



A Meeting of the Care Inspectorate Board is to take place from  
**10.30 am – 12.30 pm Thursday 5 March 2026**

The meeting will be held in person in rooms 1.02/1.03, Compass House, Dundee

## A G E N D A

Item		Time
1.	Welcome	10:30 am
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Meeting held on 11 December 2025 (paper attached)	
5.	Action Record of Meeting held 11 December 2025 (paper attached)	
6.	Matters Arising	
7.	Chair's Report – Report No: B-31-2025/26	10:40 am
8.	Chief Executive's Report – Report No: B-32-2025/26	10:45 am
	<b>STRATEGY AND POLICY</b>	
9.	Corporate Plan 2026-31 and Performance Measures – Report No: B-33-2025/26 (for approval)	10:55 am
	<b>MONITORING AND GOVERNANCE</b>	
10.	Monitoring our Performance 2025/26 Quarter 3 Report – Report No: B-34-2025/26	11:10 am
11.	Budget Monitoring Summary Report – Report No: B-35-2025/26	11:20 am
12.	Finance and Resources Committee Update to the Board – Report No: B-36-2025/26	11:30 am

13.	Audit and Risk Committee Update to the Board – Report No: B-37-2025/26	11:40 am
<b>B R E A K</b>		11:50 am
14.	Equality Duty Reporting – Annual Equalities Report – Report No: B-38-2025/26 (for discussion and noting)	12 noon
15.	Annual Review of the Care Inspectorate’s Financial Regulations – Report No: B-39-2025/26 (for approval)	12:10 pm
	<b>OPERATIONAL</b>	
	<b>STANDING ITEMS</b>	
16.	Strategic Risk Register Monitoring – Report No: B-40-2025/26	12:15 pm
17.	Board Schedules of Business – for remainder of 2025/26 and new for 2026/27 (papers attached)	
18.	AOCB	12:25 pm
	Close of Public Meeting and Date of Next Public Board Meeting: Thursday 4 June 2026 at 10.30 am in Compass House, Dundee ( <b>in person</b> )	12:30 pm



## BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments/ Completed
<b>Actions from Public Board held 25 September 2025</b>					
14.0	<b>AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD REPORT NO: B-18-2025/26</b>	The ARC Convener and Head of Finance and Corporate Governance to consider the possibility of a joint response with SSSC around delays with external audit	<b>ARC Convener / HoFCG</b>		<b>Update 11/12/25</b> Meeting being held on 12/12/25 to discuss content of letter to Audit Scotland. Board was advised that the CE and Chair would also discuss the possibility of liaising with the Scottish Social Services Council on the matter.
17.0	<b>Extension of the Delivery Reference Group – Report No: B-21-2025/26</b>	The DRG Chair, Board Chair and Chief Executive to review the quorum requirement within the group's terms of reference and invite Board members to express notes of interest in an additional place on the group.	<b>DRG Chair/Board Chair/CE</b>	Before next meeting of DRG	<b>Update 11/12/25</b> Chair invited notes of interest from across the Board by 31 December 2026.
<b>Actions from Public Board held 11 December 2025</b>					
4.0	<b>MINUTES OF PREVIOUS MEETING</b>	Approved minutes to be published to CI website	<b>ECCSM</b>	Immediate	<b>Completed</b>
5.0	<b>ACTION RECORD</b>	Updates provided at meeting to be added to rolling action record.	<b>ECCSM</b>	Immediate	<b>Completed</b>

<b>10.0</b>	<b>MONITORING OUR PERFORMANCE 2025/26 QUARTER 2 REPORT – REPORT NO: B-25-2025/26</b>	Let Head of OWD know about NHS Scotland's new core mandatory training comprising nine modules, with a view to comparing with CI requirement.	<b>CE</b>	Immediate	<b>Completed</b>
<b>14.0</b>	<b>PROCUREMENT UPDATE AND PERFORMANCE REPORT 2024/25 – REPORT NO: B-29-2025/26</b>	Consider how best to communicate more widely the Care Inspectorate's activities positive impact on communities.	<b>HoCPC/F&amp;PM</b>	Immediate	Work is ongoing to identify areas of community work that can be publicised, such as the benefit delivered through the CI's participation in the Children's Christmas Gift donations which was outlined in the procurement report. <b>Completed</b>
<b>16.0</b>	<b>STRATEGIC RISK REGISTER MONITORING – REPORT NO: B-30-2025/26</b>	Risk Register Monitoring Statement (Appendix 2) to be updated to remove reference to the National Care Service under the actions related to strategic risk 1.	<b>HoFCG</b>	Immediate	<b>Completed</b>

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
I&AM	Intelligence and Analysis Manager	F&PM	Finance and Procurement Manager



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

<b>EXECUTIVE SUMMARY</b>	
This Chair's update will sum up some of my activities since the public Board meeting held on 11 December 2025.	
<b>The Board is invited to:</b>	
1.	Note the information contained in this report.

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

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

<b>Data Protection Impact Assessment Screening</b>		
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"/> <b>Reason:</b> There are no data considerations, or no sensitive data is being processed.

**BOARD MEETING 5 March 2026****Agenda item 7****Report No: B-31-2025/26**

**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 SPONSOR MEETINGS**

We have had many positive discussions recently about progressing the Care Inspectorate budget request for 2026/2027, and I was delighted with the work undertaken by the Care Inspectorate Chief Executive, Jackie Irvine and directors as well as the Scottish Government Sponsor team, to secure such a positive outcome in the recent Scotland wide budget round. This result reflects not only the high quality of the submission and the depth of due diligence provided but also the strong recognition of the significant contribution that the Care Inspectorate makes across Scotland.

From my own perspective, I can see first-hand the tremendous amount of work invested in fostering a strong Sponsor and Care Inspectorate relationship and in building a shared understanding of the key drivers of success for our organisation.

We have also been discussing the recruitment needs and timescales for the upcoming Care Inspectorate Board member advertisement, to replace one of our outgoing members as they approach the end of their second term of office with us.

**2.0 PUBLIC BODIES CHAIRS ASSOCIATION**

I recently attended the inaugural meeting of Public Bodies Chairs Association, where twelve chairs from a range of Scottish public bodies including Scottish Enterprise, Scottish Environmental Protection Agency (SEPA) and others came together to begin discussions on public sector reform and explore how we can better support one another. This first session was highly constructive, with a strong consensus of views and a clear commitment to collaborative progress. The next meeting takes place early March 2026 in Edinburgh where we will continue to discuss our shared challenges. I will continue to provide updates on these meetings as they progress.

**3.0 CARE INSPECTORATE AND HEALTH IMPROVEMENT SCOTLAND JOINT CHAIRS AND CHIEF EXECUTIVE'S MEETING**

We continue to collaborate and share knowledge and ideas for the common good of both organisations. I find these sessions extremely interesting and beneficial and I am grateful to all who attend. Recent discussions have focused primarily on the challenges with organisational budgets and how we plan to prioritise activity within the resources available while continuing to deliver on our respective strategies. We will continue to share ideas and explore opportunities together in this space.

**4.0 HOLYROOD ROYAL GARDEN PARTY**

My sincere thanks go to Chief Executive, Jackie Irvine and all colleagues who submitted nominations, along with the supporting evidence. As always, we received many worthy and deserving nominations from across the organisation. Reading the individual stories and learning about the contributions each nominee has made to the Care Inspectorate made the selection process both challenging and inspiring. This is the time of year I particularly value, as it provides an opportunity to reflect on the dedication, loyalty, service and commitment demonstrated by so many individuals who help make the Care Inspectorate what it is.

The high calibre of nominations made it especially difficult to narrow the list to the four individuals who will attend and represent the Care Inspectorate at the annual Royal Garden Party in Edinburgh. I hope that the four individuals attending will enjoy a memorable experience and have the opportunity to engage with others from across Scotland's public and civic life. I look forward to hearing about their experience in due course.

**5.0 BOARD MEMBER RECRUITMENT**

Discussions have commenced in partnership with our Scottish Government sponsor team and the Public Appointments office to recruit a replacement for Naghat Ahmed who will reach the end of her second term with the Care Inspectorate on 15 April 2026.

I have included this item as a separate and ongoing heading so I can continue to provide updates as the process progresses, including anticipated timelines for appointing a new Board member.

**6.0 JOINT CARE INSPECTORATE AND SCOTTISH SOCIAL SERVICES COUNCIL BOARD DEVELOPMENT EVENT**

The two respective Boards and Executive Teams will come together immediately following the Care Inspectorate's March Board meeting to share thinking and explore areas of joint interest and potential collaboration. Both Scottish Social Services Council Convener, Peter Murray and I, along with Care Inspectorate Chief Executive, Jackie Irvine and Scottish Social Services Council Chief Executive, Maree Allison are looking forward to this event and to the opportunity it provides for constructive discussion and collective insight. We look forward to welcoming as many board members and Executive Team colleagues who can attend.



<b>Title:</b>	<b>CHIEF EXECUTIVE'S REPORT</b>
<b>Author:</b>	Jackie Irvine, Chief Executive
<b>Appendices:</b>	None
<b>Consultation:</b>	N/A
<b>Resource Implications:</b>	No

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

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

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

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

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

**BOARD MEETING 5 MARCH 2026**

**Agenda item 8**  
**Report No: B-32-2025/26**

<b>Reasons for Exclusion</b>	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
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## CHIEF EXECUTIVE'S REPORT

### 1.0 INTRODUCTION

As well as the regular meetings attended with external partners and stakeholders I have been involved in many Child Sexual Abuse and Exploitation meetings over the past number of weeks. I, two Executive Directors and some colleagues from across the teams also had the pleasure of meeting Minister Blandthorn and colleagues from the Australian State Government of Victoria. The purpose of this was to discuss some key reforms that Minister Blandthorn is leading in Victoria. She was particularly interested to hear about the Care Inspectorate key priorities as they are currently considering a legislative proposal to introduce shared responsibility across all Ministerial portfolios and Government departments for improving outcomes for care experienced and other priority cohorts of children and their families. This is similar to the Scottish Corporate Parenting approach.

### 2.0 POLICY AND STRATEGIC DEVELOPMENT

#### 2.1 UK NPM Self-evaluation and Solitary Confinement Review

The Children and Young People regulated teams have responded to the UK NPM's (National Preventive Mechanism) self-evaluation of OPCAT (Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment) compliance, which was required of all NPM bodies by January 2026. The UK NPM are also undertaking a thematic review looking at solitary confinement across all deprivation of liberty settings. We responded to the survey for this in January 2026, in respect of the use of solitary confinement in our four secure accommodation services.

#### 2.2 Care Homes for Adults - The Design Guide

During 2025, the Chief Inspector for Registration and Complaints convened a short-life working group to review our published 'Care Homes for Adults - The Design Guide'. This was following feedback from providers and developers of services stating that the recommended cap of 60 places per care home service was creating challenges in respect of building new care homes, and therefore, Scotland was increasingly looked upon as a non-viable option. From the review, which included analysis of current research, our own intelligence, and hearing from people experiencing care and their relatives, the decision was made to increase the recommended cap from 60 to 100. Our updated guidance was re-published on 2 February 2026, and can be found [here](#).

#### 2.3 Policy updates

The policy team continues to analyse, advise on and engage with a number of other key policy developments, including:

- The continued progress of legislation, including:

- the Children (Care, Care Experience and Services Planning) (Scotland) Bill, the Restraint and Seclusion in Schools (Scotland) Bill and the Assisted Dying for Terminally Ill Adults (Scotland) Bill
- regulations relating to Anne's Law and the cross-border placement of children
- Plans for future legislation on human rights
- Key publications and developments relating to other areas of policy, including: the promise, the Independent Review of Fatal Accident Inquiries relating to deaths in custody, the national review of responses to group-based child sexual abuse and exploitation, and the forthcoming Scottish Parliament elections.

We began developing consultation responses on:

- Domestic Homicide and Suicide Review Statutory Guidance
- The future of secure care and the single point of contact (SPOC) for victims in the Children's Hearings System
- The Vision for Kinship Care

## **2.4 Anne's Law**

This new law has now passed and we have formally responded to the consultation on the regulations. Scottish Government has requested a further funding application for resources to support Anne's Law implementation in the sector. To support Anne's Law implementation a new notification is being introduced to inform us when visiting is restricted. We are developing guidance for the sector in collaboration with them and will be providing support through webinars.

## **2.5 Care at Home Integrated Inspection - Strategic Scrutiny and Adult Regulated Care**

A pilot has taken place of a Care at Home Integrated inspection. This brought together the methodologies and approach to support a better understanding between Health and Social Care Partnerships, Care at Home and those services they commission. This may be an important area of future development and a report is currently being developed to reflect the learning and potential next steps.

## **2.6 Digital Social Care Improvement Programme**

Over the past two months, the Digital Social Care Improvement Programme has made significant progress supporting the safe and effective use of digital technology in social care.

Phase 2 of the PainChek pilot has now concluded, with the [academic evaluation](#) published and follow-up discussions underway to explore independent analysis and future options for Scotland. PainChek is currently in use across more than 120 care homes, demonstrating strong sector engagement and growing digital

maturity. Communication channels continue to be used proactively to promote learning, gather examples of good digital practice, and support wider system engagement. Webinars, focus groups, and the launch of the Digital Self Evaluation Toolkit (with accompanying resources) have supported social care providers to assess and strengthen their digital capabilities. Analysis of annual returns data on digital readiness has been completed and widely shared, informing targeted improvement activity.

Collaboration with national partners remains a core strength of the Programme. The Digital Social Care Improvement Programme continues to contribute to cross sector initiatives including national digital programmes, Digital Care Collaborative Scotland, and sector wide discussions on AI, digital inclusion, and innovation pathways. A webinar on 22 January 2026 attracted 225 participants and featured contributions from NES and the Scottish Social Services Council (SSSC), showcasing shared resources to build digital capability across the workforce.

### **3.0 COLLABORATIVE/PARTNERSHIP WORKING**

#### **3.1 The Promise Scotland - Stories of Change and Gathering Event**

We were asked by The Promise Scotland to contribute to their published stories of change. The CYP regulated teams' contribution, [Care Inspectorate on restrictive practices](#), relates to the work we have undertaken around restrictive practices over the past six years to help keep the promise. We also presented at The Gathering event on 10 February 2026, entitled 'How do we keep the promise made to Scotland's children, families and care experienced adults?' Our contribution centred on [Plan 24-30's Route map: Rights and Restraint](#), to help the audience understand the type of information that is in a route map, how the route maps can help planning, and the link to The Promise Story of Progress.

#### **3.2 Childminding Practitioner Pilot**

Colleagues in Early Learning and Childcare (ELC) Inspection are working with Registration and Methodology to develop guidance to support the pilot on the use of Childminding Practitioners. The aim of the pilot is to test the benefit of giving childminders, "time off the floor" for activities usually undertaken in their own time. The project has been funded through Scottish Government and developed by Scottish Childminding Association (SCMA). This was in response to feedback from childminders about the need for time away from minding children to complete the necessary paperwork required for delivering a care service.

### **3.3 Quality Improvement Framework for the Early Learning and Childcare Sectors**

From the end of February through March 2026, the Quality Improvement Framework team delivered a programme of in person and virtual sessions for childminders across Scotland. These sessions focus on familiarising childminders with the framework to support effective self-evaluation. The aim is to provide an engaging and supportive approach that helps childminders identify their strengths and areas for development. Feedback from ELC inspection teams has highlighted that the quality indicator most beneficial for childminders is Leadership and Management of Staff and Resources. As a result, the sessions placed a particular emphasis on this quality indicator, making it more relatable and accessible for childminding services.

### **3.4 Practice Note**

ELC have produced a practice note to support understanding of restrictive practice in early learning and childcare settings. The document, which reflects the organisations restrictive practice policy position, is designed to support better understanding within an ELC context. The practice note provides examples and case studies that can be used by managers when having professional dialogue with practitioners.

