require strong input from the new Communication and Engagement Lead post.
- That a digital skills maturity assessment, conducted by Hable would identify technology usage, workforce readiness and areas for improvement.
- That more focus was being given to service design and the complaints application until an output was received.
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The Committee:

- **Noted** the progress to date.
- **Thanked** the Head of Digital Delivery and Change for a thorough and reassuring report.

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**13.0 DRAFT REVISED COUNTER FRAUD, BRIBERY AND CORRUPTION FRAMEWORK
REPORT NO: ARC-28-2024/25**

The Head of Finance and Corporate Governance presented the report which highlighted changes to the Care Inspectorate's Counter Fraud, Bribery and Corruption Framework. These changes had mainly come about as a result of the NHS National Shared Services Counter Fraud Service deciding that they could not continue to offer a partnership agreement to the Care Inspectorate (or any other agencies outwith core Health Boards).

The Committee:

- **Approved** the Counter Fraud, Bribery and Corruption Framework as amended.

14.0 HORIZON SCANNING

None.

15.0 AUDIT AND RISK COMMITTEE HIGHLIGHTS FOR THE BOARD

The Committee **agreed** that the following should be included in the update to the Board at its meeting to be held on 5 June 2025: **ESO**

- Internal Audit Review: IT Asset Management
- Annual Audit Plan 2025/26 – Annual Accounts
- Learning and Improvement Actions from Childminding Case

16.0 SCHEDULE OF COMMITTEE BUSINESS 2024/25

The Committee **reviewed** and **agreed** the schedule of business. **ESO**

17.0 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

18.0 CLOSE AND DATE OF NEXT MEETING:

The Convener closed the meeting and thanked everyone for their participation and the rich and challenging discussions that had resulted. The date of the next meeting was noted as 15 May 2025.

Signed:



Bill Maxwell, Convener

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Minutes

Meeting:	Audit and Risk Committee
Date:	15 May 2025
Time:	10.30 am
Venue:	Teams
Committee Members Present:	Bill Maxwell (Convener) Ronnie Johnson Rona Fraser Maria McGill Paul Gray (from 11am)
In Attendance:	Jackie Mackenzie, Executive Director of Corporate Services (EDoCS) Gordon Mackie, Executive Director of Digital and Data (EDoDD) Edith Macintosh, Executive Director of Assurance and Improvement (EDoAI (EM)) Kenny Dick, Head of Finance and Corporate Governance (HoFCG) David Archibald, Internal Auditor (IA) Martha Dalton, Head of Digital Delivery and Change (MD) (for item 14 only) Graeme Ferguson, Head of IT Service Delivery (GF) (for item 15 and 16 only) Jenny Marshall, Board Cyber Champion (JM) (for item 15 only) Janice Morgan-Singh, Information Governance Lead, (IGL) (for item 16 only) Claire Brown, Executive Support Officer (ESO)
Apologies:	Jackie Irvine, Chief Executive (CE) Kevin Mitchell, Executive Director of Assurance and Improvement (EDoAI (KM)) Sarah McGavin, External Auditor (EA) Sandy Denholm, External Auditor (EA) Hannah Cloherty, External Auditor (EA)

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Item	Action
<p>1.0 WELCOME</p> <p>The Convener welcomed everyone to the meeting.</p>	
<p>2.0 APOLOGIES FOR ABSENCE</p> <p>Apologies received, as noted above.</p>	
<p>3.0 DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest.</p>	
<p>4.0 MINUTE OF MEETING HELD ON 13 MARCH 2025</p> <p>The minute of the meeting held on 13 March 2025 was approved as an accurate record, subject to one amendment,</p> <ul style="list-style-type: none"> Date of meeting minute to be updated to 13 March 2025 instead of 2024. 	ESO
<p>5.0 ACTION RECORD OF MEETING HELD 13 MARCH 2025</p> <p>The Committee reviewed and noted the updated action record subject to one amendment.</p> <ul style="list-style-type: none"> Action Record to be updated to 2025. Item 10.0 – Action was closed, but it was requested that a specific internal audit be commissioned on the Complaints Handling Process. The Internal Auditor noted that it was a separate piece of work that required a separate engagement letter, which would be issued this week. It could then be moved forward. It was also requested that the Audit and Risk Committee had sight of the Terms of Reference for complaints handling in regard to the Learning and Improvement Actions for the Childminding Case, it was agreed that it would be sent by correspondence to members. 	EDoCS
<p>6.0 MATTERS ARISING</p> <p>No items were raised.</p>	
<p>7.0 INTERNAL AUDIT REPORT: FOLLOW-UP REVIEWS REPORT NO: ARC-01-2025/26</p> <p>The Internal Auditor presented the report updating the Committee on the progress made since the last Audit and Risk Committee in March 2025.</p>	

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It was noted that of the six recommendations being reviewed, one had been fully implemented, four had been partially implemented and one with little or no progress to report.

It was also noted that there were some actions that were beyond their previously agreed date, but which had proposed amended dates that had been agreed with management.

The Committee:

- **Accepted** the Internal Audit report on Follow-Up Reviews as at May 2025.
- **Approved** the revisions to implementation dates put forward by management.
- **Agreed** that a more realistic timeline of documents would be scheduled and provided by management to the Audit and Risk Committee to show approval at each stage of the process and give clarity of the timeline. Particular focus would be on the Code of Conduct and the Change Management reports.

EDoCS

8.0 INTERNAL AUDIT ANNUAL REVIEW - REPORT NO: ARC-02-2025/26

The Internal Auditor presented his annual report which provided the Committee with a summary of the internal audit work performed during the year 2024/25. The report provided a positive overall opinion on the Care Inspectorate's arrangements for risk management, control and governance. It also confirmed that the Care Inspectorate had proper arrangements in place to promote and secure Value for Money.

The audit work conducted during 2024/25 identified one area (workforce and operational planning) which was assessed as "requiring improvement" but other than this, no significant control weaknesses were identified.

In general, procedures were operating well in the areas selected, but a few areas for further strengthening or improvement were identified, and action plans had been agreed to address these issues.

It was also noted that Henderson Loggie would now be referring to the Global Internal Audit Standards as these had superseded the Public Sector Internal Audit Standards as a result of changes that had come into effect in January 2025.

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The Committee:

- **Noted** the Internal Auditor's Annual Review report for 2024/25 and the positive opinion on risk management, control and governance that it contains.

9.0 DRAFT STRATEGIC INTERNAL AUDIT PLAN 2025 TO 2028 – REPORT NO: ARC-03-2025/26

The Convener noted the re-appointment of Henderson Loggie for the next three years as the Internal Auditor for the Care Inspectorate.

The report presented by the Internal Auditor set out the proposed programme of internal audit activity for the financial years 2025/26, 2026/27 and 2027/28. The proposed three-year programme had been discussed by the Executive Team and some changes had been made in relation to the timing of specific reviews.

The Executive Director of Digital and Data briefed the meeting on the value of completing an assessment on the Registrations and Complaints App. It was discussed whether an internal audit would take place on the process of the Registration and Complaints App or if it would apply to the technology and all of the processes. It was noted that this area would be under a lot of pressure over the coming 12 months.

The Executive Director of Digital and Data suggested that this could be included in the Digital Transformation (Phase 2) internal audit that was due to take place in 2027/28, but there would still be interim updates to the Committee in the meantime via the Digital Delivery and DAAG updates.

The Committee:

- **Approved** the deferral of the post-implementation review of the App for Complaints and Registration which would be encompassed into the Digital Transformation (Phase 2) post implementation review, due to take place in 2027/28. IA
- **Approved** the Strategic Internal Audit Plan 2025 to 2028. IA
- **Agreed** that the timing of the Financial Sustainability report would be discussed with Strategic Management Group and Internal Audit regarding the rescheduling with the Debtors and Income report that was due in 2026/27. HoFCG

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10.0 INTERNAL AUDIT REVIEW: TRAVEL AND EXPENSES – REPORT NO: ARC-04-2025/26

The Internal Auditor briefed the Committee on the report, which provided details of the review of the travel and expenses controls in place, and the extent to which these controls were operating effectively.

