



Minutes

Meeting:	Public Board
Date:	5 June 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 (<i>by Teams</i>) Rona Fraser Paul Gray Ronnie Johnson Maria McGill (<i>by Teams, from item 9</i>) Ed McGrachan Bill Maxwell Peter Murray (<i>ex-officio</i> – Convener, Scottish Social Services Council) Evelyn McPhail, Interim Chair, Healthcare Improvement Scotland)
In Attendance:	Jackie Irvine, Chief Executive (CE) Jackie Mackenzie, Executive Director of Corporate Services (EDCS) Edith Macintosh, Executive Director of Assurance and Improvement (EDAI-EM) Kenny Dick, Head of Finance and Corporate Governance (HoFCG) Lisa Rooke, Head of Corporate Policy and Communications (HoCPC) (<i>items 1-20 – by Teams</i>) Kenny McClure, Head of Legal Services (HoLS) (<i>items 1-20 only</i>) Fiona McKeand, Executive and Committee Support Manager (ECSM) Ingrid Gilray, Intelligence and Analysis Manager (IAM) (<i>item 9 only</i>) Kirstine Rankin, Head of Organisation and Workforce Development (HoWD) (<i>item 10 only</i>) John Elliot, Manager for Complaints about the Care Inspectorate (MCACI) (<i>item 10 only</i>)
Observers: (Items 1-20 only)	Donna Laing – Co-Chair, Partnership Forum (official observer) Lynn Flannigan – staff
Public Observers:	None

Apologies: Charlotte Armitage, Board member
 Jenny Marshall, Board member
 Rosie Moore, Board member
 Kevin Mitchell, Executive Director of Assurance and Improvement (EDAI-KM)
 Gordon Mackie, Executive Director of Digital and Data (EDDD)

Item		Action
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1.0 WELCOME

The Chair welcomed Board members, attendees, and observers to the meeting, notably to Evelyn McPhail, the interim Chair of Healthcare Improvement Scotland, for whom this was the first meeting of the Care Inspectorate Board.

2.0 APOLOGIES

Apologies were received, as noted above.

3.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

4.0 MINUTES OF MEETING HELD ON 13 FEBRUARY 2025

The minutes of the meeting held on 13 February 2025 were **approved** as an accurate record, subject to the expansion of one of the bullet points under item 10. This was updated to read:

ECSM

- That reference to compliance with all professional/regulatory codes of conduct/practise, irrespective of profession, be included. This would meet the professional/regulatory requirements put in place by the professional/regulatory bodies relevant to those professionals employed by the Care Inspectorate.

5.0 ACTION RECORD

The Board noted the updated action record, including those actions that had been completed since the previous meeting. The Board received an update from the Chief Executive in relation to the action under item 10 of the meeting held on 15 August, and this was recorded as being complete.

ECSM

6.0 MATTERS ARISING

There were no matters arising.

7.0 CHAIR'S QUARTERLY UPDATE - REPORT NO: B-01-2025/26

The Chair presented his quarterly report, which provided the Board with details of the Chair's activities since the Board meeting held on 13 February 2025. The Chair emphasised that the reports being submitted to the meeting, including the Chair's report, which were for noting should be taken as read and this would allow fuller discussion on those reports that required more focus and decision-making.

8.0 CHIEF EXECUTIVE'S REPORT - REPORT NO: B-02-2025/26

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 extensive details within the report were for noting by the Board.

There was one point of discussion that related to the Care Inspectorate's response to the consultation run by the Scottish Social Services Council on proposals to expand its register. It was agreed that the Head of Corporate Policy and Communications would circulate the response to the Board for information.

HoCPC/ECSM

The Board referred to the Learning Review of the Care Inspectorate's response to the Covid-19 Pandemic and requested that a session on this be added to the 2025/26 Board Development Event Programme. The Chair agreed to discuss this further with the Chief Executive and Executive and Committee Support Manager to determine how best it could be scheduled into the existing programme.

Chair/CE/ECSM

STRATEGY AND POLICY

None for this meeting.

MONITORING AND GOVERNANCE ITEMS**9.0 MONITORING OUR PERFORMANCE 2024/25: QUARTER 4 REPORT - REPORT NO: B-03-2025/26**

The Chief Executive introduced the report and was joined by the Intelligence and Analysis Manager who summarised the quarterly performance data and information, as outlined in full in the report. The Board was invited to discuss and note the report.