### **3.5 Project REACH**

Project Reach has implemented a comprehensive, whole system, and proactive approach within the national complaints team, resulting in notable improvements in complaint handling across two major adult care providers. This work has included the introduction of structured complaint huddles, an enhanced emphasis on early resolution, and the development of improved recording systems—all contributing to a reported average reduction of approximately 30% in upheld complaints across both providers. Further sessions are scheduled for 2026 with the aim of broadening this programme and strengthening relationship management practices in relation to complaints. Additionally, a Project Reach webinar delivered to the ELC sector specific to childminders in December 2025 underscored the importance of learning from complaints, provided an overview of the complaints process, presented relevant data insights alongside a real investigation example, and facilitated reflective discussion on the emotional impact of complaints and the role of notifications in strengthening the Care Inspectorate's intelligence.

### **3.6 Quality Conversation Event**

We held our first online Quality conversation event targeted at Chief Social Work Officers (CSWOs) on 2 February 2026. The topics covered were Protection Procedures, Inspection Satisfaction Questionnaires (ISQs) and Core

Assurances. We had 19 delegates from across Scotland. Some senior managers and chief officers attended in the place of CSWO colleagues.

### **3.7 Quality improvement framework (QIF) for ELC sectors**

Engagement with the sector continues to help us learn about the impact of the Framework as we approach the new inspection year. This has included gathering formal feedback through post-inspection focus groups and surveys. Ongoing communications support to the project includes a monthly Provider Update and social media content including videos of parents, providers and inspectors talking about their experience of the new Framework and highlighting best practice.

### **3.8 Young Inspection Volunteer Podcast for Strategic Inspection**

The report of a joint inspection of services for children and young people subject to compulsory supervision orders while living at home with their parents in the Western Isles was published in January along with an accompanying press release and podcast. The podcast included a discussion between a strategic inspector and a young inspection volunteer, highlighting the report's key findings and wider role of the volunteers.

### **3.9 Collaborative working with NHS Education Scotland (NES) and Scottish Social Services Council (SSSC) to support Adult Care sector**

On 18 December 2025 we joined our partners NES and SSSC to look at the learning needs of the sector from regulation and how we then support the sector through training and best practice guidance. This work supports all three organisations working together to support the sector using themes from our regulatory work, TURAS and SSSC Open Badges. The next step is agreeing signposting of work and how we will communicate together to the sector.

### **3.10 Supporting Development and Learning of Occupational Therapy (OT) Students on Social Care**

One of our Adult Team Managers is leading session for Occupational Therapy Students on social care sector, legislation, good practice and importance of OT in social care setting.

### **3.11 Early Learning and Childcare (ELC) Improvement Programme**

The ELC Improvement team has successfully completed Cohort 12 of the programme. This concluded with a virtual celebration event where participants shared their achievements with local authority leads and peers. Feedback from the cohort has been highly positive, with participants valuing the blended approach that combines our established programme with a devolved Scottish

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Improvement Foundation Skills (SIF) model and nationally recognised online QI modules. Cohort 13 is already underway, maintaining strong momentum.

The programme has collaborated with colleagues in the SSSC to produce and publish a new 'bitesize' recording, now available on the HUB. This resource provides an accessible overview of recent changes to SSSC registration requirements for all daycare of children registrants.

In addition, colleagues from the Safer Staffing Improvement Programme supported a well-attended peer support session for former ELC programme participants. Attendees explored the implications of the Act and reflected on its impact on their services, contributing to shared learning and sector readiness.

### **3.12 Onvero Membership – Strengthening our equalities mainstreaming work**

We have now concluded a successful procurement process with Onvero, securing a one year organisational membership. Onvero, formerly the Employer's Network for Equality and Inclusion (enei), is a UK based not-for-profit organisation specialising in supporting employers to build diverse workforces and inclusive organisational cultures through membership, training, and consultancy.

Early engagement has already established a strong platform for a shared, intersectional approach to equalities, recognising the ways in which overlapping protected characteristics and socio-economic factors shape people's experiences.

Onvero will provide strategic advice, insight, and constructive challenge to strengthen our equalities work, inform decision making, and support robust governance and assurance. This relationship will help us further mainstream equalities and human rights across the organisation, manage risk, and maintain a clear focus on delivering our equality outcomes for both our workforce and people experiencing care.

### **3.13 Young Inspection Volunteers**

Work to refresh and expand our young inspection volunteering offer is now at the scoping stage, supported by colleagues across strategic and regulatory inspection teams. We are working closely with Move On to explore how a future volunteering pathway for young people aged between 18–21 years (with the option to remain involved up to age 26) can strengthen employability, confidence, and personal development.

This aligns directly with Commitment 3 of our Children's Rights and Corporate Parenting Plan, which focuses on supporting young people to build skills and progress into employment, education, or training. Current work includes considering how we better articulate the value of inspection volunteering for care experienced young people transitioning into the workplace. The next phase will

focus on adapting the volunteer advert and preparing for recruitment, ensuring the offer is accessible, appealing, and clearly aligned with employability outcomes for this age group.

### **3.14 Adult Inspection Volunteers**

Alongside their inspection activity, both new and existing volunteers have played an active role in the consultation process for our new Corporate Plan 2026-2031. Their involvement ensures the plan reflects the insights, experiences, and needs of those who contribute to our work through volunteering.

### **3.15 Safe Staffing Programme (SSP)**

The Safe Staffing Programme continues to make steady progress against its four agreed programme objectives, which remain on track for completion by 31 March 2026. A funding proposal has been submitted to the Scottish Government seeking support for a legacy year to enable a managed transition and consolidation of learning.

### **3.16 Increased Integration / Local Authority (ILA) Activity**

Following publication of the 2024/25 Ministerial Annual Report for the Act, SSP has responded to increased ILA engagement. This included delivering a presentation to the Strategic Planning & Performance Officers Group (SPPOG) Network, comprising senior planners from across HSCPs. [Health and Care \(Staffing\) \(Scotland\) Act 2019 2024/25 Ministerial Annual Report](#).

### **3.17 Scottish Child Abuse Inquiry**

This Inquiry has now embarked upon hearings relating to Phase 10 of its work, considering the provision of residential care for children and young people in establishments run by Local Authorities and establishments run by voluntary providers used by Local Authorities to place children in care. The Care Inspectorate has a limited interest in this Phase; it or its statutory predecessor having regulated two of the services of interest to the Inquiry in this phase of its work.

### **3.18 Scottish and UK Covid-19 Inquiries**

The Care Inspectorate continues its engagement with both Inquiries, which remains an onerous commitment. We have recently responded to an extremely onerous requirement to generate information for the Scottish Covid-19 Inquiry. A preliminary hearing will take place on 19 March 2026, at which the Inquiry's plans for the coming months will be discussed. The Inquiry expects to hold hearings in October 2026, to examine the evidence from those public bodies and organisations who were responsible for implementing policy during

the pandemic. It seems likely that a representative of the Care Inspectorate will be invited to give evidence in those hearings.

### 3.19 Review of Care Service Definitions

The Head of Legal Services is a co-chair (with SSSC and Scottish Government) of the Steering Group overseeing this work, which remains ongoing. It is hoped that public consultation on review of the definitions will commence in Spring 2026.

### 3.20 Launching a New Approach to Sector Collaboration and Reflective Practice

A joint, innovative programme is being developed involving a Senior Improvement Adviser, our Children and Young People teams, and Local Authority children's homes. Designed around modelling, reflection, and meaningful collaboration, this approach aims to strengthen leadership, build practice confidence, and improve the care experience for children and young people across Scotland.

**The Promise in Partnership**, a seven-month quality improvement collaborative running from March to September 2026, will support six care homes for children across Scotland. Its overarching aim is to improve the care experience of children by supporting registered managers to:

- build leadership capability
- grow confidence in their practice
- design and deliver a focused improvement project that leads to meaningful outcomes for children

The new Quality Framework (QF), due to launch next month, will act as a guiding anchor for the collaborative, supporting teams to plan and test changes, and to reflect on learning, practice, and impact.

**The Practical Dementia Resources (PDR) project** led by Senior Improvement Advisors, is focused on co-designing a shared learning platform to support care staff in delivering non-pharmacological approaches to dementia.

A paper on the project has been published: [Practical Dementia Resources: A Platform for Peer-to-Peer Shared Learning, David Marshall, Maureen Cossar and Lynn White. J Dem Care. Vol 33 No 6 November/December 2025, pp24-26](#)

Work continues to develop and refine content for the platform ahead of its launch. A range of audio, video, and written resources has already been produced, with additional materials currently in development and further recording sessions planned.

### **3.21 Revised Quality Framework for Care Homes for Children and Young People (CYP) and Special Residential Schools**

The CYP regulated teams have worked closely with our methodology team to review the Quality Framework for care homes for children and young people and special residential schools. We have introduced an updated key question 6 to support services to evaluate how well they are delivering positive outcomes for children and young people in their service. We have refreshed the contents of key questions 1 to 5 with updates to some of the key areas and quality illustrations to align more closely with the promise aspirations. The previous key question 7 document now forms part of the full quality framework. The revised quality framework was published on 5 February 2026 to align with the sixth anniversary of The Promise.

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

### **4.1 Promoting our Values and Cultural Aspirations**

Our corporate calendar for 2026 showcases colleagues' creativity by featuring the 12 finalist photos from our 2025 staff competition. It also helps keep our values visible throughout the year - each month highlights one of our values and cultural aspirations, along with a challenge or reflection for staff. Finally, the calendar features key awareness days across the organisation. So far in January, we have shown our support for Race Equality Week and LGBTQ+ History Month.

### **4.2 Access all Areas**

January also saw the launch of a new resource, 'Access all Areas', which brings together guidance, tools, and support to help staff make their work more accessible and inclusive. We have added an Access all Areas button to the quick links section on the intranet homepage, so the resource is easy to find.

### **4.3 Pay Remit**

Our trade unions balloted members on pay proposals and these were accepted. Following the nominal advance given to staff in their November pay, we implemented the full pay changes in January 2026 and made backdated adjustments as required. The agreement was for a two year pay deal therefore the next uplift will be implemented in April for all staff.

### **4.4 Revised Lifelong Learning Agreement**

A minor review of the Lifelong Learning Agreement has been undertaken by the Lifelong Learning Group as part of its programme of work. The Agreement sets out a shared commitment between the Care Inspectorate and the joint trade unions to support learning and development for all colleagues. The Lifelong

Learning Group brings together OWD colleagues and joint trade union representatives, to champion lifelong learning. The group influence priorities, share insight from across the organisation and help ensure learning opportunities remain relevant, accessible and inclusive.

The review was carried out in partnership and focused on improving clarity, strengthening alignment with our organisational values and ensuring the agreement reflects current learning and development practice. The Partnership Forum approved the revised Lifelong Learning Agreement in January 2026, with publication to staff in February.

## **5.0 ORGANISATIONAL TRANSFORMATION**

### **5.1 New website project**

The new website project is progressing well. The Beta phase has commenced, which is focussed on shaping and refining our page designs and content templates and beginning to build the platform. Updates are being shared with colleagues across the organisation to share visual of the new site and seek feedback. The new site will also feature a new domain name - careinspectorate.scot - when it goes live.

### **5.2 Social media channels**

We have paused our activity on the social media channel X. Visitors to the account are now directed to our other channels for our information and updates. We will keep this under review.

### **5.3 Digital Transformation Stage 2**

Over the last three months, the Stage 2 project has continued to progress at pace, moving firmly through the Beta (build) phase and increasing focus on organisational readiness for go-live.

Key areas of progress include continued iterative development and testing of core functionality, alongside strengthened assurance and governance. An external DAO review concluded with an Amber/Green delivery confidence rating, providing confidence in the overall project progress while identifying a small number of recommendations that are now being actively addressed.

Significant effort has been focused on transition and cutover planning, particularly to ensure a safe and manageable move from legacy systems to the new digital platform. Clear principles are now emerging to minimise operational risk, including how in-flight work will be handled across inspections, notifications, registrations and complaints.

Change, communications and training activity has ramped up over this period. Engagement with staff has increased through project board sessions,

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workshops, change impact assessments and early training planning, helping to surface concerns, refine plans and build readiness across services.

Overall, the project remains on track, with increasing emphasis now shifting from build to delivery readiness, transition and go-live preparation for a go-live on Monday 8 June 2026.

**5.4 Inspection Plan**

The data and planning teams have been working with operational colleagues and our Stage 2 colleagues in preparing our 2026/27 Inspection Plan. This is the first year in recent times that we have broken down inspection numbers so that it is transparent in what we are aiming to deliver from an inspection performance perspective. The planning team, in conjunction with operational colleagues, will be producing a quarterly inspection performance report.



<b>Title:</b>	<b>CORPORATE PLAN 2026-31 AND PERFORMANCE MEASURES</b>						
<b>Author:</b>	Lisa Rooke, Head of Corporate Policy and Communications Ingrid Gilray, Intelligence and Analysis Manager						
<b>Responsible Director:</b>	Edith Macintosh, Executive Director, Assurance and Improvement Gordon Mackie, Executive Director, Digital and Data						
<b>Appendices:</b>	<table border="1"> <tr> <td><b>1.</b></td> <td><b>Designed draft of Corporate Plan</b></td> </tr> <tr> <td><b>2.</b></td> <td><b>Designed draft of 'Who we are' document</b></td> </tr> <tr> <td><b>3.</b></td> <td><b>Proposed performance measures</b></td> </tr> </table>	<b>1.</b>	<b>Designed draft of Corporate Plan</b>	<b>2.</b>	<b>Designed draft of 'Who we are' document</b>	<b>3.</b>	<b>Proposed performance measures</b>
<b>1.</b>	<b>Designed draft of Corporate Plan</b>						
<b>2.</b>	<b>Designed draft of 'Who we are' document</b>						
<b>3.</b>	<b>Proposed performance measures</b>						
<b>Consultation:</b>	Consultation has taken place internally and externally via surveys and engagement sessions with staff, volunteers and our external stakeholders throughout 2025 and 2026.						
<b>Resource Implications:</b>	<b>No</b>						

#### **EXECUTIVE SUMMARY**

The Board provided feedback on the draft of the corporate plan and the 'Who we are' document at the Board Development Event in January 2026. Further feedback was also sought from our inspection volunteers and stakeholders. The draft has been updated to reflect the comments received. A meeting was held with the Minister for Social Care, Mental Wellbeing and Sport on 12 February to share the draft with him which was positively received.

The documents have now been updated and designed.

Since September work has been underway on the development of the associated performance measures. 11 workshops have been held with staff, partnership forum representatives and board members, and three Board development events have been held for Board members to review the measures.

Appendices 1 and 2 set out the designed version of the corporate plan, including the performance measures, and 'Who we are' document.

Appendix 3 sets out the performance measurement approach that the Care Inspectorate plans to use to measure its progress towards the strategic outcomes set out in the Corporate Plan 2026-2031. It includes details of the proposed set of measures for 2026/27.

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<b>The Board is invited to:</b>	
1.	Discuss the designed draft of the corporate plan, provide feedback and approve it for submission to the Minister for approval.
2.	Discuss the designed draft of the 'Who we are' document and provide feedback.
3.	Note the approach to developing performance measures, and approve the proposed measures for 2026/27, noting that the targets will come for approval at the first Board meeting in the new financial year 2026/27.

<b>Links</b>	Corporate Plan Outcome (Number/s)	All	Risk Register (Yes/No)	No
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<b>For Noting</b>		<b>For Discussion</b>	<b>X</b>	<b>For Assurance</b>		<b>For Decision</b>	<b>X</b>
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<b>Equality Impact Assessment</b>		
<b>Yes</b> <input checked="" type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/> (One is planned or is already in progress)	<b>No</b> <input type="checkbox"/> <b>Reason:</b>

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

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

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

**BOARD MEETING 5 MARCH 2026**

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<b>Reasons for Exclusion</b>	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
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.