There were four internal audit objectives and assurance of “good” was provided against two objectives and “satisfactory” against the remaining two objectives. The overall assurance provided was “satisfactory”.

There were five recommendations at grade three identified through this review, all on reviewing procedures. All of these were accepted by management and actions and implementation timescales were set out.

The Committee:

- **Accepted** the Internal Auditor’s report on Travel and Expenses
- **Agreed** the management response and timescales.
- **Agreed** that the HoFCG would clarify with the Chair whether members were to seek approval prior to travelling to any Board or Committee event and issue clarification to the Committee.

HoFCG

11.0 INTERNAL AUDIT REVIEW: INSPECTOR WORKFORCE AND OPERATIONAL PLANNING – REPORT NO: ARC-05-2025/26

The internal auditor presented his report on this audit which that had been carried out to assess the extent to which the data and models used to inform the inspector resource planning needs were robust. It had also reviewed the processes established which allowed analysis of workforce performance data in management decision making.

There were three internal audit objectives and assurance of “requires improvement” was provided against all three objectives. The overall assurance provided was “requires improvement”.

There were five recommendations identified through this review (three priority 2 and two priority 3). All of these had been accepted by management and implementation timescales were set out for Audit and Risk Committee approval.

The Committee welcomed the fact that the report also had a list of process Issues together with recommendations for addressing these in the short-term, pending the more substantial improvements to processes which were expected to come about through the implementation of the digital transformation programme. There were

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12 issues on the list and a management response was provided against each issue.

A strategic risk was identified associated with balancing the implementation of the risk-based approach and statutory inspections, as well as the impact on meeting non-statutory inspection frequencies, but was not clearly defined in the Strategic Risk Register or the Strategic Management Group (SMG) risk register.

The Committee:

- **Accepted** the Internal Auditor's report on Workforce & Operational Planning.
- **Agreed** the management response to the recommendations and timescales.
- **Agreed** the management response to the list of shorter-term process Issues.
- **Agreed** to recommend to the Board that a new strategic risk be added to the risk register, along the lines recommend in this report.
- **Noted** that Committee member Paul Gray would be consulting with the Strategic Management Group about the new strategic risk that had been identified and was to assist in crafting a draft risk for the next review of the Strategic Risk Register at the Board Development Event on 5 June 2025.
- **Agreed** that the Executive Directors of Assurance and Improvement would look in more detail at new inspection staff being qualified with the digital aspects of the role, as well as training for existing staff.
- **Agreed** the Internal Auditor would provide an update on the 12 short term fixes and actions and provide some feedback on progress to the Audit and Risk Committee at the September 2025 meeting.

HoFCG/
PG

EDoAI

IA

12.0 INTERNAL AUDIT REVIEW: RISK MANAGEMENT – REPORT NO: ARC-06-2025/26

The Internal Auditor briefed the meeting on the outcome of the report, which provided details of the audit review of the systems in place relating to Risk Management.

There were three internal audit objectives and assurance of “good” was provided against one objective and “satisfactory” against the remaining two objectives. The overall assurance provided was “satisfactory”.

There were three recommendations identified through this review. All of these were accepted by management and actions and implementation timescales were set out for Audit and Risk Committee approval.

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It was noted that in terms of operational risk, a new Corporate Plan was being prepared. This would prompt a review of strategic risks and also operational risks relating to the annual business plans which would follow..

The Committee:

- **Accepted** the Internal Auditor's report on Risk Management.
- **Agreed** the management response and timescales.
- **Noted** that a quarterly meeting was to take place of the Strategic Management Group to review risk in further detail and link into the Assurance map with individual officers responsible for keeping their own particular areas up to date. A report would then be provided at each of the Audit and Risk Committee meeting with a progress update.

HoFCG

13.0 STRATEGIC RISK REGISTER AND ASSURANCE MAPPING – REPORT NO: ARC-07-2025/26

13.1 Strategic Risk Register

The Strategic Risk Register monitoring position was presented to the Audit and Risk Committee for review and discussion.

It was noted that under Strategic Risk 5, Operation Koper was moving on to the next stages and the Care Inspectorate was still involved with information requests from Police Scotland and COPFS.

It was also noted that Executive Director of Assurance and Improvement had provided a statement to the UK COVID Inquiry.

The Committee:

- **Agreed** to highlight the current risk monitoring position to the Board at its meeting on the 5 June 2025, and to have further discussion on the new risk identified under item 11 above at the annual review of the Strategic Risk Register.

14.0 DIGITAL DELIVERY AND CHANGE UPDATE REPORT – REPORT NO: ARC-08-2025/26

The Head of Digital Delivery and Change joined the meeting and briefed the Committee on this report, which provided an update on the progress of activities across Stages 1 and 2 of the Digital Delivery and Change team.

It was noted that a recommendation had been made to bring both Registrations and Complaints into scope of the Stage 2. This would improve user experience and data reporting by an established unified

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CRM system across the Care Inspectorate. This had been reviewed by the Project Board, the Technical Delivery Board, the Digital Assurance Advisory Group (DAAG), and Scottish Government Sponsor Team, all of whom had endorsed the approach.

The Committee was advised that the project remained in a strong position overall. Stakeholder engagement, particularly with external groups, had begun and was being accelerated to fully meet the Scottish Government Digital Scotland Service Standards (DSSS) review expectations. A change management strategy had been produced, and the recruitment of additional resource was ongoing to ensure sufficient capacity during rollout.

The Committee had a full discussion regarding the Complaints and Registrations App and why it was required to move both Apps over as part of Stage 2. It was noted by Executive Director of Digital and Data that during the journey of Stage 2 the impact and pressure that would be felt by the expectations growing on the team would be mounting and asked for the Committee's support.

The Committee:

- **Noted** the progress update and congratulated the team on the progress made to date
- **Noted** the expectations and pressure being placed on the digital transformation team and agreed to provide appropriate support where that would be helpful.

15.0 CYBER SECURITY UPDATE – QUARTER 4 2024/25 – REPORT NO: ARC-09-2025/26

The Head of IT Service Delivery and Jenny Marshall, Cyber Board Champion joined the meeting to contribute to discussion about the Cyber Security update report. This provided the Committee with a progress report from October 2024 (Q3) to March 2025 (Q4).

The report provided an update on the planned objectives to further develop the security maturity to a consistent Managed state through 2025. The issue of the annual Cyber Security Maturity assessment report (March 2025) concluded Phase 2 of the Security Improvement Plan. Phase 3 (2025-2027) would support a transition to the Scottish Public Sector Cyber Resilience Framework (PSCRF) for on-going assessment. The use of this new framework would align the Care Inspectorate with other Scottish public bodies.

It was noted that there had been several large-scale cyber-attacks in recent weeks and also that social care had been in the spotlight in the heightened media focus and therefore vigilance by all concerned was required.

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The Committee:

- **Noted** the information provided in the update and the continued high level of threat to cyber security present in the external environment.

**16.0 SENIOR INFORMATION RISK OWNER ANNUAL REPORT 2024/25
– REPORT NO: ARC-10-2025/26**

The Head of IT Service Delivery, and the Information Governance Lead and Data Protection Officer joined the meeting to present the SIRO annual report.

The report provided an overview of the key information governance activities and performance for financial year 2024/25 as a means of assurance that the Care Inspectorate complied with statutory and regulatory obligations.

Members noted that compliance in 2024/25 had remained high for the fulfilment of statutory requests. The team had also made good progress with obligations under the Public Records of Scotland Act (2011) to update and refresh the Records Management Plan.

Moving into 2025/26, it was noted that several opportunities to increase overall maturity in Information Governance had been identified. These included developing data protection impact assessments for vendors allowing the organisation to proactively manage third party data protection risk; work with IT colleagues to expand information security policy suite; and also integrate cyber security testing plans into the maturity model thereby strengthening disaster recovery plans.

The Committee:

- **Noted** the information provided in the update.
- **Noted** the clear and concise new format of the SIRO report.