There was discussion on the following areas:

- Under KPI 6, where the Board noted that the figure was slightly above target, and asked if there was any particular reason for this. The Executive Director of Corporate Services advised members that this subject had been

discussed in detail by the Finance and Resources Committee (F&RC) where it was requested that some further breakdown of categories were developed. It should be noted that some health categories could be input to the system, and work was being carried out to look in more detail at these. The Convener of the F&RC explained that the challenge for the Committee was being able to determine if stress was work-related, where it was cited as a reason for sickness absence. The Committee had requested that this category be broken down as much as possible whilst recognising the need for confidentiality. The Convener also drew the Board's attention to the capacity challenges within the HR team and the impact this had on progressing employee relations cases, a number of which were linked to sickness absence. The Chair welcomed the detailed approach that the F&RC was taking on this matter. It was also noted that Healthcare Improvement Scotland (HIS) had undergone a "deep dive" review of this topic and the Chief Executive asked the interim Chair of HIS if this could be shared with the Head of HR to inform our process.

CE

- In relation to the progression of employee relations cases, the Chief Executive advised the Board that these had all been assigned and were progressing. Some delays had arisen due to affected employees being on sick leave.
- The Board agreed that it would be helpful to determine whether the slight rise in sickness absence might be a trend or was merely a deviation, recognising that as the organisation underwent change, this might impact on some colleagues' mental wellbeing more than others. The Board was also advised of the staff Wellbeing Action Plan and wellbeing charters that were available for all staff to access.
- Under KPI 8 – the Board was keen to know the positive impact of the involvement of inspection volunteers and how this related to the numbers of days presented under the performance target - which had been agreed by the Board - and what difference the increase in the number of days would make. The Board was advised of inspection volunteers' involvement across all care services, not only in inspections but in consultations and the development of policies and frameworks. If the target was set lower, then this would impact on the broader range of involvement work undertaken.
- Under KPI 2, there was discussion on the percentage of scrutiny hours spent in high and medium risk services and the Board wished to know how many high risk services there were in total. The Executive Director of Assurance and Improvement (EM) explained that a service's status might change fairly rapidly even within a week, so the total number was dynamic. Colleagues in the digital and data directorate were looking at the history of high risk cases,

from the year before the pandemic and the years since it ended, in order to predict how many services might be high risk. This would give an indication for inspection purposes and therefore a performance measurement.

- Under KPI 5, covering staff development and training rates, which was below target, members were advised that, as had been previously reported to Board, the performance was being measured against core learning, where some of this involved up to six modules before full completion of the topic. Some benchmarking had been done which showed that similar organisations were undertaking fewer numbers of modules, enabling a higher completion rate. The Chief Executive acknowledged that this needed to be reviewed and would be taken into account in the development of the new corporate plan.
- Under KPI 1, the Board noted a slight drop in the number of Inspection Satisfaction Questionnaires (ISQs) having been completed by care service managers and staff. Members were advised that this had been discussed at the recent meeting of the internal Scrutiny and Quality Improvement Assurance Group, where it was agreed to make some changes to the ISQ process. The change meant that, rather than the ISQs being issued at the draft inspection report stage, they would be issued once an inspection had been completed and the inspection report finalised. There also appeared to have been some issues with the new electronic ISQ that had been included as a link within the final report letter emailed to services, and therefore may have been overlooked. Going forward, the link would be sent separately so that it was more visible and easier to share with care service staff.

10.0 ANNUAL REPORT AND ACCOUNTS AND FINANCIAL POSITION UPDATE – REPORT NO: B-04-2025/26

The Executive Director of Corporate Services introduced the report which was presented to the Board for discussion and noting.

Having already been considered in detail by the Finance and Resources Committee on 13 May 2025, including information on the Care Inspectorate's projected 2024/25 financial position and income collection and debt management performance, the Board was assured that there were no major issues and noted that the annual report and accounts were on track to be submitted to the external auditors in accordance with the agreed timescales.

11.0 COMPLAINTS ABOUT THE CARE INSPECTORATE: ANNUAL REPORT 2024/25 - REPORT NO: B-05-2025/26

The Head of Organisational and Workforce Development introduced the report, which updated the Board on performance data relating to complaints about the Care Inspectorate over the period 1 April 2024 to 31 March 2025. In addition to the information contained in the report, the Manager for Complaints about the Care Inspectorate, gave a slide presentation to demonstrate to members the learning and improvement approach being taken and to provide assurance to the Board on this aspect. It was emphasised that the driving principle was procedural justice so that whatever the outcome to a complaint, people felt listened to and valued.