## CORPORATE PLAN 2026-31 AND PERFORMANCE MEASURES

### 1.0 INTRODUCTION / BACKGROUND

Since March 2025, the new corporate plan for 2026 – 2031 has been in development. This has involved a process of consultation with our Board, staff, volunteers and external stakeholders. A separate document setting out who we are and what we do has also been developed.

Since September 2025 work has been underway on the development of the associated performance measures. 11 workshops have been held with staff, partnership forum representatives and board members, and three Board development events have been held for Board members to review the measures.

### 2.0 CORPORATE PLAN CONSULTATIVE GROUP

A corporate plan consultative group was established in April 2025 and has met every two months. The group consists of two Board Members, Bill Maxwell and Charlotte Armitage, and representatives from across the organisation. It was set up to provide input on the development of the corporate plan and advise on engaging as widely as possible both internally and externally. The group has also been involved in the development of the KPIs and KOIs.

### 3.0 CONSULTATION

In March 2025, an initial consultation session was held with the Board and members of SMG to gather views on our current corporate plan and incorporate these into the new draft.

We then conducted a survey and held engagement sessions in April and May 2025, with a range of different stakeholders to seek their views on the development of our new corporate plan. This included consultation with our staff, volunteers and external stakeholders from various sectors.

This feedback was analysed and used to inform the development of the new corporate plan. Further engagement sessions were then held throughout November and December 2025 and January 2026 to seek feedback on the draft.

In total, we undertook the following:

- Internal engagement sessions – 180 staff
- Volunteers / care experienced - 10
- External engagement sessions – 170 attendees
  - Providers
  - Representative groups
  - Local authorities / partnerships, including Highlands and Islands
  - Other stakeholder groups

- Surveys (internal and external) – 120 responses

The feedback centred around the following themes:

- Re-emphasise person-centred approach throughout
- Support for shorter, more accessible document
- Strengthen collaborative language and approach– with sector, communities and staff
- Positive feedback on the rights commitments and trauma-informed
- Reflect the context that services are working in
- Support for themed reports to share our findings
- Sharing good practice

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

##### **4.1 Resources**

The new corporate plan will have an annual business plan setting out our priorities for each year. This will align with our budget and resource planning for the organisation.

##### **4.2 Sustainability**

The corporate plan reflects our commitment to improving our energy efficiency and adopting more sustainable working practices.

##### **4.3 Policy**

The Corporate Plan should be considered within the context of a range of policy developments and their possible implications for the Care Inspectorate over the next year. It should also be noted that the Scottish Parliament Election takes place in May 2026 and the outcome will have implications for policy development and discourse in the coming months. In the meantime, we continue to engage in relation to legislative change, policy and practice developments.

The Care Reform (Scotland) Act was enacted in 2025 and we continue to engage on implementation of relevant provisions within the legislation, including enhanced enforcement powers for the Care Inspectorate in relation to the cancellation of a care service registration and the enshrining of Anne's Law. We will continue to offer our professional advice and guidance in relation to other related developments, including: the newly established National Care Service Advisory Board; development of a Support and Improvement Framework; a revised programme for improving complaints processes; the new National Social Work Agency (launching in April 2026).

We will continue to demonstrate our commitment to keeping the promise and have engaged heavily in relation to the development of the Children (Care, Care Experience and Services Planning) (Scotland) Bill and related duties.

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Other key policy developments we will continue to monitor and engage with include:

- the ongoing reviews of care service definitions and the Health and Social Care Standards
- public service reform, including any proposed changes to the regulatory and improvement landscape
- ongoing discussions on proposals for legislation in relation to Human Rights and Learning Disabilities, Autism and Neurodivergence respectively
- education reform, as it relates to the work we do in daycare of children and childminding services and how we work collaboratively with HMIE and the new Chief Inspector of Education
- working in partnership with Scottish Government to explore potential of a school age childcare specific definition and options for future regulation of school aged childcare services, which would have a direct impact on scrutiny work and resources
- the development of a new Domestic Homicide and Suicide Review system, as legislated for in 2025
- the implementation of new regulations in relation to the regulation of child contact services
- ongoing discourse and proposals around the social care workforce, including in relation to pay and conditions, immigration and modern slavery
- the continued implementation of other recently enacted legislation, including provisions in the Health and Care (Staffing) (Scotland) Act 2019 and the Children (Care and Justice) (Scotland) Act 2024.

It is also important to recognise that while the Covid-19 pandemic is no longer the subject of major policy discussion, its impact remains significant and continues to be reflected on through the ongoing Scottish and UK public inquiries.

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

It is imperative that the Care Inspectorate's core purpose of scrutiny, assurance and improvement support is set out clearly through a corporate plan which is easily understood and accessible to people experiencing care, our partners and all who we work with. Our new corporate plan, ensures our work is carried out in a way that focuses on people's outcomes, experiences and rights, paying particular attention to the overall health and well-being of people experiencing care.

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

The new corporate plan has been developed through a consultative process involving internal colleagues, external partners and people experiencing care.

**5.0 CONCLUSIONS/NEXT STEPS**

Once approved by the Board, the corporate plan including the performance measures for 2026/27 will be shared with the Minister for Social Care, Mental Wellbeing and Sport for approval. Once Ministerial approval is given, the corporate plan and the Who We Are and What We Do document will be published on our website. Some hard copies will also be made available. We will promote the documents through our normal communications channels.



# Corporate Plan 2026-2031

Working together towards a  
sustainable future for social care  
and social work in Scotland

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# The Care Inspectorate's vision, mission and values



## Our vision

The Care Inspectorate's vision is that everyone in Scotland experiences high-quality, compassionate care, support and learning when they need it, which upholds their rights and choices.



## Our mission

To achieve our vision and provide public assurance about the quality of social care services and social work, we will:

- ensure those who experience care and support - and their communities - are at the heart of all that we do
- register, inspect and resolve complaints about social care services
- work to ensure experiences and outcomes promote and uphold individual rights
- support services to continuously improve through effective self-evaluation and quality improvement
- actively share learning and good practice from and to the sector
- take action where we see people's outcomes not being met
- keep the public informed and assured about the quality of social care across Scotland.



## Our values

### Person-centred:

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

### Impact:

we focus on making a positive impact for everyone experiencing care in Scotland whilst ensuring our work delivers the best value to the public.

### Respect:

we value everyone's dignity and are respectful in everything we do.

### Equity:

we embrace diversity and nurture an inclusive environment where everyone is supported to achieve equal outcomes.

### Integrity:

we act impartially, fairly and consistently, upholding transparency and accountability in all our actions.



## Our strategic outcomes to achieve our vision

- Assure and improve
- Involve and inform
- Uphold and champion people's rights.

## We will maximise our impact through our:

- Workforce and volunteers
- Digital and data.



# Introduction

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

This means that we:

- register care services for children, young people, adults and older people in Scotland
- inspect these services and publish reports on our findings
- receive and resolve complaints about registered social care services
- act to support better outcomes when we find that care does not meet people's needs and wishes
- support ongoing improvement in social care and social work services
- carry out strategic and joint inspections with partners across local areas for services for children and young people, adults, older people and justice.

Our activity is risk-based, proportionate and evidence-led. This ensures it is targeted where it is needed most while undertaking our statutory responsibilities.

Those experiencing care – and their communities – are at the heart of all we do. Our work is informed by their needs and voices.

We work to understand and reflect the different contexts that services operate within, and we continue to learn and improve as an organisation.

We want care to have a positive impact on people's lives. We are committed to working with services to support the highest possible standards for those experiencing care and support.

We provide public assurance that the quality of care and support in Scotland is meeting people's needs.

Our sustainability strategy will set out our plan to reduce our emissions and contribute to reaching net zero by 2045.



# Our strategic outcomes to achieve our vision: assure and improve

# Our strategic outcomes to achieve our vision: involve and inform

We will deliver robust, independent evaluation of the quality of care, support, play and learning to provide public assurance. We will work with the social care sector and our social work partners to identify areas for improvement, and we will support this across the sector.

Over the next five years, we will prioritise:

-  improving the way we use our data and plan our work to fulfil our statutory duties and deploy our resources where they are needed the most.
-  developing new ways of working – informed by those experiencing care – to provide assurance and to support services, local authorities, partnerships and communities.
-  focusing our quality improvement work where it can have the greatest impact.
-  supporting the sector to carry out high-quality self-evaluation to continuously improve.

We will be a trusted source of information and guidance on the quality of care. We will enable the voices of those experiencing care and their communities to be heard and to influence our work.

Over the next five years, we will prioritise:

-  meaningfully involving people who experience care and support to develop new, inclusive and accessible ways to reach them and use their views to inform our work.
-  using and sharing the data and information we gather from the sector to inform the understanding of care as well as our work.
-  sharing good practice from the sector and our own work to develop an understanding of high-quality care and how to achieve and sustain it.
-  working with our partners and other bodies to ensure that social care and social work have a voice and can shape policy that affects them.

# Our strategic outcomes to achieve our vision: uphold and champion rights



We will strengthen our understanding of people's rights and keep them central to everything we do.

Over the next five years, we will prioritise:

collaborating with partners across the social work, social care, education and health sectors to promote and uphold rights.

promoting an understanding of what those experiencing care and their communities have a right to expect.

embedding a compassionate, trauma-informed and trauma-responsive approach.

further strengthening an equalities and human rights-based approach into all our work and interactions.

As an organisation we are committed to continuing to play our part in supporting:

- ▶ Corporate parenting
- ▶ The promise
- ▶ United Nations Convention on the Rights of the Child (UNCRC)
- ▶ Getting it right for every child (GIRFEC)
- ▶ Getting it right for everyone (GIRFE)
- ▶ Anne's Law
- ▶ National Dementia Strategy.



Keeping the promise at the heart of what we do



# Maximising our impact: through our workforce and volunteers

Our workforce, processes and systems underpin everything that we do. Investing in these will ensure that we are efficient, effective and collaborative to strengthen our impact on people's lives.

Our values and cultural aspirations guide our work and ensure people remain at the heart of everything we do. We will lead the Care Inspectorate to influence and respond to changes over the next five years ensuring our organisation is governed effectively. We will support our workforce to be motivated and empowered to move forward together and achieve our shared vision.

Over the next five years, we will prioritise:

- embracing a positive and inclusive environment where we listen to, learn with and empower our staff and volunteers.
- improving our planning to support our workforce, make the best use of our resources and maximise our impact.
- strengthening how we collaborate – internally and externally – to learn from and support the sector with expertise, information and guidance.
- continually listening, learning, and improving what we do in a compassionate, trauma-informed way.

## Our values

<b>Person-centred</b> we put people, empathy, compassion, and kindness at the heart of everything we do	<b>R</b> <b>Respect</b> we value everyone's dignity and are respectful in everything we do	<b>I</b> <b>Integrity</b> we act impartially, fairly, and consistently, upholding transparency and accountability in all our actions	<b>E</b> <b>Equity</b> we embrace diversity and nurture an inclusive environment where everyone is supported to achieve equal outcomes	<b>I</b> <b>Impact</b> we focus on making a positive impact for everyone experiencing care in Scotland whilst ensuring our work delivers the best value to the public
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## Our cultural aspirations

<b>Performance and delivery</b> we work together to optimise our capacity and ability to improve the lives of those experiencing care whilst also supporting work-life balance	<b>Trust and empowerment</b> we empower and trust each other. We are open and honest. We feel able to provide and receive respectful challenge	<b>Accountability</b> everyone is responsible and accountable for their actions. We live our values in all we say and do	<b>Listening, learning and improving</b> we seek feedback and use it to improve. We continuously learn and develop. We are innovative, and creative. We trial new ideas
<b>Inclusion and belonging</b> we are inclusive. We ensure everyone feels heard, valued and recognised. We support and encourage each other to prioritise wellbeing	<b>Shaping the future</b> we understand that change is inevitable. We are committed to engaging with change with openness and working together positively to shape our future. We embrace adaptability as a key skill	<b>Connection and collaboration</b> we connect and collaborate, working together to share knowledge, support, continuous improvement and overcome challenges	

# Maximising our impact: digital and data

Digital transformation is essential to the delivery of our strategic outcomes and supporting services to improve the quality of care people experience across Scotland. We are modernising our ways of working with a new accessible and efficient digital platform that supports our activity.

“Working together, we can build a more efficient, secure, and sustainable future for social care and social work in Scotland – one that puts people first and ensures that every voice is heard.”

Our digital transformation is about improving how we work and collaborate with those experiencing care and their communities, and with the sector.

We are also working to ensure that all our information is accurate, timely, and used responsibly.

Over the next five years, we will prioritise:

embracing technology to use our resources more efficiently and focus our time where it matters the most.

enabling and supporting service providers to securely access, update, and share vital information.

enhancing public engagement, offering people experiencing care, their families, and the wider public more opportunities to share their views directly with us and access information.

improving public assurance through transparent and data-driven reporting.

**Longer-term investment in digital and data**  
▶ This transformation marks the beginning of a sustained, long-term strategic investment in our digital capabilities. We are building an organisation that will adapt to evolving needs, embrace emerging technologies, and continuously improve what we do.



# Performance measures

We will measure its progress towards the strategic outcomes and key areas set out in the Corporate Plan 2026-2031 through a set of key performance indicators and key outcome indicators.

**Key Performance Indicators (KPIs)** are specific and quantifiable measures against which our performance can be assessed:

- ▶ KPI 1 - % of people telling us that our scrutiny supports improvements in care.
- ▶ KPI 2 - % statutory inspections completed.
- ▶ KPI 3 - % services outwith desired frequency.
- ▶ KPI 4 - % registrations completed within timescales
- ▶ KPI 5 - % of complaints about care we investigated were resolved within the relevant timescales (40 days)
- ▶ KPI 6 - % of assurance and improvement interventions and consultation that include direct input from people who experience care and their families.
- ▶ KPI 7 - % of responses confirming our staff take a trauma-informed approach.
- ▶ KPI 8 – Development of new care standards. Year 1: % frameworks revised. Year 2: % of frameworks implemented.
- ▶ KPI 9 - % staff absence.
- ▶ KPI 10 - % staff turnover.
- ▶ KPI 11 – average time to write an inspection report.
- ▶ KPI 12 - % services onboarded to new digital system.

**Key Outcome Indicators (KOIs)** are measures that we aim to influence by our work, but which we may have limited control over:

- ▶ KOI 1 - % services with good or better grades (across all key questions)
- ▶ KOI 2 - % services with >90% people telling us they are happy with the quality of care and support they receive.
- ▶ KOI 3 - % of services with expected grades or better.
- ▶ KOI 4 - % of services good or better for key question 1: how well do we support people's wellbeing?



# National Performance framework

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



Our work also supports the delivery of the Scottish Government’s priorities as set out in the Programme for Government and the delivery of the wellbeing economy through its Economic Strategy.

**Links to other plans and strategies that will help us achieve our vision:**

- ▶ Scrutiny and Assurance Strategy and Plan
- ▶ Quality Improvement and Participation Plan
- ▶ Financial strategy
- ▶ Children’s rights, care experience and corporate parenting plan 2024-27
- ▶ Equality outcomes action plan 2025-29
- ▶ Sustainability plan
- ▶ Learning and development plan
- ▶ Strategic workforce plan



# Glossary of definitions

**People who experience care:** When we talk about people in our corporate plan, we are referring to all those who experience social care and social work throughout their life journey. This can be people of all ages – babies, infants, children, young people, adults and older people – and includes their family, friends and those closest to them who may also provide care and support.

**Social care:** Social care support services are about providing people with the support and assistance they need to lead a full and active life. Social care support is delivered in a variety of settings, including people’s own homes, their local communities and care homes, by a mixed economy of public sector and independent services. Social care support is one part of a wider system, that includes social work services, housing, third sector, children’s services, early learning and childcare provision and community health. ([Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland final report \(2023\)](#))

**Social work:** The International Federation of Social Workers’ [global definition](#) of social work is “a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work.”