**17.0 ANNUAL COUNTER FRAUD, BRIBERY AND CORRUPTION
REPORT 2024/25 – REPORT NO: ARC-11-2025/26**

Head of Finance and Corporate Governance provided the Audit and Risk Committee with an annual overview of the operation of the Care Inspectorate's Counter Fraud, Bribery and Corruption Framework.

The report confirmed that there were no incidences of fraud, bribery or corruption identified in 2024/25. It was also noted that the Care Inspectorate would be participating in the National Fraud Initiative

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again this year so all data had been uploaded into the portal on 24 October 2024.

The Committee:

- **Noted** the information provided in the update.

18.0 HORIZON SCANNING (AUDIT SCOTLAND AND CIPFA PUBLICATIONS)

The Internal Auditor had been asked by several other clients for a presentation on the Global Internal Audit Standards which was offered for sharing with the Audit and Risk Committee.

The Committee:

- **Agreed** that the presentation should be sent to Audit and Risk Committee members offline. **IA/ESO**

19.0 AUDIT AND RISK COMMITTEE HIGHLIGHTS FOR THE BOARD

The Committee **agreed** that the following should be included in the update to the Board at its meeting to be held on 5 June 2025:

- Discussion of the Draft Strategic Internal Audit Plan 2025-28
- Recommendation to the Board regarding a new risk to be placed on the strategic risk register regarding the issues raised in the Inspector Workforce and Operational Planning Report. **ESO**
- Highlighting to the Board the Risk Management Report.

20.0 SCHEDULE OF COMMITTEE BUSINESS 2024/25

The Committee **reviewed** the Schedule of Business.

The Committee:

- Agreed that the AI update would be brought into line with the Cyber reporting and come at the same time to the Committee or integrated within it. **ESO**
- Agreed that Delivery and Change Update Report was no longer required and would be deleted off the schedule.

21.0 ANY OTHER COMPETENT BUSINESS

It was noted that the August meeting would be held face to face as this meeting was to discuss the Annual Report and Accounts and the Annual Audit and Risk Committee report to the Board.

The Committee:

ESO

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- **Agreed** the August meeting was to be held face to face in Compass House, Dundee.
- **Agreed** that the September 2025 meeting was to be held online.
- **Raised** some concern about the quantity of papers for the meeting and noted that the Committee's annual effectiveness review should consider how this could be addressed in future.

EDoCS

22.0 CLOSE

The Convener closed the meeting and thanked everyone for their participation.

23.0 The date of the next meeting was noted as 14 August 2025 at Compass House, Dundee.

Signed:

Bill Maxwell
Convener



Title:	FINANCE AND RESOURCES COMMITTEE UPDATE TO THE BOARD		
Author:	Audrey Cowie, Committee Convener		
Responsible Director:	Not Applicable		
Appendices:	1.	Quarterly Update to the Board on business undertaken by the Finance and Resources Committee	
	2.	Draft Minute of Finance and Resources Committee of 13 May 2025	
Consultation:	Not Applicable		
Resource Implications:	None		

EXECUTIVE SUMMARY

This report provides the Board with a summary of the business undertaken by the Finance and Resources Committee at its meeting on 13 May 2025 and highlights those matters being referred to the Board for consideration and decision. A copy of the draft minutes of the meeting is attached at Appendix 2, which gives more details on the business conducted.

The Board is invited to:

- | | |
|----|---|
| 1. | Note the summary points outlined in Appendix 1 and to note the contents of the draft minutes of the Finance and Resources Committee meeting of 13 May 2025. |
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Links	Corporate Plan Outcome (Number/s)	N/A	Risk Register (Yes/No)	No
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For Noting	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	For Decision	<input type="checkbox"/>
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Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress)	No <input checked="" type="checkbox"/> Reason: Not Applicable
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BOARD MEETING 5 JUNE 2025

Agenda item 13
Report No: B-07-2025/26

Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input checked="" type="checkbox"/> Reason below: Not Applicable.

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

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

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

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

A meeting of the Finance and Resources Committee was held on 13 May 2025.

The Convener wishes the Board to note that the papers presented at the 13 May meeting were of a particularly high standard, given the apparent resource issues.

Key issues discussed at the meeting:
<ul style="list-style-type: none"> The assurance provided to the committee that good progress is being made in the preparation of the annual report and accounts and the update received on the organisation's income collection and debt management position. Extensive discussion on the HR annual report and noting the HR team's support to the high priority organisational commitments during the year. The Committee was also pleased to receive a positive update on the inspector recruitment campaign. The Committee's review of the people management policies schedule, noting that due to capacity issues within the HR team, work on the policies had to be re-prioritised. However, members also received an overview of how the HR team would be managing policy updates over 2025-2026 and were assured by this. The Committee has also requested that the Red/Amber/Green coding for policies' status is also applied to publication and training. The Committee's confirmed support of the staff survey action plan and that progress with the plan will be reported on annually to the Committee. The Committee noted the good progress made during Year 2 of the Strategic Workforce Plan and the planned commitments for delivery in year 3. The Committee received an update on developments with the Wellbeing Action Plan.

Issues referred for discussion/decision by the Board
<ul style="list-style-type: none"> The Committee received an update on the implementation of the Care Inspectorate's estates strategy, which it discussed at length and agreed that the report should be submitted to the Board for noting. Following the Committee's request at its January meeting for more information on the process of establishing appeals sub-committees, members agreed to the proposal presented by the Head of HR that, because sub-committees' memberships include members of the wider Board, a learning session be held for all Board members through the Board Development Event programme. Further discussion on the integration of this within the annual programme will be held between the Chair and the Executive, Committee and Corporate Support Manager.

Audrey Cowie, Convener



Minutes

Meeting: Finance and Resources Committee

Date: 13 May 2025

Time: 10.30 am to 1.00 pm

Venue: By TEAMS

Committee members present: Audrey Cowie
Rognvald Johnson
Ed McGrachan
Naghat Ahmed
Charlotte Armitage
Jenny Marshall (from item 7)

In Attendance: Edith Macintosh, Executive Director of Assurance and Improvement (EDAI)
Jackie Mackenzie, Executive Director of Corporate Services (EDCS)
Gordon Mackie, Executive Director of Digital and Data (EDDD)
Kevin Mitchell, Executive Director of Assurance and Improvement (EDAI)
Kenny Dick, Head of Finance and Corporate Governance (HoFCG)
Lucy Finn, Head of HR (HoHR)
Kirstine Rankin, Head of Organisation and Workforce Development (HoOWD)
Fiona McKeand, Executive and Committee, and Corporate Support Manager (ECCSM)
John Stuart, Inspector (*in place of Donna Laing, as Partnership Forum staff-side representative*)
Marie Paterson, Chief Inspector, Adults (CI(A)) (*item 14 only*)

Apologies: Jackie Irvine, Chief Executive (CE)
Donna Laing, Co-Chair (Staff-side), Partnership Forum

Item	Action
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PART A

(all Committee members and those In Attendance)

1.0 WELCOME

The Convener welcomed everyone to the meeting, notably John Stuart in place of Donna Laing.

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2.0 APOLOGIES

Apologies were as noted above.

3.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

4.0 MINUTES OF MEETING HELD 30 JANUARY 2025

The Committee **approved** the minutes of the meeting held on 30 January 2025 as an accurate record. These would be placed on the website for information.

ECSM

5.0 ACTION RECORD

The Committee noted the action record and that more detail would be added to the action under item 18.1 of the January meeting. This would include a report being submitted to the August meeting and that the Schedule of Business had been updated accordingly.

ECSM

6.0 MATTERS ARISING

The Convener referred to item 14 of the previous meeting and explained that, although a tri-partite meeting had not yet been held in accordance with the recorded action, she had met with the Board Chair to discuss the role of the Finance and Resources Committee in having oversight of implementation of the new organisational structure. Since there had been concerns raised in respect of the abolition of the Chief Nurse role, the Chair had recommended that Gareth Hammond, the Chief Inspector (Registration) attend a future meeting of the Committee to share information on his new role, including professional nursing leadership responsibilities.