The Board welcomed this approach and there was discussion on the following points:

- The timescales applied to revoke a complaint, where it was explained that this could occur when a complainant failed to respond to follow-up communications, or when the complaint did not fall within the remit of the Care Inspectorate. Revocation timelines were within six months, in accordance with guidance issued the Scottish Public Services Ombudsman.
- Further consideration, as part of the discussion on the new corporate plan, to include a key performance indicator related to complaints about the Care Inspectorate. It was agreed that this should be considered at the Board Strategic Event in September.

HoCPC

The Board noted the report and, due to time constraints, members were invited to channel any further questions through the Chair by email.

**Board
members**

12.0 AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD (MEETINGS HELD 13 MARCH 2025 AND 15 MAY 2025) – REPORT NO: B-06-2025/26

The Convener of the Audit and Risk Committee presented the report of the business conducted at the previous two meetings which was outlined in the summary update and in more detail within the minutes of the meetings.

The Board's attention was drawn to the Committee's recommendation for further discussion around a potential new strategic risk, reflecting issues highlighted in the Inspector Workforce and Operational Planning Report, and the work that was being undertaken by the newly established member/officer working group (Delivery Reference Group (DRG)) to consider this issue. The Board was advised by the Chair of the DRG that the

group was looking at the categorisation of high risk inspections in both statutory and frequency-based inspections.

The Board noted the Committee update, and that further discussion on the strategic risk register would take place later that day at the Board Development Event.

13.0 FINANCE AND RESOURCES COMMITTEE UPDATE TO THE BOARD (MEETING HELD 13 MAY 2025) – REPORT NO: B-07-2025/26

The Convener of the Finance and Resources Committee presented the report of the committees business conducted at the meeting held on 13 May 2025, which was outlined in the summary update and in more detail within the draft minutes.

The Board's attention was drawn to the high standard of the papers that had been presented to the Committee, which had provided an update, amongst other matters, on inspector recruitment, which had received over 700 applicants; policy management, including publication and training; the Committee's support for the staff survey action plan and wellbeing action plan; and the update on the organisation's estate strategy.

The Committee recommended to the Board that a learning session be extended to all Board members on the process of establishing appeals sub-committees. It was **agreed** that this should be added to the Board Development Event programme for 2025/26.

ECSM

14.0 DELIVERY REFERENCE GROUP – MEETING HELD 21 MAY 2025

The member/officer working group had met for the first time on 21 May 2025 and the group Chair provided a verbal update on business conducted. It was agreed that the notes of the meeting would be circulated to Board members, along with the agreed terms of reference.

ECSM

The group had received an update on current and projected inspections, looked at skill mix issues of high-risk versus statutory inspections and had considered how to present the risks for discussions with Sponsor.

The group Chair indicated that the Chief Executive would advise which members of the Executive Team would attend the group meetings as relevant and that if any Board members wished a specific item to be covered they could also be invited to attend the meeting.

It was noted that the Audit and Risk Committee would also receive an update from the DRG and that any resource matters would be highlighted to the Finance and Resources Committee.

OPERATIONAL ITEMS

15.0 UPDATE ON NEW STRUCTURE

The Chair proposed to the Board that this matter be removed as standing item on the basis that there was sufficient coverage through both of the Committees and within the Chief Executive's report. The Board **agreed** that this be removed from the schedule of business.

E&CSM

The Chief Executive went on to inform the Board that there had been engagement with the Chief Nursing Officer directorate and that the intention was to meet at least twice per year.

Members were also informed that the new directorate bringing together the assurance and improvement functions had been fully embraced by staff.

16.0 ESTATES ANNUAL REPORT 2024-25 – REPORT NO: B-08-2025/26

The Executive Director of Corporate Services introduced the report, highlighting that it had been a very busy year for the small team within the estates function, including the opening of a new office in central Glasgow. The Board was asked to note the report.

The report gave details of the estate review, along with full accommodation costs. In respect of the Aberdeen office, the Board was advised that the lease had been in place for some time and that, in alignment with Scottish Government estates policy, the Care Inspectorate was looking at options of sub-contracting since the space was now larger than required.

The Board was advised that the estates strategy had enabled the organisation to enter into shared accommodation arrangements at its headquarters in Dundee, thus producing cost savings and efficiencies, and that this work had been led by the Head of Finance and Corporate Governance and the Estates, Health and Safety Manager

The report outlined that the offices in Stirling and Hamilton were due to close in autumn 2025 and the plan was to move into the Atlantic Quay office in Glasgow alongside staff from Paisley who had recently moved there. Consultation had taken place with affected staff, which had been supported by the Partnership Forum. Members asked about the staff response to relocation to the Glasgow office and were advised that this had largely been

positive. Although there were some concerns around the availability of dedicated meeting rooms, there were a number of quiet areas within the new accommodation space.