**High-quality care:** For people to experience high-quality care they should be treated with dignity, respect, compassion, feel included, and experience responsive, person-centred care, that supports their mental health and wellbeing. Care should be innovative, support positive outcomes for people, strive for excellence and promote a culture of continuous improvement.

**Person-centred:** Person-centred care is about ensuring the people who use services are at the centre of everything we do. Putting the person at the centre, identifying what is important in their life, ensuring that everyone is working together to achieve the same purpose of maximising the person’s independence and quality of life. ([Iriss: Reshaping care and support planning for outcomes](#))

**Scrutiny:** The process by which we register, inspect or investigate services. Scrutiny is underpinned by legislation and standards, and we have a number of quality frameworks which support us to assess how well services are performing.

**Strategic scrutiny and joint inspections:** We undertake joint and strategic inspections either on our own or with partners. These inspections focus on the scrutiny, assurance and improvement of services provided by local authority social work services and partnerships. They look at services for children and families, adults and older people and people involved with the justice system. The inspections explore how adults’ and children’s rights are promoted and upheld, the extent to which they are enabled to exercise choice and control in how their support is provided, and the outcomes they experience.

**Quality improvement:** We support quality improvement across social care, social work, local health and social care partnerships as well as early learning and childcare. We take a whole-system, collaborative approach to quality improvement – this involves identifying themes and trends from our scrutiny activities and responding to these with a targeted approach to quality improvement. Quality improvement is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement. Source – [Quality improvement made simple](#)

**Outcomes-focused:** The term ‘outcome’ is now in common usage in health and social care, reflecting a commitment to ensure systems support people using services and unpaid carers in ways that are person centred and effective. Outcomes are defined as what matters to people using services, as well as the end result or impact of activities, and can be used to both determine and evaluate activity. Personal outcomes are identified through good conversations with people using services during assessment and support planning. It is also critical that the outcomes are reviewed, to ensure the continued relevance of support and services, and to support service planning, commissioning and improvement. ([Scottish Government National Health and Wellbeing Outcomes \(2015\)](#))

**Scotland:** When we talk about Scotland, we are referring to the provision of care and support across the whole of Scotland. We want everyone to experience high-quality care wherever they are, and we work to reflect the different context experienced in mainland Scotland, the remote and rural areas, and the island communities.

**Rights-based:** Rights-based approaches (RBAs) are frameworks that integrate human rights principles into policies and practices, empowering individuals and communities to claim their rights and hold duty-bearers accountable.

The role of a human rights-based approach is to ensure that the dignity of the individual is at the centre of policy and decision making. Where it is applied everyone affected will have an opportunity to help think through how human rights can best be realised in the delivery of care and support services. Source – [Scottish Human Rights Commission](#).

**Mainstreaming equalities:** We are dedicated to mainstreaming equality: mainstreaming ensures that equality considerations are embedded into our policies, decision-making processes, and day-to-day operations, rather than being treated as separate or additional obligations. We have also agreed as an organisation to work towards acknowledging care experience as a protected characteristic. This approach reflects our belief that advancing equality and protecting human rights are fundamental to achieving a fairer, more inclusive Scotland. By prioritising this work, we aim to address systemic inequalities, foster cultural change, while fulfilling our duties under the Equality Act 2010 and other relevant legislation.

**Trauma-informed approach:** A trauma-informed approach means anticipating, understanding and responding to the impact of an individual’s experience of trauma, including their mental health and wellbeing. In working in a trauma-informed way, we aim to create the conditions to anticipate what might be difficult or retraumatising for someone to cause least harm and support their recovery. [National Trauma Transformation Programme](#).

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# Who we are

Working together towards a sustainable future for social care and social work in Scotland

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## Who we are

The Care Inspectorate regulates and inspects all registered social care services in Scotland. From childminders and early learning and childcare, to care homes for adults and older people, it's our job to make sure that people experience high-quality care.

We register, inspect and grade individual social care services, and deal with complaints about social care services. We also carry out joint inspections across adult, children's and justice services with other regulators. Our focus is on how well social care and social work services care for everyone.

We support services to improve so that everyone can get good quality care that meets their needs. When we see that care is not good enough, we can take action to address this.

## The services we regulate

We inspect a variety of care services that provide care, support, play and learning to people throughout their lives.

-  support services (including care at home)
-  care homes
-  school care accommodation
-  nurse agencies
-  childcare agencies
-  secure accommodation
-  justice accommodation
-  adoption services
-  fostering services
-  adult placement services
-  childminders
-  daycare of children
-  housing support services
-  childcare agencies
-  child contact centres



## What we do

### Registering care services

All care services must, by law, be registered with us. When we register new services we check that all their information is correct. We check that the premises are suitable and that the care provider and manager are fit to run the service. We also check that the service will be able to look after the health, welfare, needs, choices and dignity of everyone who experiences care at that service.

### Inspecting care services

We carry out thousands of inspections each year to check that the quality of care being provided is meeting people's needs. If it's not, we can work with services to support them to improve.

When we inspect, our inspectors talk to people experiencing care and their carers, staff and managers. We evaluate care services and look at important areas such as how well care is planned. We check that the

service supports people's health and wellbeing. We also look at the quality of the care setting and how well it's staffed, led and managed.

We assess each aspect on a scale from one to six, where one is unsatisfactory and six is excellent. After every inspection, we publish an inspection report showing our findings. All our inspection reports are public documents for all to see.

Every service has a dedicated inspector who monitors and provides support to the service.

### Joint and strategic inspections

We also carry out a range of joint inspections across adult, children's and justice services with other regulators. We focus how well social work and social care services provided by local authorities are planned and delivered, and look at the outcomes that services achieve for children and adults.

## Improving the quality of care in Scotland

A lot of our work focuses on supporting social care and social work in Scotland to improve for people who experience care. We contribute towards making sure that everyone, in every community, experiences high-quality social care and social work that is compassionate and tailored to their rights and needs.

We work with others, including health and social care partnerships, local authorities and our partners in health, to support services and the people that they care for.

## Complaints

If something isn't right about the care you see or experience, we encourage you to speak to the care staff and manager in the first instance. They can often help to put things right.

You can make a formal complaint using the service's complaints procedure. All services must have one. But if that hasn't helped or you felt unable to do this, you can contact us direct – confidentially if required.

### If you are not satisfied, you can complain to us:

- ▶ Call our national enquiries line on **0345 600 9527**
- ▶ Fill in our complaints form on our website.

We need to verify information so that we can deal with your complaint fully. We will not share personal details with the service without your consent.

## Volunteers

We believe it is important to listen to the voices of care experienced people to help us do our work better and improve care. People who have personal experience of a care service themselves, or those who have cared for someone who has experienced care, can work with us as a volunteer. Our involvement and equalities charter outlines how we involve people who experience care services and informal carers in our work.

## Resources

We are a public body funded by Scottish Government.

- 📊 Our budget for the year 2025-26 was around **£55.7m**.
- 📊 **£50.5m** was for our core operating costs,
- 📊 **£4m** for digital transformation
- 📊 **£1.2m** for short-term grant funded programmes.
- 👤 We employ almost **700 staff** and have offices across the country.

## Sustainability

We have a social and environmental responsibility to improve the sustainability of our organisation and continue to adopt and improve our sustainable working practices. The Scottish Government sets ambitious targets to reduce carbon emissions and the Care Inspectorate has a duty under the Climate Change (Scotland) Act 2009 to help achieve these targets. We are committed to doing so by improving our energy efficiency and adopting more sustainable working practices.



## How we can help you

If you are looking for a care service, you can see what's available in your local area and read their inspection reports.

If you are unhappy with a care service you can contact us to complain and we can investigate and try to make things better.

You can also provide feedback on our inspections. If you experience care – or support someone who does – please look out for our inspection satisfaction questionnaires and complete these after your service has been inspected. This feedback helps us to improve what we do.

If you would like to work with us, or volunteer with us you can find out more on our website.

Visit: [www.careinspectorate.com](http://www.careinspectorate.com)

Call us: 0345 600 9527 Monday to Friday,  
between 09:00-16:00.

Email us: [enquiries@careinspectorate.gov.scot](mailto:enquiries@careinspectorate.gov.scot)



## Spotlights



**The Care Inspectorate is pleased to be involved in a range of work that helps to support people who experience care throughout their lives. This includes:**

- ▶ Our volunteers
- ▶ The promise
- ▶ Human rights and equalities
- ▶ Meaningful connections / Anne's Law
- ▶ Supporting quality improvement in social care and social work
- ▶ Dementia resources.

Please scan the QR code to find out more about our work. ▶



# Agenda item 9 - Appendix 2

## Headquarters

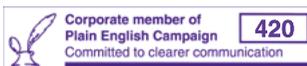
Care Inspectorate  
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 @careinspect  careinspectorate



# Performance Measurement 2026/27 to 2030/31

## 1.0 INTRODUCTION

This paper sets out the performance measurement approach that the Care Inspectorate plans to use to measure its progress towards the strategic outcomes set out in the Corporate Plan 2026-2031. It includes details of the proposed set of measures for 2026/27.

Our measures are focussed as much as possible on the changes we expect to bring about, and as such may require investment and development time to be able to measure.

We have developed these proposed measures through a series of workshops which have involved staff across the organisation, partnership representation and Board members. The proposed measures have been further refined through discussion at two Board development events in January and February 2026.

## 2.0 Performance Measures for 2026/27

### How we have selected our performance measures

Each of our proposed performance measures can be linked to one or more of our corporate plan strategic outcomes.

When developing our measures, as well as linking them to our strategic outcomes, we considered the dimensions of the Balanced Scorecard<sup>1</sup>, with the aim of including a set of measures that would include:

- Outcome and impact
- Stakeholder perspective
- Key internal processes
- Learning and growth

Considering the balanced scorecard dimensions has helped us look at our performance from a number of different and equally important perspectives, and to understand the links between our strategic outcomes and measures.

The relationships between our Strategic Outcomes and Performance Measures is shown diagrammatically in the Performance Measurement Map in Appendix A. This map also illustrates the relationships between the balanced scorecard perspectives and our measures and objectives.

### Types of measure

We will report publicly using two kinds of measure:

- **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

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<sup>1</sup> Kaplan, Robert; Norton, D.P. (1996) The Balanced Scorecard: Translating Strategy into Action. Boston, MA: Harvard Business School Press

## Agenda item 9 Appendix 3

control over. As the regulator for social care and social work in Scotland, there are many aspects of care we aim to influence, but that are not within our direct control. The National Audit Office considered the unique challenges faced by regulators when developing performance measures in their good practice guide “Performance measurement by regulators”<sup>2</sup>. Having considered this, we have identified a set of measures that are important for the Care Inspectorate to track, and aim to influence, but over which we have limited impact. We will refer to these as **Key Outcome Indicators (KOIs)** and, although we will monitor them, we will not set targets for KOIs.

A summary table of our proposed new performance measures is shown in Appendix B. We will bring a paper on the proposed targets for each KPI to the next meeting of the board for approval.

### **Additional performance measures**

The KPIs and KOIs have been selected so that they inform the Board of the overall performance of the Care Inspectorate. A range of other relevant performance measures will also be used as management information within the Care Inspectorate.

### **Selecting robust, unambiguous measures**

In addition to this paper, the Care Inspectorate Strategic Management Group will approve a detailed performance measurement framework, which will set out each measure in further detail to ensure all indicators have a clear description, target, definition and purpose, to ensure that the reason for using the measure is clear, and that there are no ambiguities in how the measure will be calculated.

### **Keeping indicators under review**

While it is desirable to keep changes to our measures as consistent as possible for the lifetime of this corporate plan, we will review the measures and targets each year, or more frequently if necessary, to ensure they remain relevant and bring any essential changes back to the Board for consideration and approval.

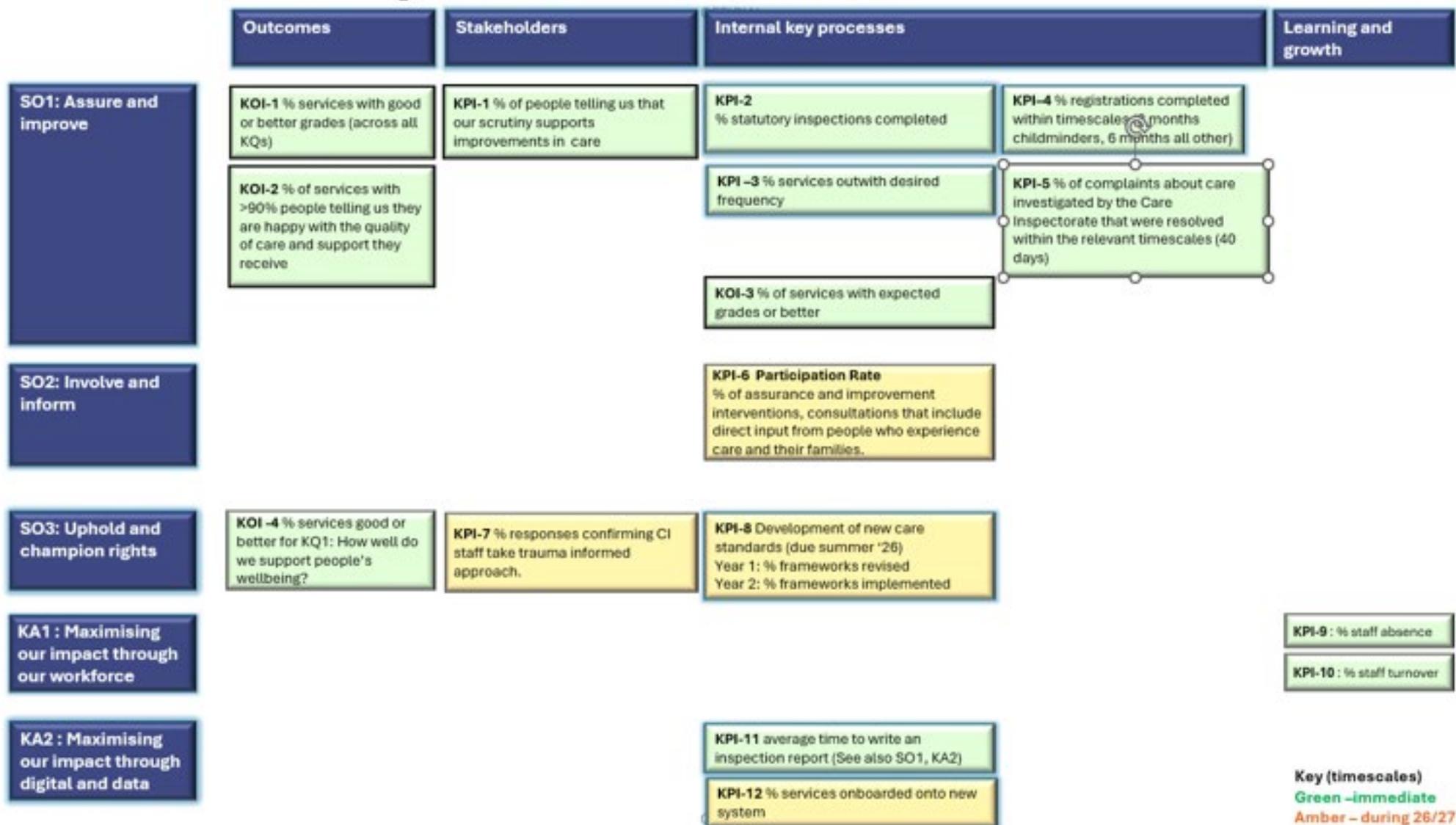
### **List of Appendices**

Appendix A	Performance measurement map
Appendix B	Summary of proposed performance measures – Key Performance Indicators and Key Outcome Indicators

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<sup>2</sup> National Audit Office (2016) Performance measurement by regulators NAO

**APPENDIX A: Performance measures map** – showing the relationship between Strategic Outcomes and Performance Measures. The measures and objectives are also mapped onto the balanced scorecard perspectives.