The Convener explained that this would be discussed further with the Executive Director of Assurance and Improvement, Edith Macintosh.

**Convener/
EDAI(EM)**

FINANCE**7.0 ANNUAL REPORT AND ACCOUNTS AND FINANCIAL POSITION UPDATE - REPORT NO: FRC-01-2025/26**

The Executive Director of Corporate Services introduced the report which provided an update on the progress of the 2024/25 Annual Report and Accounts and the projected financial position for the year to 31 March 2025. The report also advised on the income collection and debt management position for the previous financial year.

The Head of Finance and Corporate Governance highlighted the following to the Committee:

- Good progress was being made in the preparation of the 2024/25 Annual Report and Accounts, which were on track to submit to external auditors in accordance with the agreed timescales.
- Due to the Committee meeting earlier in the annual accounts process, the projected financial outturns were based on the ledger as at 28 February 2025.
- There was a greater than budgeted opening general reserve balance together with a small projected budget surplus.
- The 2024/25 general reserve balance would be sufficient to support non-recurring expenditure built into the approved 2025/26 budget.
- An outline of how an increase in scrutiny capacity would be managed was contained in an accompanying appendix and was also outlined in the budget report under item 21 of the meeting.
- In respect of debt management, the Committee was informed that the migration from the previous finance system to the new Oracle cloud-based system had come with challenges in applying the usual debt recovery process. This meant that debt recovery rates appeared slightly adverse in comparison to the previous year but this was now stabilising.

The Committee had no further questions on the financial position, and there was further discussion on the debt management aspect, where members were advised that the Sponsor Department was required to approve any debt write off in excess of £10,000. It was expected that this approval would be granted by the end of the month.

There was also some discussion on the new finance system, where the Committee was informed that this was a Scottish Government project being rolled out across other public bodies. Notably, the Care Inspectorate's use was slightly different to other users, as a means of income collection as well as payment. There was a potential emerging issue around the funding for usage of the new system but this was being monitored.

In response to a query regarding recovery of debt, the Committee was advised that the organisation was not able to de-register services for non-payment but that there was recourse to legal recovery.

Having discussed in full, the Committee noted the content of the report.

**8.0 ESTATES ANNUAL REPORT 2024-25 - REPORT NO:
FRC-02-2025/26**

The Executive Director of Corporate Services introduced the report which provided the Committee with an update on the implementation of the Care Inspectorate's estates strategy. The Committee was invited to approve the report for submission to the Board.

The Committee noted that there had been the opening of a new office within premises at Atlantic Quay in Glasgow, which was shared accommodation with Scottish Government. The new office was to replace the current Paisley office – which had closed – and the offices in Hamilton and Stirling, which would close in September 2025. Staff would be relocated from those offices to Glasgow.

The report outlined the plans for reviewing the other offices within the estate to assess the organisation's needs. Once the geographical hubs in the North, West and East had been established, a further review of satellite offices would take place.

The Committee asked about the impact of extended travel on staff who were having to relocate and were advised that consultations had been, and would be, held with those staff.

In response to the Committee's query on the sustainability figures in the report, members were advised that more comprehensive information would be available to the wider Board through the Annual Report and Accounts.

The Committee also asked if there had been any impact on retention of staff caused by the office closures, however, members were advised that it was too early to determine this as a single factor for staff moving on, other than through exit interviews which were not compulsory.

The Partnership Forum staff-side representative also commented that early conversations had been held with individual trade union staff members especially around office rotas and where for the current time at Atlantic Quay this was assigned to staff who had relocated from the Paisley office. There was ongoing dialogue between the staff-side representatives, the Executive Director of Corporate Services, the Head of Customer Services and the HR team.

The Committee **approved** the report for submission to the Board on 5 June 2025.

RESOURCES/PEOPLE**9.0 HUMAN RESOURCES ANNUAL REPORT 2024/25 - REPORT NO: FRC-03-2025/26**

The Executive Director of Corporate Services introduced the report which provided an overview of human resources (HR) activity and progress achieved during the period April 2024 to March 2025. It also outlined the key priorities for HR during 2025/2026 and provided the current workforce profile.

The Committee was informed that 2024/25 had been an exceptionally busy year for the HR team with the wider restructure, HR staff absences and vacancies. Within this context, the preparation of the annual report and other HR papers together with ongoing HR workload had been challenging. The head of HR described how the team had supported a number of high level priorities for the organisation including restructuring.

The main points of discussion included:

- Employee relations cases, where members asked if there was an industry standard against which numbers could be measured. The Committee was advised that due to this being a sensitive area and the need for anonymity, it was not possible to share information and that numbers alone often did not provide the depth of understanding on some employee relations issues, including that some employee cases involved the same individuals.
- The achievement of Disability Confident Level 3 and the Care Inspectorate becoming a recognised Disability Confident Leader, which the Committee welcomed and recommended that further work be done on recruitment advertising by looking at the wording to ensure that this highlighted the fact that the organisation welcomed those with disabilities. The Head of HR agreed to look into this.
- Under section 6.2 of the report, covering safe recruitment of inspectors, the Committee was advised of the checks in place, implemented by the professional register team, but also followed up by the HR team to ensure that the professional registration status of applicants was current.
- The 2025 inspector recruitment campaign, where the Committee was pleased to note the number of applicants and the amount of work that had been undertaken by colleagues across the organisation in supporting this.

HoHR

On a general point, the Committee raised concern with the impact of the range of work on the reduced-capacity HR team and asked if

further resource would be required. The Executive Director of Corporate Services explained that the complement of the team was back on track and included a temporary project management and advisory posts.

The Committee was pleased to note this, and recommended that a further discussion on HR capacity would be helpful for the next meeting, and offered its support for any required increase in resource.

HoHR

The Convener also requested that, where possible, the quarterly HR report could comment on the number of exit interviews, as a percentage of those offered, that were being completed.

HoHR

Having discussed in full, the Committee noted the annual HR report.

9.1 Recruitment Update

A detailed update had been provided under item 9.

9.2 Appeals Sub-Committees

The Head of HR explained that further consideration had been given to the Committee's request for a paper outlining the process for establishing appeals sub-committees, and the remit, role and responsibilities. Consequently, since the sub-committees' memberships included members of the wider Board, it was suggested instead of a report being presented to the Finance and Resources Committee that a session be held for all Board members as a learning event through the Board Development Event programme.

This recommendation was agreed by the Committee and the Executive and Committee, and Corporate Support Manager would liaise with the Board Chair as part of the review of the annual BDE programme to determine a suitable scheduling date.

The Committee also requested an update be provided for information purposes on any hearings that had been finalised through appeal sub-committees and any lessons learned for the organisation. The Executive Director acknowledged that consideration would be given to the best format for presenting the information to the Committee whilst protecting staff confidentiality.

Having discussed in full, the Committee noted the report.

10.0 PEOPLE MANAGEMENT POLICY SCHEDULE - REPORT NO: FRC-04-2025/26

The Head of HR introduced the report, which provided the Committee with a quarterly update on the Care Inspectorate's people

management policy schedule for 2025-2026. It included a summary of the current status of the policies; an overview of how the HR team would be managing policy updates over 2025-2026; and details of the stage of each policy review, including Red/Amber/Green (RAG) coding.

The Committee was advised that due to the capacity issues for the HR team as described under the previous item, work on the policies had to be re-prioritised. With the re-balance of the team, however, there was now a re-focus and a more detailed update would be provided for the August meeting of the Committee.

The Convener reinforced the committee's support for the introduction of the RAG coding and commented that the review of a policy is only part of a process. There was further discussion around the timing for publication of policies and training requirements for introduction to staff. Members were advised that not all policies required to be published or training provided, and this would depend on whether it was a new policy or the degree of complexity of any changes to a current policy. The Convener suggested an additional column to illustrate when a policy was awaiting publication, the anticipated date of publication and whether training of staff was required. It would be helpful if this was also RAG coded.

HoHR

With particular reference to the Dignity at Work, Grievance and Equality and Diversity policies, all of which had been agreed in 2024, the Committee was advised that work was almost complete on publication and training. It was important that these were communicated to staff as a whole package, so that training sessions could be scheduled at the same time as the communication went out to staff.