The Board **noted** the good progress made and the contents within the Estates Update report.

STANDING ITEMS

17.0 STRATEGIC RISK REGISTER MONITORING – REPORT NO: B-09-2025/26

The Head of Finance and Corporate Governance presented the report and highlighted to the Board that there had been no change to the organisation's strategic risk position since last reported. More detailed scrutiny of the strategic risk register would be covered that afternoon at the Board Development Event.

The Board noted the risk monitoring position outlined in the report.

18.0 BOARD SCHEDULE OF BUSINESS 2025/26

The schedule of business was noted.

19.0 ANY OTHER COMPETENT BUSINESS

With time allowing, the Chair agreed to revisit item 9 and invited further questions and comments.

- Under KPI 8, it was agreed that further consideration would be given to obtaining information on the numbers of inspection volunteers involved in each type of care service area, ie adults, children and young people, etc.
- Under KPI 3, the Board asked if there was a template for submitting complaints and it was explained that these were received through a variety of formats. At all times, however, the heading of the complaint was confirmed with the complainant to ensure absolute clarity.
- Under key outcome indicator 4, it was agreed that the Delivery Reference Group would be discussing in more detail how to set out the trajectory relating and capacity categorise according to risk status for discussion with sponsor.

I&AM

A further question was also asked in relation to section 2.12 of the Chief Executive's report – Choosing a Childminder Campaign – and whether there was similar guidance available in respect of care homes for adults. Members were advised that although there was no specific guidance, information was available on the Care Inspectorate website. It was recommended that the type of information available on the website could be reviewed, including the possibility of sign-posting, as part of the website

redevelopment. As part of the redevelopment work, a staff survey was being carried out and this would be extended to care providers, membership bodies and the members of the public. Surveys would also be carried out across all four groups with the added option of being included in focus groups and testing. It was agreed that the link to the survey would be circulated to the Board.

HoCPC

The Chair also raised one other business item and explained to the Board that member Rosie Moore had agreed to take on the role of Board Whistleblowing Champion from current role-holder, Naghat Ahmed whose term of office was due to end in early 2026. There would be a period of handover over the coming months.

20.0 CLOSE OF PUBLIC MEETING AND DATE OF NEXT MEETING:

The Chair closed the public meeting and noted the next meeting would be held in person on 25 September 2025 at 10.30 am in Compass House, Dundee.

PRIVATE ITEMS

21.0 MINUTES OF PRIVATE BOARD MEETINGS

21.1 13 February 2025

These were **approved**.

21.2 27 March 2025

These were **approved**.

21.3 24 April 2025

These were **approved**

22.0 MATTERS ARISING FROM MINUTES OF PRIVATE MEETINGS

There were no matters arising.

23.0 2025/26 BUDGET AND INDICATIVE BUDGETS 2026/27 AND 2027/28 – UPDATE – REPORT NO: B-10-2025/26

The Executive Director of Corporate Service introduced the report which provided members with a detailed update on the 2025/26 budget approved by the Board at its meeting of 27 March 2025. Since then, the report had also been considered in detail by the Finance and Resources Committee

The Head of Finance and Corporate Governance drew the Board's attention to the following:

- The official funding letter had not yet been received but no issues were anticipated.
- That an additional £506k towards the increase in employers' national insurance contributions had been received since the Board meeting in March and this had gone towards the costs of the required increase in inspectors.
- That further scrutiny capacity and resource modelling work showed that the 44.5 FTE increase in scrutiny identified in the March 2025 budget report was unlikely to be sufficient to provide capacity to meet current expectations of the intensity and frequency of our scrutiny interventions.
- That consideration was being given to a proposal to extend the scope of the Stage 2 transformation project to include complaints and registration.

The Chief Executive also advised the Board of a meeting with the sponsor team scheduled for 17 June to go over the Care Inspectorate's modelling and to highlight what additional scrutiny activities were not accounted for as part of inspection. The objective would be to present to sponsor the full cost of securing a sufficient number of inspectors and to outline how the organisation was prioritising its work, since the scrutiny and assurance plan had not yet been signed off by Scottish Government.

Having considered the information contained in the report, the Board **approved** the revised budget 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.

24.0 CLOSE OF PRIVATE MEETING

Signed:

Doug Moodie, Chair