## APPENDIX B: Performance Measures for 2026/27

### Strategic outcome 1 - Assure and improve

We will deliver robust, independent evaluation of the quality of care, support, play and learning to provide public assurance. We will work with the social care and social work sectors to identify areas for improvement, and we will support this across the sector.

**In addition to the agreed performance measures, we plan to continue to report on the volume and net change of scrutiny and assurance activity in each performance report.** This would include:

- Assurance and improvement interventions
- As per current reporting plus how many separate visits to services across all of our work
- Strategic and joint scrutiny activity

This approach allows us to reflect new activity we bring onstream and gives a more complete account of the scale and nature of our scrutiny and assurance work.

Ref Current New	Measure	Target (KPIs only)	Purpose	Implementation timescale
KPI-1	% of people telling us that our scrutiny supports improvements in care	To be confirmed	People are confident in the impact of our scrutiny work. This measure gives an indication of the level of assurance our scrutiny gives people most affected by it.	Immediate
KPI-2	% Statutory inspections completed	To be confirmed	We provide assurance to the public and others that we are fulfilling our statutory inspection obligations. These are identified in legislation as care homes, care at home and secure accommodation services..	immediate
KPI-3	% services outwith expected inspection frequency	To be confirmed	Assurance that services are inspected frequently and in line with our plan.	immediate
KPI-4	% registrations completed within agreed timescales (3 months for childminders, 6 months for other service types)	To be confirmed	We register new services within the expected timescales.	Immediate

## APPENDIX B: Performance Measures for 2026/27

Ref Current New	Measure	Target (KPIs only)	Purpose	Implementation timescale
KPI-5	% of complaints about care investigated by the Care Inspectorate that were resolved within the relevant timescales  (Current timescale is within 40 days)	To be confirmed	Complaints investigated by the Care Inspectorate are resolved within timescales.	Immediate
KOI-1	% services with good or better grades		People have access to high quality care across Scotland.	Immediate
KOI-2	% of services with >90% of people telling us they are happy with the quality of care and support they receive		We listen to the views of people experiencing care about the quality of care they experience.	Immediate
KOI-3	% services with expected grades or better		We are confident our intelligence helps us identifying higher risk services.	Immediate

## APPENDIX B: Performance Measures for 2026/27

### Strategic outcome 2 – Involve and inform

We will be a trusted source of information and guidance on the quality of care. We will enable the voices of those experiencing care and their communities to be heard and to influence our work.

In addition to the agreed performance measures, we will routinely report on the volume and reach of our quality improvement inputs and the extent to which our improvement resources are accessed. This will including volume counts and net change for:

- Hub/website analytics
- Report on volume and net change for engagements with individuals and groups
  - people who experience care, relatives and carers (From strategic inspections; quality improvement; care service inspections [CSQ volumes; during inspections from ITR; SOFI])
  - Providers, managers and staff (From strategic inspections; quality improvement; care service inspections [CSQ volumes; ISQ/RSQ volumes])
- Engagement with professional bodies

Ref Current New	Measure	Target	Purpose	Implementation timescale
KPI-6	% of assurance and improvement interventions, consultations that include direct input from people who experience care and their families.	To be confirmed	Demonstrates the extent to which the Care Inspectorate enables the voices of people experiencing care and their communities to be heard and to influence our work.	2027/28

## APPENDIX B: Performance Measures for 2026/27

### Strategic outcome 3: Uphold and champion rights

We will strengthen our understanding of people's rights and keep them central to everything we do.

In addition to the agreed performance measures, we will routinely report on the volume and net change for:

- people undergoing EQIA training
- Illustrations of rights based practice from our work

Ref Current New	Measure	Target	Purpose	Implementation timescale
KPI-7	% responses confirming CI staff take trauma informed approach.	To be confirmed	We continue to embed a compassionate trauma-informed and trauma-responsive approach.	during 2026/27
KPI-8	Development of new care standards (due summer '26) Year 1: % of frameworks revised Year 2: % frameworks implemented	To be confirmed	We keep people's rights central to our work.	During 2026/27
KOI-4	% services good or better for KQ1: How well do we support people's wellbeing?		People who experience care have their rights respected and realised through care that supports their individual needs and promotes their wellbeing.	immediate

## APPENDIX B: Performance Measures for 2026/27

### Key area 1: Maximising our impact through our workforce

Our values and cultural aspirations guide our work and ensure people remain at the heart of everything we do. We will lead the Care Inspectorate to influence and respond to changes over the next five years ensuring our organisation is led and governed effectively. We will support our workforce to be motivated and empowered to move forward together and achieve our shared vision.

Ref Current New	Measure	Target	Purpose	Implementation timescale
KPI-9	% staff absence	To be confirmed	We provide a healthy workplace and staff absence is low, in turn ensuring staff have the capacity to deliver on our outcomes. This measure relates especially to our capacity to deliver our key processes and underpins delivery of all our strategic outcomes.	Immediate
KPI-10	% staff turnover	To be confirmed	We will attract develop and retain the right people and expertise to deliver our strategic priorities. This measure relates to our capacity to deliver our key processes and underpins delivery of all our strategic outcomes.	Immediate

## APPENDIX B: Performance Measures for 2026/27

### Key area 2: Maximising our impact through digital and data

Digital transformation is essential to the delivery of our strategic outcomes and supporting services to improve the quality of care people experience across Scotland. We are modernising our ways of working with a new accessible and efficient digital platform that supports our activity.

Our digital transformation is about improving how we work and collaborate with those experiencing care and their communities, and with the sector.

We are also working to ensure that all our information is accurate, timely, and used responsibly.

Ref Current New	Measure	Target	Purpose	Implementation timescale
KPI-11	Average time to write an inspection report	To be confirmed	We invest in systems and new processes that deliver efficiencies and provide prompt public reporting on our inspections.  Also relates to SO1 and KA2	immediate
KPI-12	% services onboarded onto new system	To be confirmed	We enable and support service providers to securely access, update and share vital information.	2026/27



<b>Title:</b>	<b>MONITORING OUR PERFORMANCE 2025/26 – QUARTER 3 REPORT</b>		
<b>Authors:</b>	<i>Ingrid Gilray, Intelligence and Analysis Manager</i> <i>Sophie Siegel, Senior Intelligence Analyst</i> <i>Kaisha Wallace, Intelligence Researcher</i>		
<b>Responsible Director:</b>	Gordon Mackie, Executive Director of Digital and Data		
<b>Appendices:</b>	<b>1.</b>	<b>Key Outcome Indicators (KOIs) and Scrutiny and Assurance activities</b>	
	<b>2.</b>	<b>Technical notes</b>	
<b>Consultation:</b>	N/A		
<b>Resource Implications:</b>	None		

<b>EXECUTIVE SUMMARY</b>	
<p>This report presents the Q3 2025/26 summary report on our performance and focusses on performance against the organisation’s Key Performance Indicators (KPIs).</p> <p>Of the 8 KPIs detailed in the Corporate Plan 2022-25, at the end of Q3 2025/26:                      5 met or exceeded target                      3 did not meet the target</p> <p>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.</p>	
<b>The Board is invited to:</b>	
1.	Discuss and note the report.

<b>Links</b>	Corporate Plan Outcome (Number/s)	1,2,3,4	Risk Register (Yes/No)	Yes
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<b>For Noting</b>	<b>X</b>	<b>For Discussion</b>	<b>X</b>	<b>For Assurance</b>		<b>For Decision</b>	
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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 2025/26 - QUARTER 3 REPORT****1.0 INTRODUCTION / BACKGROUND****Structure of this report**

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

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

**Types of performance measure**

Our performance measures are split into two types: Key Performance Indicators (KPIs) which are specific and quantifiable measures against which the Care Inspectorate's performance can be assessed, and Key Outcome Indicators (KOIs) which are measures that the Care Inspectorate aims to influence by its work, but which it may have limited control over. A summary of performance against our KPIs is in the report below and performance against KOIs and other metrics is in appendix 1. Detailed notes on the different types of performance measures we use and on how to interpret the charts used in this report are in appendix 2.

**Summary of performance**

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

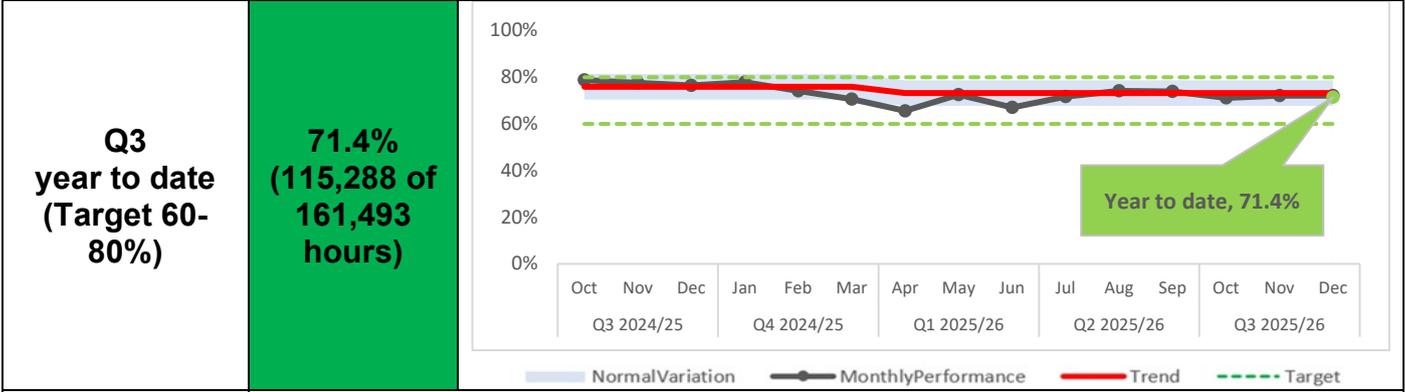
Strategic outcome: High-quality care for all	Strategic outcome: Improving outcomes for all	Strategic outcome: Our people are skilled, confident and well supported to carry out their roles
<b>KPI-1:</b> % of people telling us that our scrutiny will improve care <b>96.5%</b> [Target: 90%]	<b>KPI-4:</b> % of people telling us that our quality improvement support will improve care <b>98.8%</b> [Target: 90%]	<b>KPI-5:</b> % staff completing core learning <b>75.5%</b> [Target: 95%]
<b>KPI-2:</b> % scrutiny hours spent in high and medium risk services <b>71.4%</b> [Target: 60-80%]		<b>KPI-6:</b> % staff sickness absence <b>6.5%</b> [Target: 2.2%-4.5%]
<b>KPI-3:</b> % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) <b>89.3%</b> [Target: 80%]		<b>KPI-7:</b> % staff turnover <b>6.3%</b> [Target: <10%]
		<b>KPI-8:</b> Days per month that inspection volunteers and care experienced people are involved in our work <b>25.9 days</b> [Target: 30 days per month]
<b>Colour code: Target achieved, Slightly below target, Significantly below target.</b>		

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 DECEMBER 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
<p>Q3 year to date (Target 90%)</p>	<p>96.5% (1,301 responses)</p>	
KPI/KOI links:	KPI-4	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>• Target met. 96.5% of respondents agreed our scrutiny will improve care up to Q3 2025/26, which is a slight improvement compared to 95.2% up to Q3 2024/25.</li> <li>• The highest proportion of responses were Inspection Satisfaction Questionnaire (ISQ) responses from staff &amp; managers (1,248 of the 1,301 responses). The 1,248 responses were associated with 674 services. ISQ responses from people who use services, relatives and visitors remain low (3 of the 1,301 responses). We received 50 Registration Experience Applicant Feedback Survey responses up to Q3 2025/26.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Increase response rates:                             <ul style="list-style-type: none"> <li>- 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.</li> <li>- In previous reports we noted a drop in response levels following a move to an online questionnaire for managers and staff. On 1 July 2025 we changed the process for sharing the questionnaire link to make it more prominent and easier to share. This has been successful in improving the response rate of these questionnaires: we received 524 responses in Q3 2025/26 and 579 in Q2 2025-26, compared with 145 Q1 2025/26. We will continue to closely monitor the response rates following this change.</li> </ul> </li> </ul>		

**KPI-2: % scrutiny hours spent in high and medium risk services** **Ex Dir. Assurance and Improvement**



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

**Analysis:**

- Performance remains within target range and normal limits.
- The proportion of time spent in high-risk services up to the end of Q3 (71.4%) is lower compared with the same period last year (77.7%). While the actual number of hours spent in high and medium risk services was similar to last year (115,288 hours by Q3 2025/26 compared to 115,628 hours by Q3 2024/25), the total hours spent was higher this year compared to the same period last year, making the proportion of time spent in high risk services lower. (See also scrutiny table in appendix 1 for number of inspections completed).
- This pattern of a lower proportion of time spent in high and medium risk services was evident across a number of the larger groups of service types, including care homes for adults, older people and children and young people; housing support services; support services - care at home; daycare of children services and childminders. This reflects our scrutiny inspection priorities for 2025/26. It can also be considered in the context of increasing quality evaluations of these service types (see KOI-1) and a decreasing number of services with poor quality evaluations – 169 services with grades of less than adequate at 31 December 2024 compared with 124 at 31 December 2025 (KOI-3).

**Actions:**

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

<b>KPI-3: % of complaints about care resolved within relevant timescales</b>		<b>Ex Dir. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)</b>																																
<b>Q3 year to date (Target 80%)</b>	<b>89.3% (1,557 of 1,743 complaints)</b>	<table border="1"> <caption>Monthly Performance Data for KPI-3</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Oct 2024/25</td><td>~90%</td></tr> <tr><td>Nov 2024/25</td><td>~90%</td></tr> <tr><td>Dec 2024/25</td><td>~90%</td></tr> <tr><td>Jan 2025/26</td><td>~95%</td></tr> <tr><td>Feb 2025/26</td><td>~90%</td></tr> <tr><td>Mar 2025/26</td><td>~90%</td></tr> <tr><td>Apr 2025/26</td><td>~85%</td></tr> <tr><td>May 2025/26</td><td>~90%</td></tr> <tr><td>Jun 2025/26</td><td>~90%</td></tr> <tr><td>Jul 2025/26</td><td>~90%</td></tr> <tr><td>Aug 2025/26</td><td>~90%</td></tr> <tr><td>Sep 2025/26</td><td>~90%</td></tr> <tr><td>Oct 2025/26</td><td>~90%</td></tr> <tr><td>Nov 2025/26</td><td>~90%</td></tr> <tr><td>Dec 2025/26</td><td>~90%</td></tr> </tbody> </table>	Month	Performance (%)	Oct 2024/25	~90%	Nov 2024/25	~90%	Dec 2024/25	~90%	Jan 2025/26	~95%	Feb 2025/26	~90%	Mar 2025/26	~90%	Apr 2025/26	~85%	May 2025/26	~90%	Jun 2025/26	~90%	Jul 2025/26	~90%	Aug 2025/26	~90%	Sep 2025/26	~90%	Oct 2025/26	~90%	Nov 2025/26	~90%	Dec 2025/26	~90%
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Dec 2025/26	~90%																																	
<i>KPI/KOI links</i>	KPI-2, KPI-6																																	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>At the end of Q3, performance was above target and within normal limits, maintaining the high level of complaints resolved within timescales.</li> </ul> <b>Actions:</b> <ul style="list-style-type: none"> <li>We continue to support people to raise concerns and assess all concerns and complaints to ensure they are dealt with appropriately.</li> <li>We continue to encourage people to raise complaints confidentially as opposed to anonymously. This means that we are able to verify information and progress the complaint via one of our resolution pathways to ensure any identified issues are resolved.</li> <li>We continue to inform services of all anonymous complaints raised with us, allowing them to analyse trends and take pro-active action to address systemic issues.</li> </ul>																																		