There was also some discussion on the whistleblowing guidance and policy, recognising that this area required to be reviewed, and with reference to the Board champion on whistleblowing. An update would be provided to the August meeting.

HoHR

The Committee noted the report.

11.0 2024 STAFF SURVEY: ACTION PLAN – REPORT NO: FRC-05-2025/26

The Executive Director of Corporate Services introduced the report and acknowledged the significant amount of work that had been done by the OWD team in engaging with and encouraging staff to be involved in the action plan. The report invited the Committee to confirm its support for the plan; to note the planned approaches for communicating, monitoring and reviewing the plan and to note also the update on the hybrid working survey action plan.

The Head of OWD then talked the Committee through the details within the report.

Members noted that the level of staff engagement had been very high and had generated a lot of discussion amongst teams. The Committee recommended that the role of the Partnership Forum and the joint trade unions in facilitating staff engagement could be highlighted in the action plan.

HoOWD

The Committee confirmed its support for the action plan and noted that an annual progress report would be submitted, and added to the Schedule of Business.

ECCSM

12.0 STRATEGIC WORKFORCE PLAN 2023-2026: YEAR 2 (2024/25) PROGRESS REPORT – REPORT NO: FRC-06-2025/26

The Head of OWD presented the report, which provided details of the progress made during the second year of the 2023-26 Strategic Workforce Plan.

The Committee was invited to note the progress made during 2024/25 and the planned commitments for delivery in year 3. Members were also invited to provide feedback and recommendations for further consideration by the Board.

The Committee welcomed the comprehensive coverage that the report provided in relation to resources and linkage to the staff survey action plan. The Convener recommended that the role of Partnership Forum and the trade unions in helping to facilitate and communicate change across the organisation be made clearer.

HoOWD

The Committee was keen to know about the membership of the carers group, in particular representation from all sub-sectors, and it was agreed to check this point with colleagues in the Equalities team.

HoOWD

The Committee was also advised that there were inspection volunteers in place across all care sectors, and who came from all ages, backgrounds and experience.

There was some discussion on the Care Inspectorate having in place modern apprentices who were care experienced. Members were advised that, although this was not a rolling programme, there was a commitment to learning for the organisation to ensure that it was doing the best it could for all modern apprentices.

There was also some discussion on how the organisation engaged with providers across the full range of services, particularly from smaller cohorts, eg childminders. The Executive Director of Assurance and Improvement (EM) informed members that the quality conversations session were a valuable means of

engagement, which were focussed on particular areas, eg early learning and childcare, strategic etc. These events had been held both in person and virtually, to enable as many interested parties to attend as possible.

The Committee noted the good progress made during Year 2 of the Strategic Workforce Plan.

13.0 WELLBEING ACTION PLAN – REPORT NO: FRC-07-2025/26

The Head of OWD presented the report, which outlined the wellbeing action plan that had been developed from a commitment within the three-year strategic workforce plan.

The Committee was asked to note the action plan and the supporting communications approach and to recommend any further points to be shared with the Board.

Members welcomed the implementation of the plan and agreed that the plans for monitoring and review were sound. The Committee recommended under the Personal Growth wellbeing pillar in the table on page 5 of the report that reference to career development be strengthened, and the same to apply to the wording under the Lifestyle Choices pillar.

HoOWD

The Committee also asked that consideration be given to the Partnership Forum and trade unions' role under the section covering the proposed communication activities. The staff side representative advised the Committee that staff-side had discussed how best to promote resources available to staff and were keen to support wellbeing resources and be actively involved.

HoOWD

It was agreed that menopause could also be added to the plan.

HoOWD

The Committee welcomed and noted the report and agreed that an update be provided to the Board.

14.0 PROFESSIONAL IMPACT TRAINING (PRESENTATION)

The Chief Inspector of Adult Services joined the meeting to give an overview of the Professional Impact Development Programme that had been designed to ensure that the wellbeing of scrutiny and improvement staff well-being, through a trauma-informed lens.

The Committee welcomed this positive development in supporting staff and it was agreed that the presentation slides and links to related audio/visual materials used to stimulate discussion would be circulated to all Board members.

CI(A)/ECCSM

STANDING ITEMS**15.0 UPDATE ON NEW STRUCTURE (VERBAL)**

The Executive Director of Corporate Services advised the Committee that there had been no significant change since the update given to the January 2025 Committee meeting. The top level structure was now complete and there was ongoing work in respect of the redeployment of displaced staff.

The Committee had no further questions, and noted the update.

16.0 IDENTIFICATION OF RISK

No new risks were identified by the Committee.

17.0 FINANCE AND RESOURCES COMMITTEE HIGHLIGHTS FOR THE BOARD

The Committee agreed the main points to be included in its report to Board and these would be finalised between the Convener and Executive and Committee, and Corporate Support Manager.

**Convener/
ECCSM**

18.0 SCHEDULE OF COMMITTEE BUSINESS 2025/26

The Committee reviewed the schedule of business and noted the inclusion of the report on a staff governance framework had been added to the August 2025 meeting.

It was agreed that the Wellbeing Action Plan would also be added to the schedule as an annual report, timed for after its submission to the Health, Safety and Wellbeing Committee.

ECCSM

19.0 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

PART B (for specific excluded items)**20.0 APPROVAL OF EXCLUDED SECTION (PART B) WITHIN MINUTES OF MEETING HELD ON 30 JANUARY 2025**

The Committee **approved** the private section of the minutes of the meeting held on 30 January 2025 as an accurate record.

21.0 2025/26 BUDGET AND INDICATIVE BUDGETS 2026/27 AND 2027/28 - UPDATE – REPORT NO: FRC-08-2025/26

The Executive Director of Corporate Services introduced the report, which provided an update on the 2025/26 budget approved by the Board at its meeting of 27 March 2025.

The Committee was invited to agree the revised 2025/26 budget to be submitted to the Board for approval on 5 June 2025, and to note the potential change to the 2026/27 indicative budget dependent on a decision to extend the scope of the Stage 2 Business and Digital Transformation project.

The Head of Finance and Corporate Governance advised the Committee that the draft funding letter from Scottish Government had now been received but was still subject to change. In the event that the updated funding letter was received in time it would be included in the report to the Board on 5 June.

Members were advised that there had now been confirmation of additional funding to allow for National Insurance employer contributions and the level was in line with what had been allocated to other public bodies and local authorities.

Further modelling work on scrutiny and improvement activities had identified that the numbers provided to the Sponsor department would not be sufficient and would therefore impact on 2026/27 funding and beyond. The budgetary position would also be impacted in 2026/27 through the proposal to include complaints and registration platform in to the stage 2 digital project.

Having considered the report in full, the Committee **agreed** the revised 2025/26 budget to be submitted to the Board for approval on 5 June 2025, and noted the potential change to the 2026/27 indicative budget dependent on a decision to extend the scope of the Stage 2 Business and Digital Transformation project.

20.0 CLOSE OF MEETING AND DATE OF NEXT MEETING

The Convener closed the meeting, thanked everyone for their contributions and noted the next meeting would be held on Tuesday 12 August 2025 at 10.30 am by TEAMS.

Signed

Audrey Cowie
Convener



Title:	ESTATES ANNUAL REPORT 2024-25
Author:	Carole Kennedy – Estates, Health and Safety Manager
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate Services
Appendices:	None
Consultation:	N/A
Resource Implications:	None

EXECUTIVE SUMMARY

This report provides an update on the implementation of our Estates Strategy.

During 2024/25 we opened a new office in Glasgow (Atlantic Quay, shared accommodation with Scottish Government). This new office is to replace our current Paisley, Hamilton and Stirling offices. The Paisley office closed late in 2024/25 with staff relocated to Atlantic Quay.

Our Hamilton and Stirling offices will close in September 2025, with staff also relocating to Atlantic Quay.

Our accommodation review process will continue in 2025/26.