**Strategic outcome: Improving outcomes for all**

<b>KPI-4: % of people telling us that our quality improvement support will improve care</b>		<b>Ex Dir. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)</b>
<b>Q3 year to date (Target 90%)</b>	<b>98.8% (409 of 414 responses)</b>	
<i>KPI/KOI links:</i>	KPI-1	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>Performance remains consistently above target.</li> <li>The number of feedback questionnaire responses received so far this year is lower than in previous years (414 responses to date compared with 859 by Q3 in 2024/25). This reflects our strategic shift towards smaller, more targeted quality improvement (QI) interventions and away from larger, generic programmes. We anticipate this trend will continue throughout the year.</li> <li>Delivering bespoke, targeted QI interventions means running fewer broad programmes for wider groups of services and practitioners. This refined approach enables us to better support improvements aligned with inspection findings, enforcement actions, and complaints, resulting in more meaningful impact.</li> </ul>		

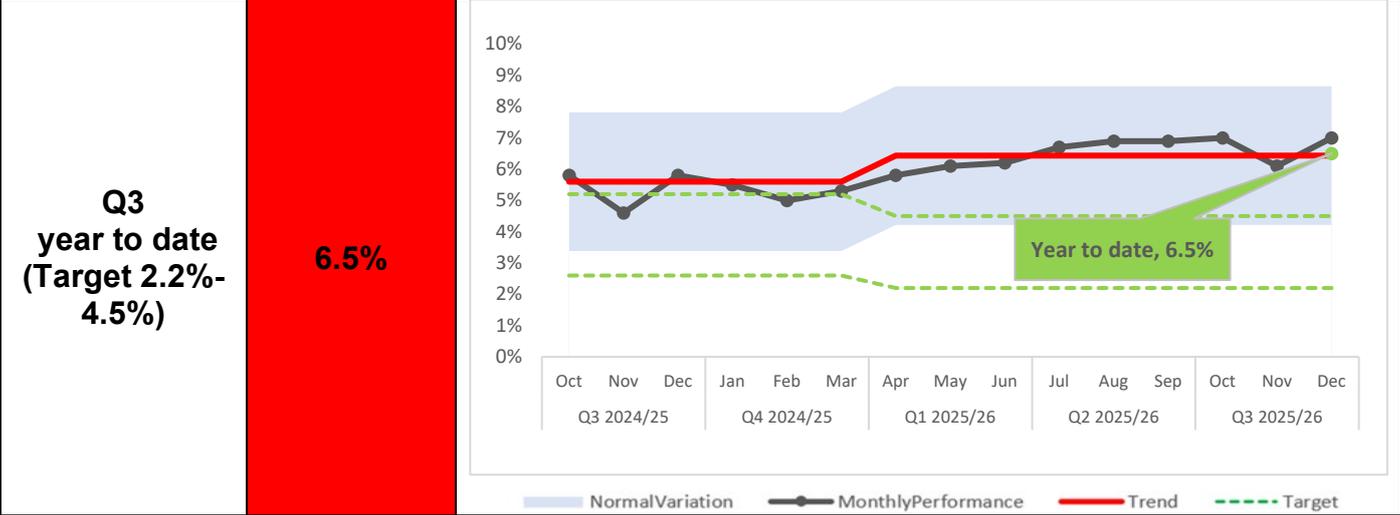
- Further information about our quality improvement work can be found at [How we support improvement | Care Inspectorate Hub](#)
  - Quality improvement consultancy work, now captured in the quality improvement summary table in appendix 1, ensures we respond quickly to internal and external requests. Up to the end of Q3 2025-26 we completed an average of 65 per month. Note that we do not capture data for this KPI as part of our consultancy work.
- Actions:**
- We will continue to monitor performance monthly and will explore alternative measures for the future to ensure we have a mechanism to consistently and continually measure the impact of our range of QI interventions.

**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
Q3 year to date (Target 95%)	75.5%	
KPI/KOI links:	KPI-6	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>• Performance remains below target at 75.5%.</li> <li>• As was the case last quarter, protection training is not included in this quarter’s reporting. The protection procedure is currently under review, which therefore means the training content is paused. Once the procedure is finalised the training will be relaunched along with new and updated materials. For Q3 2025-26, this measure only includes staff who have completed the required core learning across the other four modules.</li> <li>• 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.</li> <li>• Cyber Security met the target at 95%, down from 97% last quarter. Health and safety decreased from 92% to 91% and data protection has decreased from 90% to 85%.</li> <li>• Completion of the equalities module has increased from 89% to 91%. This module has been revised, and is now more tailored to the role of the Care Inspectorate as well as giving the option to complete the competency test upfront in advance of undertaking the module. This, as well as a targeted email issued in November to those who were non-compliant in this module, could account for the increase in completion rates.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Manager dashboards are in place within our Learning Management System (LMS), to support managers to proactively track their team progress with KPI core learning modules. Clear guidance has been provided, and we continue to highlight the dashboards through multiple channels.</li> <li>• Core learning continues to be a topic of discussion at organisational and workforce development (OWD) stakeholder meetings, to provide support and encourage compliance.</li> <li>• We continue to highlight core learning topics through a regular update to all staff.</li> </ul>		

- We continue to work with subject area experts to ensure core learning modules for staff are appropriate and reflective of legislation. The recent work to tailor the equalities core learning module has included the strengthening of our evaluation approach. This enables us to monitor the impact of the changes and assess whether they are delivering improved participation. There will be a continued focus on this topic throughout the quarter with evaluation feedback gathered to inform any further refinements to the approach.
- A performance dashboard is shared with heads of service and executive directors each 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. In addition to the attention on the Equalities module there will also be a focus on Data Protection, reflecting a recent decline in compliance in this area.

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



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

**Analysis:**

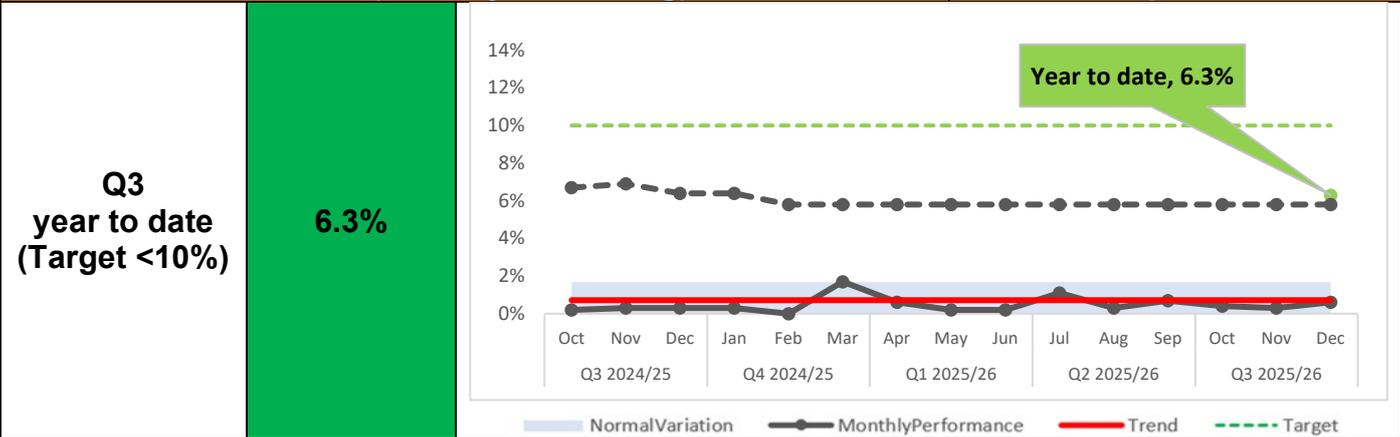
- Sickness absence was above the target range at 6.5% and has generally continued to increase month-on-month since February 2025 (with a lower absence in November 25).
- Mental health remains the most commonly reported reason for absence especially amongst those who have been absent long term. This category includes a wide spectrum of conditions, from work related stress to formally diagnosed mental health disorders. Some of these cases are linked to ongoing employee relations and performance management issues which are being managed through our internal people management processes.

**Actions:**

- We are preparing to launch the updated Maximising Attendance policy which will provide clearer guidance and a consistent framework for managing attendance. As part of this, we will complete manager training to ensure confidence in applying the policy fairly and effectively.
- We are continuing to work closely with managers to help them monitor, understand and respond to sickness absence trends in their teams. Support and advice is tailored to support early and effective intervention.

- We are working closely with Occupational Health to ensure timely referrals and access to professional medical advice, supporting both staff wellbeing and management decision-making.
- We promote mental health resources available to staff, including the Employee Assistance Programmes (EAP). We are also exploring ways to further embed a culture of openness and early support around mental health.
- We are actively managing employee relations and performance management cases, ensuring they are progressed efficiently and sensitively. Where such issues are linked to absence, we are providing structured support to staff, enabling them to return to work where possible and appropriate.
- We are aligning our absence management approach with broader wellbeing campaigns, focusing on prevention and early intervention. This includes initiatives around stress awareness, workload management, and healthy working practices.

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



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

**Analysis:**

- Staff turnover was below the target and within normal limits.
- Between 1 April and 31 December 2025, 29 staff left the organisation: 16 retired, 8 left voluntarily and 5 left for other reasons (e.g. temporary contract ended).
- This is higher than at the end of Q3 last year (24 staff left).

**Actions:**

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

<b>KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work</b>		<b>Ex Dir. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)</b>
<b>Q3 year to date (Target 30 days per month)</b>	<b>25.9 days</b>	

*KPI/KOI links:* N/A

**Analysis:**

- Year to date performance is below target of 30 days per month.
- During Q3, inspection volunteers (including young inspection volunteers) were involved in inspection activity on 67.5 days and other involvement activities on 13 days.

		<b>Q3 Year to Date 2025/26 (total number of days)</b>
Participation activity – Adult volunteers	Completed regulated inspections	108
	Complaints	0
	Adults strategic	17.5
Participation activity - Young volunteers	Completed regulated inspections	6
	Strategic	17
Other participation activities	Wider organisational participation development work	85
<b>Total number of days</b>		<b>233.5</b>

- Staff absence in the involvement & equalities team has affected, and will continue to affect, the days we can support volunteers.
- There has been a trend towards a reduction in volunteering across Scotland since 2020 (The State of Scottish Volunteering, Volunteer Scotland, April 2025). We have worked tirelessly to sustain the number of volunteers on the programme, despite this national trend.
- Inspections undertaken and inspection volunteer availability were lower in December, due to the festive break.
- Despite this, progress has continued with inspection volunteer development in Q3. We successfully completed day 4 of in-person training, strengthening readiness for their role. Mobile telephones have now been issued to newly recruited trainee inspection volunteers, enabling them to progress with telephone interview training, which will equip them with the skills to begin telephone interviews for care at home and housing support services.

**Actions:**

- Continued shadowing and mentoring of new inspection volunteers to build confidence and competence in their role.
- Issuing of telephones to trainee inspection volunteers to support remote interview delivery.
- Intention to develop a peer support for adult inspection volunteers, pairing new inspection volunteers with experienced inspection volunteers to provide ongoing support and knowledge sharing.

- Progress a new recruitment campaign for young inspection volunteers, focusing on an employability approach.

### 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.

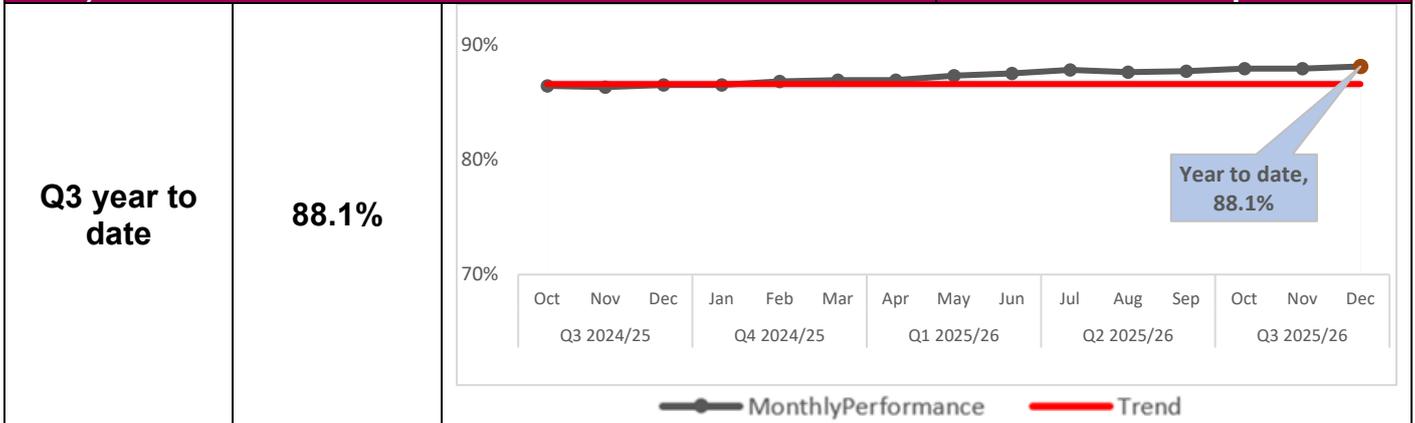
### 4.0 CONCLUSIONS/NEXT STEPS

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

<b>KOI-1: % services with good or better grades (across all KQs)</b>	<b>Ex Dir. Assurance and Improvement</b>
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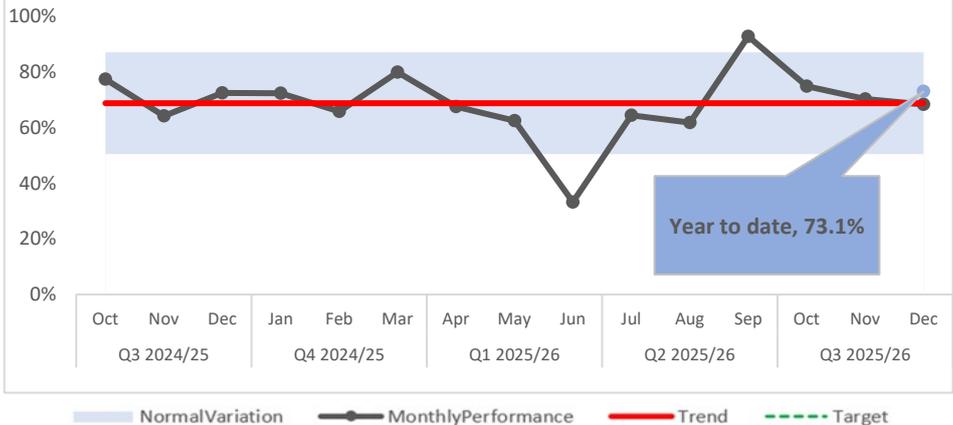
**KPI/KOI links:** KPI-2, KOI-3, KOI-4, KOI-5, KOI-6

**Analysis:**

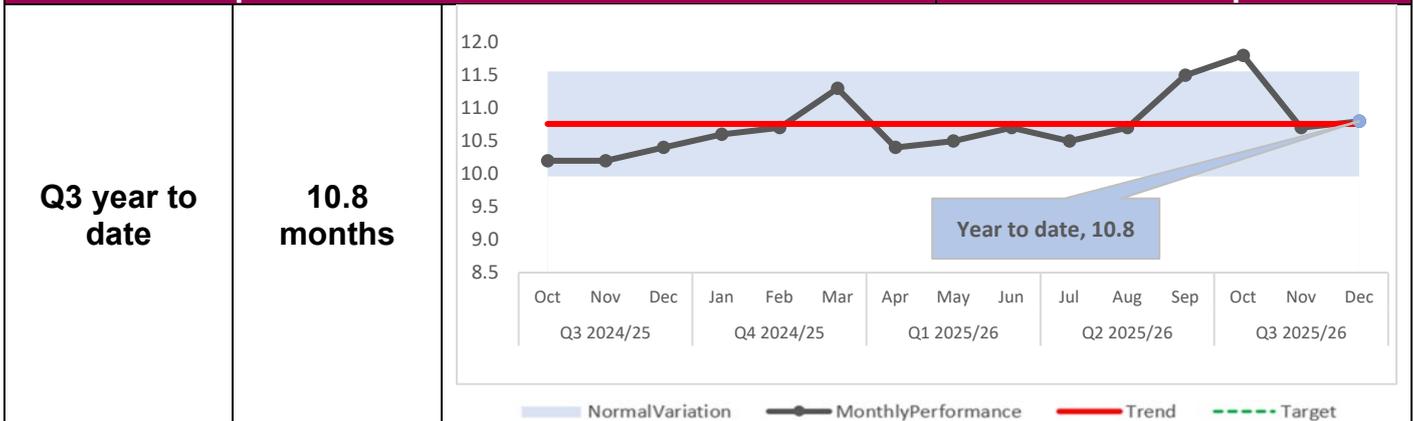
- 88.1% of registered services had grades of good or better at the end of Q3 2025/26. This is higher compared to the 86.5% of services that had grades of good or better at the end of Q3 2024/25. The proportion of services with grades of good or better has been increasing month on month. We will continue to monitor this trend closely.
- There is variation by type of service: adult daycare (94%), childminding (93%) and daycare of children (90%) are all statistically significantly above the average while care homes for older people (71%), care at home services (85%), fostering services (62%) and adoption services (62%) are statistically significantly below average.
- Compared to Q3 2024/25 care homes for older people with good or better grades have increased by 2 percentage points and care homes for adults by 9 percentage points. While fostering services and adoption services have decreased by 9 and 8 percentage points respectively.