The Board is invited to:

1. Note this report.

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

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress)	No <input checked="" type="checkbox"/> Reason: Update report only
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BOARD MEETING 5 JUNE 2025

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Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input checked="" type="checkbox"/> Reason: Decisions on individual properties will be equality impact assessed.

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: <i>(see Reasons for Exclusion)</i> Not applicable
Disclosure after:

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

BOARD MEETING 5 JUNE 2025

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ESTATES ANNUAL REPORT 2024-25

1.0 INTRODUCTION/BACKGROUND

The Estates Strategy 2023-2029 was approved by the Board at the Board meeting of 15 December 2022. This report provides an annual update on the implementation of the strategy.

2.0 ESTATE REVIEW

The strategy set out that we would review our 14 offices, grouping these into geographical areas. The office review groups are:

1. **North**; covering our Aberdeen, Elgin, Inverness, Lerwick and Stornoway offices.
2. **East**; covering our Dundee, Dunfermline, Edinburgh, Selkirk and Stirling offices.
3. **West**; covering our Dumfries, Hamilton, Oban and Paisley offices.

The position at the end of the 2024/25 financial year is detailed below.

Review Grouping	Office	Public sector sharing arrangement	Current status	Date Closed / Closing	Current Lease end date
North	Aberdeen	Yes - CI lead	Open		February 27
North	Elgin	Yes - MOTO with SCRA	Closed	31-Mar-23	
North	Inverness	Yes - MOTO with Nature Scot	Open		April 26
North	Lerwick	Yes - MOTO with SCRA	Closed	31-Mar-23	
North	Stornoway	Yes - MOTO with SCRA	Open		November 25
East	Dundee	Yes - CI lead	Open		April 38
East	Dunfermline	No	Closed	17-Oct-23	
East	Edinburgh	Yes - MOTO with SG	Open		12 month notice
East	Selkirk	Yes - Lease with Scottish Enterprise			40 day notice
East	Stirling	No	Closing	19-Sep-25	September 25
West	Dumfries	Yes - Licence with NHS	Open		3 month notice
West	Glasgow	Yes - MOTO with SG	Open (new)		July 29
West	Hamilton	No	Closing	19-Sep-25	
West	Oban	Yes - MOTO with SG	Open		September 25
West	Paisley	Yes - lease with Renfrewshire Council	Closed	25-Mar-25	

2.1 North

The three remaining North offices (Aberdeen, Inverness and Stornoway) will be reviewed again in 2025/26. Staff consultation as part of this review has started.

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2.2 West

The Paisley office closed on Friday 21 March 2025 with the relocation to the Scottish Government building, Atlantic Quay 5 (AQ5) completed on Thursday 27 March 2025.

The Central and West Hub Accommodation group was formed in 2024-25 to review the requirements of the Hamilton, Stirling and Paisley offices. This group included staff from all three locations. There was extensive consultation with staff prior to the closure of the Paisley office and continuing HR consultation with the staff from all three offices into 2025-26 in advance of the closure of Hamilton and Stirling in September 2025.

Now that Glasgow has been established as the hub office for the West area, the requirement for satellite offices will be considered (including the Dumfries and Oban offices).

2.3 East**2.3.1 Overview**

Stirling will close in September 2025 and we plan to review our Selkirk office in quarter 3 of 2025/26. Our Dundee and Edinburgh offices are considered to be required for the medium to long term.

2.3.2 Dundee Update

The Care Inspectorate is the lead tenant for the seven public bodies occupying Compass and Quadrant Houses in Dundee.

All tenants are now in and have been operational for a year.

Floor	Compass House		Quadrant House
Ground	Education Scotland / Scottish Government	SSSC	Scottish Courts and Tribunal Service (SCTS)
First	Care Inspectorate		SSSC
Second	Crown Office and Procurator Fiscal Service (CoPFS)	Care Inspectorate	OSCR

There are regular tenant meetings with all aspect of the maintenance, sustainability and improvements being shared and discussed.

3.0 ACCOMMODATION COST

The table below provides a summary of our 2025/26 budgeted accommodation costs compared to the 2022/23 baseline position.

	Baseline cost	Budgeted 2025/26 Cost	Variance
Office	£000	£000	£000
Compass, Dundee	650	482	(168)
Aberdeen	200	231	31
Paisley	169	0	(169)
Hamilton	134	146	12
Dunfermline	132	0	(132)
Edinburgh (VQ)	124	125	1
Stirling	86	73	(13)
Selkirk	54	52	(2)
Inverness	44	50	6
Elgin	21	0	(21)
Lerwick	15	0	(15)
Stornoway	14	15	1
Oban	14	12	(2)
Dumfries	13	18	5
Glasgow (AQ)	0	118	118
General costs	91	93	2
Total	1,761	1,415	(346)

4.0 DESK BOOKING SYSTEM

The Robin desk booking system was replaced in 2024-25 with Kadence, again through an IT framework but this time on a three year contract. Like Robin, it is cloud-based, visual, live desk and meeting room booking system and was successfully rolled out in January.

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Kadence is easier to use and provides better analytics as part of the system without the need to additional licencing cost. The data from this will be used by all accommodation review groups as indicative use/occupancy of the offices.

5.0 PERFORMANCE MANAGEMENT

	2022/23 Budget Baseline	2024/25 Performance Figures	Performance Assessment
Net spaced leased / rented (NIA)	4,991 m ²	3,909m ²	
CI Space per budgeted FTE	7.72m ²	5.99m ²	
Cost per square metre	£356.56	£380.40	
Net Accommodation costs as a percentage of revenue budget	4.39%	3.59%	

The reduction in space occupied is because of our reduced occupation of Compass House and the closure of Dunfermline, Elgin and Lerwick. The Paisley office (680m²) closed on 25 March 2025 and our Glasgow office (239m²) opened on 26 March 2025. During 2025/26 our Hamilton office (442m²) and Stirling office (177m²) will close. Our Estates Strategy (2023 to 2029) expects our space occupied to reduce and a 22% reduction has been achieved by the end of 2024/25.

Our space per budgeted FTE has reduced as expected in the Estates Strategy (2023 to 2029). This is due to a combination of the reduction in space we lease and the adoption of hybrid working for our staff. There has also been a 5.7 FTE increase in budgeted FTE comparing 2024/25 with the 2022/23 baseline.

While the cost per square metre figure has increased contrary to Estates Strategy expectations, this can be attributed to an increase in rates, utilities costs, building materials and labour costs. There are also non-recurring budgetary allowances for office moves and changes in 2024/25.

Net Accommodation costs as a percentage of the revenue budget has decreased and we anticipate this will reduce further over the life of the Estates Strategy particularly with the closure of the Hamilton and Stirling offices in 2025/26.

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

There are no direct resource implications as a result of this report.

6.2 Sustainability

The reduction in the size of our estate will impact on our property-based carbon management figures for property going forward. At the time of writing, the figures

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for 2024-25 were not yet known from our shared locations in Oban, Edinburgh and Inverness. The conversion metrics to calculate the tCO_{2e} for the estate have also not yet been published.

6.3 Policy

There are no direct policy implications associated with this paper.

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

Provision of suitable accommodation to allow our staff to work together, meet and collaborate effectively is important to the delivery of our strategic objectives which are intended to deliver improvement to the provision of care. Ensuring our estate is efficient means our limited resources can be better targeted to delivery of work that directly impacts on improving the provision of care.

6.5 Customers (Internal and/or External)

This report impacts mainly on internal customers.

7.0 CONCLUSIONS/NEXT STEPS

The estate is being managed in line with the approved Estates Strategy



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

EXECUTIVE SUMMARY

The Strategic Risk Register monitoring position is presented for the Board's consideration. The Audit and Risk Committee reviewed the position at its meeting of 15 May 2025.

The Board is invited to:

1. Consider the current risk monitoring position (Appendix 2).

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

Equality Impact Assessment

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

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> Reason: No sensitive data is being processed
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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: *(see Reasons for Exclusion)*

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.

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

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

2.0 2025/26 STRATEGIC RISK REGISTER**2.1 Strategic Risk 1 - Financial Sustainability (our continuing ability to fund our core activities)**

Risk Owner – Executive Director of Corporate Services

The residual risk score remains at 8 (medium).