**Actions:**

- Our focus this year is to carry out statutory and risk-based inspections and for Early Learning and Childcare services to carry out inspections based on risk and frequency (i.e. where we have not inspected a service for a prolonged period of time).

KOI-2: % of services with good or better grades at first inspection following registration		Ex Dir. Assurance and Improvement
<p><b>Q3 year to date</b></p>	<p><b>73.1%</b> <b>(182 of 249 inspections)</b></p>	
<p><i>KPI/KOI links:</i></p>	<p>KOI-1</p>	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>• Performance for the year to date remains positive with 73.1% of services having good or better grades at the first inspection following registration. This is slightly higher compared to Q3 last year at 71.0%.</li> <li>• 249 services had their first inspection following registration between April and the end of December 2025. This is fewer than at the end of Q3 last year when 321 newly registered services were inspected.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• We have set up a dashboard to help with analysis and monitoring of grading at services' first inspections post registration.</li> <li>• We will continue to prioritise high-risk and low-quality services' inspections following registration.</li> <li>• 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.</li> <li>• 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.</li> </ul>		

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



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

**Analysis:**

- Performance has improved with the average time decreasing from 11.5 months at the end of Q2 2025/26 to 10.8 months at the end of Q3 and 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 increased slightly from 122 at the end of Q2 2025/26 to 124 services at the end of Q3 2025/26, but lower than the 169 services with grades of less than adequate at the end of Q3 2024/25. Overall, there is a long-term trend of a decrease in number of services with all grades less than adequate.
- The number of services with these poor grades is a small and reducing proportion of services: 1.2% of all non-cancelled services at the end of Q3 2025/26 compared to 1.6% of services at the end of Q3 last year. This reduction also relates to improving performance against KOI-1, % services with good or better grades.
- At the end of Q3 most services (65%) had these grades for less than the average of 10.8 months. Of the 124 services:
  - 35% (43 services) were equal to or above the average of 10.8 months.
  - 65% (81 services) were below the average of 10.8 months.
  - 43% (53 services) had the grades for less than 6 months.
  - 47% were early learning and childcare services, 35% were adult services and 18% were children and young people services.
  - 4 services were inactive services.
  - 1 service is the subject of ongoing enforcement action.
- Our focus this year is to carry out statutory and risk-based inspections and for Early Learning and Childcare services to carry out inspections based on risk & frequency. While this means that a larger proportion of higher quality services will be inspected, we are continuing to focus on the services which are likely to have lower grades following inspection.
- 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:**

- Continue to focus on high-risk services as evidenced by KPI-2 alongside statutory and frequency inspections.
- Utilise 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
Q3 year to date	98.4% (961 of 977 inspections)	
KPI/KOI links:	KPI-2, KOI-1, KOI-3	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>Performance remained high up to the end of Q3 with 98.4% of services getting expected grades or better. It is slightly lower compared to Q3 2024/25 when 99.4% of services received the expected grades or better.</li> <li>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.</li> </ul> <b>Actions:</b> <ul style="list-style-type: none"> <li>Continue to monitor this measure.</li> </ul>		

### Scrutiny and assurance activity

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

#### Registered care services

	Q3 Year to Date 2024/25	Q3 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
Inspections completed	3,137	3,410	+9%
Serious concern letters issued	20	16	-20%
Improvement notice enforcements	28	16	-43%
Notice to cancel enforcements	2	3	*
Condition notice (incl. emergency condition notice)	3	2	*
Total complaints resolved (not inc. concerns logged as intelligence)	1,667	1,743	+5%
New registrations completed	374	406	+9%
Number of variations completed (not inc. typographical changes)	1,261	1,318	+5%

Note: Percentages based on small numbers (<20) are highlighted and should be interpreted with caution. Percentages based on fewer than 5 events in either time period are excluded and marked with a \*.

Most of the regulatory activity has seen an increase between April and December 2025 compared to the same period last year. We carried out an additional 273 inspections, resolved an additional 76 complaints and completed an additional 32 registrations and 57 variations compared with the same period last year. The numbers of enforcement notices and letters of serious concern issued remained low during the quarter.

Our focus this year is to carry out statutory and risk-based inspections and for Early Learning and Childcare services to carry out inspections based on risk and frequency.

During our most recent recruitment campaign 41 new inspectors were recruited and will take up posts over the course of 25/26. It currently takes 3-6 month to fully induct new inspectors to be inspection ready. Therefore, inspectors who will start their posts this year will likely have a positive

impact on inspections completed towards the end of the current inspection year and fully from the next inspection year onwards.

### Strategic Inspections

	Q3 Year to Date 2024/25	Q3 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
Inspections completed (published)	12	4	*
Total staff survey responses received	5,950	2,067	<b>-65%</b>
Total people experiencing care engaged with	220	418	<b>+90%</b>
Total number of case files read	451	340	<b>-25%</b>
Number of serious incident reviews received	47	72	<b>+53%</b>
Learning reviews received (those that have proceeded to a learning review)	16	28	<b>+75%</b>
Learning review notifications received (notifications we have received that have not proceeded to a learning review)	33	35	<b>+6%</b>
Other review reports received	3	3	*

Note: Percentages based on small numbers (<20) are highlighted and should be interpreted with caution. Percentages based on fewer than 5 events in either time period are excluded and marked with a \*.

In Q3 2024/25, we carried out extensive staff survey work for the adults' National Review of Social Work Governance thematic inspection. This was a separate piece of work which was in addition to the Joint Inspection of Adult Services: Integration and Outcomes – Focus on people living with mental illness programme. Therefore, the number of staff survey responses are lower in 2025/26 than for the same quarter last year.

In Q1 and Q2 2024/25 a number of ASP reports were published and in Q3 2024/25, we were engaged in on site scrutiny work for our Joint Adult Support and Protection Progress Reviews in three partnership areas. The programme concluded at the end of July 2025. Therefore, the total number of case files read are lower this year compared to last year.

We recently reviewed the learning review data, particularly how we are collecting and counting the number of notifications that come into the Care Inspectorate. There have been challenges with aggregating this data and this may be reflected in the year on year differences noted above. In future, we expect our reporting on this data will be more reliable and comparable.

## 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
Q3 year to date	92.3% (1,657 of 1,795 services, from 31,174 responses in total)	
KPI/KOI links:	KOI-7	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>Up to the end of Q3, 92.3% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive.</li> <li>The satisfaction with the care and support received has increased slightly compared to Q3 2024/25 (91.0%).</li> </ul> <b>Actions:</b> <ul style="list-style-type: none"> <li>We engage with people who use care services, their relatives and carers, and staff of services in many different ways, one of which is our feedback questionnaires (CSQs).</li> <li>We have continued our work to develop questionnaires, including in a wider range of formats.</li> <li>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.</li> </ul>		

## Quality improvement and external communications summary year to date

	Q3 Year to Date 2024/25	Q3 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
External quality improvement events	60	58	-3%
Internal quality improvement events	4	23	*
Number of unique services engaged	86	67	-22%
Number of individuals engaged	2,691	2,783	+3%
Quality improvement consultancies	580	589	+2%
Website page views – Total	1,811,895 (from Q2)	3,143,543	N/A
Hub page views – Total	201,650	139,587	-31%

Note: Percentages based on small numbers (<20) are highlighted and should be interpreted with caution. Percentages based on fewer than 5 events in either time period are excluded and marked with a \*.

Quality improvement (QI) interventions are aligned to the Care Inspectorate's business operating model, and work on a risk-based approach. QI interventions are based on the principle of the right support, in the right place and at the right time. We align them with the key themes from our scrutiny work as well as broader issues identified across social care, including early learning and childcare.

We continue to work with inspection and complaints colleagues to develop and deliver targeted QI programmes, such as the Care Home Improvement Programme (cohort 3 – Spring 2026), Stress and Distress programme and Early Learning and Childcare Improvement Programme. We have developed intensive QI interventions for the enforcement stage and work directly with large providers where serious issues are identified. We will continue to review our recording mechanisms to ensure our reporting demonstrates not just volume but most importantly, the impact of quality improvement interventions (see also KPI-4).

**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
Q3 year to date	93.6%	
KPI/KOI links:	KOI-1, KPI-2, KOI-3, KOI-4, KOI-5	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>The overall increase in performance reported over the last year was sustained in Q3 2025/26, although there has been more variation monthly over the last four quarters than previously.</li> <li>Similar to KOI-1, performance remains high. 93.6% of services are graded as good or better for ‘How well do we support people’s wellbeing’ at the end of Q3 2025/26 compared to 92.7% of services at the end of Q3 2024/25.</li> </ul> <b>Actions:</b> <ul style="list-style-type: none"> <li>Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches.</li> </ul>		

KOI-7: % of services with >90% of people telling us they make decisions about their own care		Ex Dir. Assurance and Improvement
Q3 year to date	87.2% (1,574 of 1,805 services, from 29,650 responses in total)	
KPI/KOI links:	KOI-5	
<b>Analysis:</b> <ul style="list-style-type: none"> <li>87.2% of services had 90% or more respondents telling us they make decisions about their own care.</li> <li>The proportion of respondents who tell us that they make decisions about their care increased compared to Q3 2024/25 (82.8%).</li> </ul> <b>Actions:</b> <ul style="list-style-type: none"> <li>We have continued our work to develop questionnaires, including in a wider range of formats. See KOI-5 for further detail.</li> </ul>		

**Technical Notes**

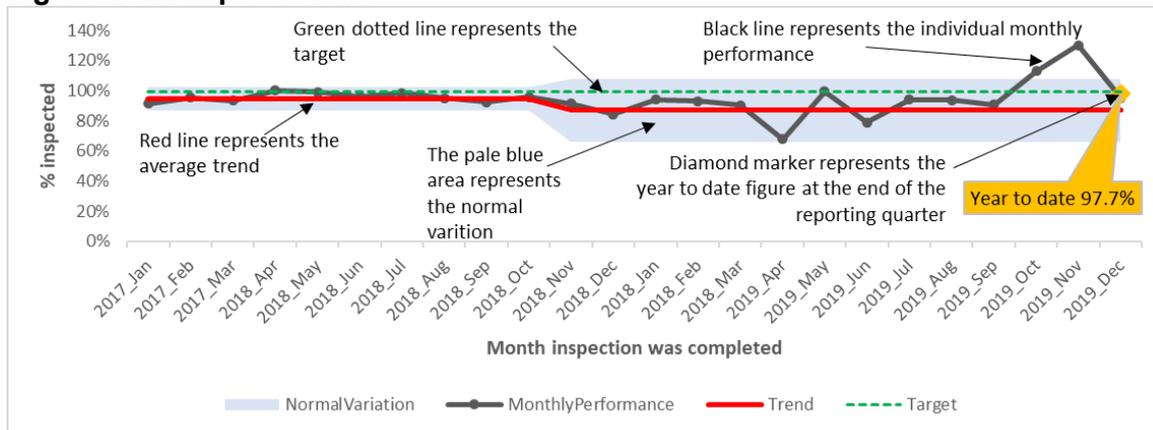
**Data updates**

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%.

## BOARD MEETING 5 MARCH 2026

Agenda item 11  
Report No: B-35-2025/26



<b>Title:</b>	<b>BUDGET MONITORING SUMMARY REPORT</b>	
<b>Author:</b>	Kenny Dick, Head of Finance and Corporate Governance	
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director of Corporate Services	
<b>Appendices:</b>	<b>1</b>	<b>Projected Financial Position</b>
	<b>2</b>	<b>Stage 2 Digital Transformation project summary position</b>
<b>Consultation:</b>	Meetings with budget holders, considered by the Strategic Management Group (SMG) on 25 February 2026 and Finance and Resources Committee on 10 February 2026.	
<b>Resource Implications:</b>	No	

#### EXECUTIVE SUMMARY

The Finance and Resources Committee considered a detailed report on the Care Inspectorate budget monitoring at its meeting of 10 February 2026. An overspend of £0.010m is projected. This overspend is more than offset by the general reserve balance being £0.331m more than anticipated when the budget was set. The general reserve balance at the end of the 2025/26 financial year is projected to exceed the target range by £0.424m. £0.318m of this will be carried forward to 2026/27 to fund the completion of the website replacement and the Stage 2 Digital Transformation projects. Budget managers have been offered the opportunity to propose additional beneficial expenditure or to bring forward 2026/27 planned expenditure to the current financial year to use the remaining £0.106m

Following its review of the budget monitoring position, the Committee wishes to highlight the following to the Board:

- The budget and recruitment have been successfully managed. It is projected sufficient additional Inspectors and Team Managers have been recruited to start the 2026/27 financial year with scrutiny capacity very close to the target number of FTEs to deliver phase 1 of scrutiny capacity expansion.
- The financial position is broadly in line with expectations and this together with the good funding settlement received for 2026/27 means we will be in a strong position to start the next financial year and to continue to grow our scrutiny capacity.

Appendix 1 sets out the projected financial position based on the ledger to 31 January 2026.

**BOARD MEETING 5 MARCH 2026**

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The financial position regarding the Stage 2 Digital Transformation project is within expectations for this stage of the project. The additional £0.720m required to extend the scope of stage 2 to incorporate complaints and registration is now included in the projected expenditure for the project which is now £9.346m.

Appendix 2 provides an overview of the stage 2 financial position.

**The Board is invited to:**

- Note the projected financial position for 2025/26.