The Care Inspectorate has been allocated sufficient funding for 2025/26 to address our structural budget deficit and we recently received confirmation of £0.506m funding of the £0.800m requested to fund the impact of the employer national insurance increase. We are in the process of increasing our assurance and improvement resource to levels more in line with our determined requirements. We will continue to work with Sponsor and Health Finance towards increasing our assurance and improvement resource over 2025/26 and 2026/27.

It should be noted that our most recent resource and capacity modelling work is indicating the previously reported required increase in scrutiny capacity will be insufficient and we will work with the Sponsor to address this.

This risk is at its current target level.

2.2 Strategic Risk 2 - Workforce Capacity

Risk Owner – Executive Director of Corporate Services

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

This risk exceeds its target level and has now done so for 17 months. There is a close relationship between Strategic Risk 1 (Financial Sustainability) above and this workforce capacity risk.

We must plan recruitment and retention within the context of the improved financial position and the most recent resource and capacity modelling findings.

2.3 Strategic Risk 3 – IT Data Access & Cyber Security

Risk Owner – Executive Director of Digital and Data

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

The controls “in place” and “further actions” sections of the monitoring statement has been updated to reflect recent developments.

The target level for this risk is low and our tolerance has been set at medium. This risk therefore exceeds target and tolerance levels. This risk has been above target and tolerance levels for 44 months and therefore the tolerance rating is Red.

2.4 Strategic Risk 4 – Legacy Business Applications
Risk Owner – Exec Director of Digital and Data

There is no change to the residual risk score which remains at 15 (high).

The controls “in place” and “further actions” sections of the monitoring statement has been updated to reflect recent developments.

This risk has been above its target level for 28 months.

The residual risk score is 15 (high) which is above the target and tolerance levels which are both low.

2.5 Strategic Risk 5 – Capacity Diverted to Inquiries and Operation Koper
Risk Owner – Exec Director of Assurance and Improvement

There is no change to the residual risk score which remains at 15 (high).

The work associated with Operation Koper has reduced recently but the risk score has not reduced until it is clearer what the next steps will be.

This risk has been above its target level for 15 months.

3.0 RESIDUAL RISK TOLERANCE RATING

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

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

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

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS**4.1 Resources**

There are no resource implications associated with this report.

4.2 Sustainability

There are no sustainability implications associated with this report.

4.3 Policy

There are no policy implications associated with this report.

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

Our risk management process is intended to support the delivery of our strategic objectives which have the aim of delivering improvements in the provision of care.

4.5 Customers (Internal and/or External)

There are no direct customer implications or benefits.

5.0 CONCLUSIONS/NEXT STEPS**5.1** The Board is requested to review the Strategic Risk Register.

SUMMARY STRATEGIC RISK REGISTER: 2025/26 (as at 5 June 2025)

No.	Risk Area	Corporate Plan	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Initial Residual Grade	Current Residual Grade
1	Financial Sustainability	SO 1,2,3,4	EDCS	16	High	8	Medium	Medium
2	Workforce Capacity	SO 4	EDCS	16	High	12	Medium	High
3	ICT Data Access & Cyber Security	Digital Trans	EDD&D	20	Very High	12	High	High
4	Legacy Business Applications	Digital Trans	EDD&D	25	Very High	15	High	High
5	Capacity Diverted to Inquiries / Operation Koper	SO 4	EDsA&I (adult & children)	20	Very High	15	High	High

SCORING GRID

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

Black = Very High (score 20+)**Red = High (10 < score < 20)****Amber = Medium (4 < score < 11)****Green = Low (2 < score < 5)****White = Very Low (score 2 or less)****Lead Officers**

CE	Chief Executive
EDsA&I	Executive Directors Assurance and Improvement
EDCS	Executive Director Corporate Services
EDD&D	Executive Director Digital and Data

Strategic Risk Register Monitoring

Date	Board Meeting 5 June 2025															
Risk																

	<ul style="list-style-type: none">• Inability to deliver good governance and provide reliable internal corporate services to support the efficient and effective running of the organisation• Reduction in the quality of care and protection for vulnerable people across Scotland• Reputational damage with reduced public and political confidence• Possible reduced SG funding• Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation• Significant delays for new services applying to register becoming operational (may become a barrier to registering new services)• Extended periods of time between planned inspections reducing scrutiny and assurance effectiveness and reducing the credibility and reliability of our grading system• Inability to investigate and deal with complaints within a reasonable timescale placing people who use care services at greater risk.											<div>ix. Biennial staff survey with PULSE surveys in between</div> <div>x. Dedicated recruitment team</div> <div>xi. Sponsor have awareness of the impact of inquiry workload demands</div>	improvement functions		
3	<p>IT Data Access & Cyber Security</p> <p>What is the Potential Situation?</p> <p>Our systems or data are compromised due to cyber security attack.</p> <p>What could cause this to arise?</p> <p>Low overall maturity in security policy, procedure and controls. Lack of security awareness training, failure to invest in the controls and infrastructure to limit, detect and respond quickly to threats.</p> <p>What would the consequences be?</p> <p>Serious disruption to business and operational activities, we are held to ransom or face significant fines, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud, additional scrutiny overhead.</p>	5	4	20	VH	3	4	12	H	High	↔	<div>In Place:</div> <div>i. IT security compliance monitoring and reporting to evidence the controls.</div> <div>ii. IT staff trained on security products in use, with dedicated security resource to develop plans</div> <div>iii. Active security controls aligned with NCSC guidelines Disaster Recovery plans in place to support data and system recovery</div> <div>iv. Cyber Security assessments (including Cyber Essentials+) maintained annually</div> <div>v. Routine security testing of internal and externally facing systems</div> <div>vi. Cyber Security Maturity baselined to a Defined/Managed level, with an improvement plan to develop towards a uniform Managed state</div> <div>vii. Information Security and Governance Working Group to support org-wide security consultation</div> <div>viii. Regular updates to Leadership teams and the ARC to provide assurance on Cyber Security improvements</div> <div>ix. Security awareness, engagement and</div>	<div>Further Actions:</div> <div>i. Phase 2 of the Cyber Security improvement plan, to develop security maturity towards a Managed state in 2025.</div> <div>ii. Develop IT staff cyber security awareness and technical training</div> <div>iii. Develop additional security controls and reporting capabilities</div> <div>iv. Managers versed on supporting a security incident response.</div> <div>v. Implement an Information Security Management System to evidence that all policy and controls in place are being actively managed.</div> <div>vi. Establish formal Security Objectives, Roles and Responsibilities across the wider organisation</div> <div>vii. Projects established to improve Cyber Security of existing Cloud</div>	<div>Appetite: cautious</div> <div>Target: <div>low</div></div> <div>Tolerance: <div>medium</div></div> <div>Has exceeded tolerance for 44 months. The Residual Risk Score is expected to reduce once the ISMS is in place and the improvement project can evidence the target state of Managed for Cyber Security Maturity and custom bespoke applications are removed from the estate.</div> <div>Rating: <div>Red</div></div> <div>Response: <div>Treat</div></div>	EDDD

													training plans operate continuously across the year, with KPI compliance maintained	viii. infrastructure. Stage 2 project extended to replace all custom bespoke applications.		
													x. A Managed Detection and Response service with 3 rd party security partners, to support early detection.	ix. Project established to support the transition to the Public Sector Cyber Resilience Framework (PSCRF) as the standard measure of cyber maturity.		
													xiv. Cyber Champion role sponsorship for Cyber initiatives at Board level.			
													xi. Application and Network infrastructure maintained to a supportable state.			
													xii. Cyber Security Strategy developed to support the creation of an Information Security Management System.	x. Project established to support the maturing of the security controls used in Microsoft cloud infrastructure services.		
													xiii. End-user (client) hardware managed to an agreed refresh cycle.			
4	<p><u>Legacy Business Applications</u></p> <p>What is the Potential Situation?</p> <p>Legacy business systems are inefficient, ineffective and no longer financially and technically viable or sustainable. The domain knowledge of the bespoke code and database constructs are known to a very limited number of staff members. There is limited supporting documentation, low maturity of coding standards, limited capacity and scope for extensibility, and low confidence in the legacy business system platforms as being suitable for the current or future needs of the organisation. The legacy business system platform presents a single point of failure for supporting business operations that are critical to the remit and function of the organisation. The Stage 2 Transformation Business Case was submitted to Scottish Government to secure funding to enable the digital transformation of the scrutiny, assurance and improvement business processes, including replacing the inflexible, outdated technologies with digital services. The business case is essential to fulfilling the objectives in the Corporate Plan. The Stage 2 business case is approved and the project to replace the legacy platform is in progress. The risk is that the legacy systems fail prior to the replacement system being in place and the incumbent team are unable restore the system to support continuity of business operations.</p> <p>What could cause this to arise?</p> <p>Loss of key personnel, and domain knowledge that is critical to maintaining continuity of service that are dependent upon legacy systems.</p> <p>What would the consequences be?</p>	5	5	25	H	3	5	15	H	Med	↔	<p>In Place:</p> <p>i. Secondary RMS Platform for DR and Security Testing</p> <p>ii. RMS and eForms hosted on a supported cloud infrastructure platform</p> <p>iii. 3rd party managed service contract in place to provide additional capacity and reduce the dependency on incumbent resource.</p>	<p>Further Actions:</p> <p>i. Provide a capability to provide access to data if legacy systems fail</p> <p>ii. Define procedures for the recovery of the legacy systems</p> <p>iii. Enhance legacy system testing.</p> <p>iv. Develop DR capability with 3rd party partners.</p> <p>v. Develop changes to bespoke system with new managed service partner, to support knowledge transfer and demonstrate a reduced dependency.</p>	<p>Appetite: Cautious</p> <p>Target: Low</p> <p>Tolerance: Low</p> <p>Above target and tolerance level for 28 months. Risk profile is expected to reduce when there is evidence that the 3rd party support partner is able to provide support for issues and changes, via the new managed service arrangement, or the legacy system is replaced.</p> <div><p>Rating: Red</p></div> <div><p>Response: Treat</p></div>	EDDD	

	<ul style="list-style-type: none">• Ever increasing likelihood of service outage, degradation, and unresolved errors, resulting in information becoming inaccessible or inaccurate.• Legacy applications cannot be enhanced to meet internal and external stakeholder needs.• No capability to support NCS and evolving needs of government and partner organisations.• Unable to meet statutory requirements and to produce accurate reports on time.• Staff resort to cumbersome and inefficient workarounds, decreasing efficiency and increasing operational costs. This could result in missed reporting deadlines, staff frustration, provider frustration and ultimately reputational risk.• Increasing operational costs required to maintain a basic level of service.														
5	<p>Capacity Diverted to Inquiries and Operation Koper</p> <p>What is the Potential Situation?</p> <p>Our staff are required to devote a significant proportion of their available capacity towards responding effectively to the demands of Operation Koper, the UK Covid Inquiry, the Scottish Covid Inquiry and the Historical Abuse Inquiry. This is at the expense of our core scrutiny and quality improvement work.</p> <p>What could cause this to arise?</p> <p>The Inquiries and Operation Koper are important and in order to make an effective, timely and competent contribution significant time is required of our Inspectors, Team Managers, Service Managers, Chief Inspectors, our legal team, Improvement Advisers, business support and the Executive Director of Scrutiny and Assurance to provide the information demanded, prepare witness statements and otherwise support the demands of the inquiries / Koper. This is at a point in time when our workforce capacity is already under pressure.</p> <p>What would the consequences be?</p> <p>Inability to provide the required level of scrutiny, assurance and improvement support as set out in our Scrutiny and Assurance Plan</p> <p>Inability to take enforcement action in a timely manner</p> <p>Reduction in the quality of care and protection for vulnerable people across Scotland</p> <p>Reputational damage with reduced public and political confidence</p> <p>Possible reduced SG funding</p> <p>Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation</p>	5	4	20	VH	5	3	15	H	High	↔	<p>In Place:</p> <ul style="list-style-type: none">i. Modelled time commitment for Operation Koper activityii. Sponsor informed of this riskiii. Staff involved recording time spent on Inquiry / Koper workiv. Close monitoring of highest priority / risk scrutiny activity to ensure still undertaken	<p>Further Actions:</p> <ul style="list-style-type: none">i. Improve our ability to report on impact on planned scrutiny activityii.	<p>Appetite: cautious</p> <p>Target: medium</p> <p>Tolerance: medium</p> <p>Above target and tolerance level for 15 months</p> <p>Rating: Red</p> <p>Response: Treat</p>	EDAI (ad) EDAI (ch)



BOARD

DRAFT Schedule of Business 2025/26

BUSINESS TOPIC	5 June 2025	25 Sept 2025	11 Dec 2025	5 March 2026	26 March 2026 Private meeting for Budget
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"> • Communications Strategy • Estates Strategy • Financial Strategy • Health and Safety Strategy • ICT Strategy • Improvement and Involvement Support Strategy and Delivery Plan (2026-29) • Information Governance Strategy • Intelligence Strategy • Legal Services Strategy • Shared Services Strategy • Workforce Strategy • Procurement Strategy (3 year cycle, next due 2026-29, to last meeting of Board cycle) 					
Strategic Workforce Plan 2023-2026: Annual Progress Report	✓				
Draft Corporate Plan 2026-Onwards (for comment)		✓			

BUSINESS TOPIC	5 June 2025	25 Sept 2025	11 Dec 2025	5 March 2026	26 March 2026 Private meeting for Budget
Draft Corporate Plan and performance measure (<i>for comment</i>)			✓		
Final Corporate Plan (for approval)				✓	
Scrutiny and Assurance Plan 2026/27 (in private) (Plan to be marked as “Private item”)			✓ (Plan)		
2026/27 Draft Budget and Indicative Budgets					✓
Strategic Risk Register 2025/26 (<i>for approval</i>)		✓			
Approval of Risk Appetite and Risk Policy		✓			
MONITORING AND GOVERNANCE ITEMS					
Monitoring our Performance Quarterly Report	Q4	Q1	Q2	Q3	
Finance and Resources Committee Update to the Board	✓	✓	✓	✓	
Budget Monitoring Summary Report (<i>post-FRC meeting</i>)		✓	✓	✓	
Audit and Risk Committee Update to the Board	✓	✓	✓	✓	
Complaints Activity Annual Report (about the CI)	✓				
Annual Report and Accounts and Financial Position Update (<i>to 1st Quarter meeting of Board</i>)	✓				
Delivery Reference Group (verbal update)	✓	✓			
Complaints Activity Annual Report (about care services)		✓			
Children’s Rights, Care Experience And Corporate Parenting Plan 2024 – 2027 – Annual Update report		✓			
Annual Procurement Performance Report			✓		
Equality Duty Reporting – Annual Progress Report				✓	
Annual Review of the CI’s Financial Regs				✓	
OPERATIONAL ITEMS					
Estates Annual report (<i>post-FRC meeting</i>)	✓				
Board and Committee Cycle 2026/27: meeting dates		✓			
Planning for BDE Programme 2026-27			✓		

BUSINESS TOPIC	5 June 2025	25 Sept 2025	11 Dec 2025	5 March 2026	26 March 2026 Private meeting for Budget
Approval of Pay Remit for submission to Scottish Government (tbc)					
Approval of Compensation Payments <i>(when required)</i>					
STANDING ITEMS					
Strategic Risk Register Monitoring	✓	✓	✓	✓	
Schedule of Board Business	✓	✓	✓	✓	
PRIVATE AND CONFIDENTIAL ITEMS					
Framework document between the Care Inspectorate and Scottish Ministers <i>(taken in private session 24.4.25)</i>					
Annual Report and Accounts		✓			
- Audit and Risk Committee Annual Report					
- Draft Annual Report and Accounts 2024/25					
- Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit					
- Letter of Representation					
Draft 2026/27 Budget and Indicative Budgets					✓