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

**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"/>	No <input checked="" type="checkbox"/>
(One is planned or is already in progress, but Info Gov is aware)		Reason below: 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.**

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

## BOARD MEETING 5 MARCH 2026

**Agenda item 11**  
**Report No: B-35-2025/26**

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

	Revised 2025/26 Budget £m	Core Activity Projected Expenditure £m	Stage 2 Projected Expenditure £m	Variance £m
Staff costs	42.702	43.069		0.367
Other core costs	7.764	7.964		0.200
Stage 2 projected expenditure	3.591		3.948	0.357
Stage 2 contingency	0.407		0.050	(0.357)
<b>Total gross expenditure</b>	<b>54.464</b>	<b>51.033</b>	<b>3.998</b>	<b>0.567</b>
Fee income	(12.100)	(12.400)		(0.300)
Other income	(1.753)	(2.010)		(0.257)
<b>Total net expenditure</b>	<b>40.611</b>	<b>36.623</b>	<b>3.998</b>	<b>0.010</b>
Grant in Aid	(39.141)	(36.194)	(2.947)	0.000
<b>Projected deficit / (surplus)</b>	<b>1.470</b>	<b>0.429</b>	<b>1.051</b>	<b>0.010</b>
<b>General Reserve:</b>				
Opening	2.436	1.716	1.053	0.333
Less surplus / (deficit)	(1.470)	(0.429)	(1.051)	(0.010)
Accelerated Inspector Recruitment	(0.209)			0.209
<b>Closing Balance</b>	<b>0.757</b>	<b>1.287</b>	<b>0.002</b>	<b>0.532</b>
Target range minimum	0.505	0.505		
Target range maximum	0.757	0.757		
<b>Available reserve</b>	<b>0.000</b>	<b>0.530</b>		
Stage 2 Contingency c/fwd to 26/27 (if not needed in 25/26)			0.050	
<b>Stage 2 Reserve per Appendix 2</b>			<b>0.052</b>	

STAGE 2 - 2025/26 FINANCIAL POSITION			
	Revised 2025/26 Budget £m	Projected Expenditure £m	Variance £m
<b>Transformation costs:</b>			
Staff costs	0.707	0.492	(0.215)
Other costs	2.566	3.137	0.571
<b>Total transformation costs</b>	<b>3.273</b>	<b>3.629</b>	<b>0.356</b>
Stage 1 Support costs	0.318	0.319	0.001
<b>Projected expenditure</b>	<b>3.591</b>	<b>3.948</b>	<b>0.357</b>
Contingency allowance	0.407	0.050	(0.357)
<b>Expenditure &amp; contingency</b>	<b>3.998</b>	<b>3.998</b>	<b>0.000</b>

STAGE 2 PROJECT POSITION					
	Actual 2023/24 £m	Actual 2024/25 £m	Projection 2025/26 £m	Projection 2026/27 £m	Project Total £m
<b>Confirmed Funding Profile</b>					
General reserve	(0.922)	(0.025)	(1.001)	(0.052)	(2.000)
SG Grant	0.000	(2.222)	(2.947)	(2.177)	(7.346)
<b>Total funding</b>	<b>(0.922)</b>	<b>(2.247)</b>	<b>(3.948)</b>	<b>(2.229)</b>	<b>(9.346)</b>
<b>Budgeted expenditure (excluding contingency)</b>	<b>0.922</b>	<b>2.247</b>	<b>3.948</b>	<b>2.229</b>	<b>9.346</b>
<b>Current variance</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>



<b>Title:</b>	<b>FINANCE AND RESOURCES COMMITTEE UPDATE TO THE BOARD</b>	
<b>Author:</b>	Audrey Cowie, Committee Convener Fiona McKeand, Executive and Committee, and Corporate Support Manager	
<b>Responsible Director:</b>	Not Applicable	
<b>Appendices:</b>	<b>1.</b>	Quarterly Update to the Board on business undertaken by the Finance and Resources Committee at its meeting on 10 February 2026
	<b>2.</b>	Draft Minutes of Finance and Resources Committee of 10 February 2026
<b>Consultation:</b>	Not Applicable	
<b>Resource Implications:</b>	None	

<b>EXECUTIVE SUMMARY</b>	
<p>This report provides the Board with a summary of the business undertaken by the Finance and Resources Committee at its meeting on 10 February 2026 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.</p>	
<b>The Board is invited to:</b>	
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 10 February 2026.

<b>Links</b>	Corporate Plan Outcome (Number/s)	N/A	Risk Register (Yes/No)	No
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<b>For Noting</b>	<b>x</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>x</b>	<b>For Decision</b>	
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**BOARD MEETING 5 MARCH 2026**

**Agenda item 12**  
**Report No: B-36-2025/26**

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"/> <b>Reason:</b> 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"/> <b>Reason below:</b> 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.**

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

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

**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 10 February 2026. The Convener wishes the Board to note the detailed discussions held on the undernoted items. The Convener also wishes to note the high quality of reports and updates presented to the committee.

**Key issues discussed at the meeting**

- The Committee was assured that **budget monitoring** is continuing to be carefully managed as detailed in the update report presented by the Head of Finance and Corporate Governance. More information has been outlined in the summary report presented to Board, and which also refers to the Committee's discussion in private session on the draft 2026-27 budget.
- The Committee was pleased to receive a new template for reporting **outcomes and learning from appeals sub-committees**. Following extensive discussion at previous meetings around the needs and benefits, the reporting template will be brought to each quarterly meeting of the Committee, having been completed by each Chair of any Appeals Sub-Committee, and will assist in tracking themes and action plans from appeals sub-committees, with a Red/Amber/Green (RAG) status to indicate progress through to completion.
- The Committee is being kept fully informed of the development of a new **Staff Governance Framework** and has agreed that it be a standing item on our agendas until fully implemented. The framework is being developed following a review of, and comparison with, the NHS staff governance framework, which has informed plans to strengthen fair and effective management in the Care Inspectorate.
- Having previously raised concerns about **resource and capacity challenges within the HR team**, the Committee was assured that temporary resources are being recruited, including an HR assistant and business partner, to support the HR team.
- The Chief Executive also updated the Committee on progress with **the independent review of HR**, which is nearing completion. The Executive Team will review the findings and recommendations before agreeing on dissemination and further actions. Having raised the question about members' involvement in further consideration of the review report, the Committee has been given assurance that the Chief Executive will discuss further with me, as Committee Convener, to determine how the HR review outcomes will be disseminated and Board/Committee involvement once the final report has been received.
- The information provided to the Committee on **sickness absence** will be made clearer so that future reports will include the number of staff in each directorate, when presenting the average monthly absence by directorate as a percentage of total directorate staff).
- In its regular review of the People Management Policy Schedule, the Committee discussed the development of the **Whistleblowing Policy** and has agreed that the role of the Board Whistleblowing Champion should be clearly outlined within the policy. The policy is being developed for whistleblowing

about the Care Inspectorate and with separate guidance for staff and for external whistleblowing complaints.

- The Board will also note that the February committee meeting was the last one for Naghat Ahmed, who attends as the Board Whistleblowing Champion, and whose term of office on the Board is soon to come to an end. The Committee showed their appreciation to Naghat for her contribution and for mentoring Rosie Moore as the new Whistleblowing Champion.
- The Committee also recorded its thanks to Jackie Mackenzie, the Executive Director of Corporate Services who is retiring at the end of March 2026, and to Donna Laing, the outgoing staff-side co-chair of the Partnership Forum.

Issues referred for discussion/decision by the Board.

- Having considered the proposed changes to the Care Inspectorate's financial regulations, which undergo annual review, the Committee agreed to recommend these to the Board for approval under item 15 of the Board agenda.

Audrey Cowie, Convener

Fiona McKeand, Executive and Committee, and Corporate Support Manager



<b>Title:</b>	<b>AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD</b>		
<b>Author:</b>	Bill Maxwell, Committee Convener		
<b>Responsible Director:</b>	Not Applicable		
<b>Appendices:</b>	1.	Quarterly Update to the Board on Business Undertaken by the Audit and Risk Committee	
	2.	Draft Minute of Audit and Risk Committee of 12 February 2026	
	3.		
<b>Consultation:</b>	Not Applicable		
<b>Resource Implications:</b>	No		

<b>EXECUTIVE SUMMARY</b>	
The Board were to note the draft minute of the Audit and Risk Committee held on the 12 February 2026 and the Audit and Risk Committee’s Quarterly update to the Board.	
<b>The Board is invited to:</b>	
1.	Note the contents of the Audit and Risk Committee’s Quarterly update to the Board.
2.	Note the draft minutes of the Audit and Risk Committee and the Extra-Ordinary Audit and Risk Committee meeting held on the 13 November 2025.

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

<b>Equality Impact Assessment</b>		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/> Reason: Not Applicable.

**BOARD MEETING 5 MARCH 2026**

**Agenda item 13  
REPORT NO: B-37-2025/26**

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

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

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**

A meeting of the Audit and Risk Committee was held on 12 February 2026.

**Key issues discussed by the Committee:**

- A very positive internal audit report on Organisational Workforce Development.
- A positive internal audit on Procurement and Creditors/Purchasing.
- The External Audit plan for 2026, presented by Deloitte.
- A positive update on Stage 2 Digital Delivery and Change Management.
- An update on Shared Services, noting a number of recent changes.
- A report on the Inspectorate's participation in the recent National Fraud Initiative exercise.
- A progress report on the Childminding Improvement Plan.
- An update on the Strategic Risk Register.

**Issues referred for discussion/decision by the Board**

The Board is invited to note that the Committee endorsed two significant changes in the strategic risk register, resulting in reductions in the net risks relating to financial sustainability and workforce capacity from high to medium.

Bill Maxwell  
Convener



<b>Title:</b>	<b>EQUALITY DUTY REPORTING: ANNUAL EQUALITIES REPORT</b>
<b>Author:</b>	Jacqui Duncan, Equalities Professional Adviser
<b>Responsible Director:</b>	Edith Macintosh, Executive Director of Assurance and Improvement
<b>Appendices:</b>	1. Key Messages for Equality Duty Reporting: Annual Progress Report 2026
<b>Consultation:</b>	<p>This progress report was written following discussion with:</p> <ul style="list-style-type: none"> <li>For workforce information: Colleagues from Human Resources, Organisational Workforce Development and Payroll</li> <li>For equality outcomes: Colleagues from a range of teams and directorates including Assurance and Improvement (children and young people, early learning and childcare, methodology, strategic, adults, complaints and quality improvement)</li> <li>Head of Quality Improvement and Participation</li> <li>Participation and Equalities Team Manager</li> </ul>
<b>Resource Implications:</b>	There are no resource implications; all work outlined in this report has been delivered within existing resource allocations.

### EXECUTIVE SUMMARY

This report provides an update on our progress in mainstreaming equality, with a particular focus on the actions taken to deliver our five equality outcomes. [These outcomes](#) were first published alongside our [Equalities Mainstreaming](#) report in April 2025.

This work is also integral to delivering the:

- Corporate Plan 2022-2025 and future proofed for our new plan to cover 2026-2031
- Strategic Workforce Plan 2023-2026
- Getting it right for everyone (GIRFE), Corporate Parenting, Keeping the Promise to Scotland's children and full implementation of UNCRC

### The Board is invited to:

1. Note the progress made since April 2025.

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

## BOARD MEETING 5 MARCH 2026

Agenda item 14  
Report No: B-38-2025/26

Equality Impact Assessment		
<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/> One is planned or is already in progress	<b>No</b> <input checked="" type="checkbox"/> Reason: The purpose of this work is showcasing progress on how equality is mainstreamed into business as usual (BAU) work. No decisions are required.

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

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

### 1.0 INTRODUCTION / BACKGROUND

In April 2025, we published our Equalities Mainstreaming Report and have since made significant progress towards achieving our five equality outcomes.

As required by the Equality Act 2010 (Scottish Specific Duties), we will publicly report on our progress in April 2027 and again in April 2029, at the end of the current 2025–2029 reporting cycle.

### 1.1 Our responsibilities as a public body

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 helps public bodies in Scotland, including the Care Inspectorate, to support the better performance of the General Equality Duty.

The Specific Duties require us to:

- report on mainstreaming the equality duty
- publish equality outcomes and report progress
- assess and review the equality impact of policies and practices
- gather, use and publish employee information
- publish gender pay gap information
- publish equal pay statements
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible.

The General Equality Duty (Section 149) of the Equality Act 2010, requires public authorities, including the Care Inspectorate, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

There is currently a review of the operation of the Public Sector Equality Duty in Scotland which, if passed, will change the future legal landscape.

When developing our outcomes, the positive action provisions in the Equality Act (2010) were used, to assist an increase in the number of applicants from the minority ethnic community and also disabled people. We voluntarily continue to publish our disability and ethnicity pay gaps for our workforce.

The Care Inspectorate also has legal responsibilities outlined in the Children and Young People (Scotland) Act, 2014 to embed and promote children's rights into our work and report on our progress. This relates to Corporate Parenting and the incorporation of the United Nations Convention on the Rights of the Child (UNCRC).

## BOARD MEETING 5 MARCH 2026

Agenda item 14  
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Although we have separate reporting mechanisms in place we integrate childrens rights into our equalities work as appropriate.

## 1.2 Progress achieved since April 2025

Following the presentation of our Equalities Mainstreaming Report to the Board in February 2025, we have concentrated on progressing with our equality outcomes and further mainstreaming equality and human rights into everything we do.

Highlights include the following:

- Strengthened participation and voice across social care settings, particularly for babies, infants, children, young people and people with communication barriers, through expanded use of SOFI/SOFI2, Talking Mats, visual tools (Boardmaker, Picture Exchange Communication System), advocacy, and new Promise-focused inspection approaches that embed voice, rights and participation as key lines of enquiry.
- An [Evaluation](#) by Napier University in April 2025, demonstrated the significant impact from the work to test the Painchek app. This has shown significant benefits, particularly around improvements in the use and administration of pain management in adult/older people's care homes. We understand the use of Painchek is now between 100-150 care homes across Scotland beyond the initial three phased testing with a small number of Care Homes. Advanced culturally competent and inclusive person-centred care, including anti-racism learning for staff, improved accessibility of surveys and communications (easy read, photo symbols), stronger engagement with people with lived experience, and increased internal capacity to produce inclusive, accessible guidance.
- Significant progress on meaningful connections in adult and older people's services- publishing national guidance, training managers, supporting Anne's Law implementation, expanding Short Observational Framework for Inspectors (SOFI) practice, and building strong sector engagement through newsletters, podcasts, webinars, digital tools and a growing community of practice.
- Strengthened focus on dementia care and reducing inequalities, informed by improved national data, delivery of the Stress and Distress Improvement Programme with **58** teams, development of co-designed Practical Dementia Resources, and strengthened partnerships with Alzheimer Scotland and national learning forums.
- Tangible progress towards a more inclusive and representative workforce, including approval of accessibility passports, expanded employee networks, enhanced equality learning (anti-racism, trauma-informed), and improved use of lived experience to shape policy and practice.
- Embedding of equality, diversity and inclusion into governance, strategy and culture, through our new values and cultural aspirations. Sustained delivery of Equally Safe at Work commitments, reinforcing a culture of safety and gender equality.

## 2.0 IMPLICATIONS AND/OR DIRECT BENEFITS

### 2.1 Resources

No additional resources are required.

### 2.2 Sustainability

By successfully mainstreaming equalities and human rights into everyday business, it enables the organisation to maintain and strengthen ways to support person-centred care across services. It is recognised inclusive workplaces better attract and retain diverse talent which improves staff wellbeing and reduces organisational turnover.

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

Through investment in our workforce, we empower our staff to uphold rights and embed equity, dignity, fairness, person-centred care, and human rights in their everyday practice, to support regulated services to deliver high quality care that is both accessible and inclusive.

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

Equality and human rights are mainstreamed across everything we do, meaning it touches all colleagues and everyone who comes into contact with our work. We offer a range of opportunities for staff to actively contribute to and shape our work. The main ways to get involved include:

- Employee networks: Connect with colleagues who share common interests and experiences.
- Working groups: Collaborate on specific projects and help drive meaningful change.

We work closely with a variety of external stakeholders to strengthen our approach and share best practice, including:

- Equally Safe at Work
- Move On
- NHS Education Scotland (NES)
- Scottish Government
- WhoCares? Scotland

## 3.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note the significant progress made since April 2025.



Key messages for  
**equality duty**  
reporting: Annual  
progress report 2026



## Introduction

This report provides an update on our progress in mainstreaming equality, with a specific focus on the actions taken to deliver our five equality outcomes. [Our outcomes](#) were first published in our [Equalities Mainstreaming](#) report in April 2025.

## Equality Act 2010

In our dual capacity as both a scrutiny and quality improvement body, and as an employer, we are committed to meeting our legal obligations and promoting equality, diversity and inclusion across all aspects of our work. The Equality Act 2010 identifies [nine protected characteristics](#), which form the foundation of all equality legislation in Great Britain.

Under Section 149 of the Equality Act 2010, the General Equality Duty requires public authorities, including the Care Inspectorate, to have due regard to the need to:

- eliminate unlawful discrimination, harassment, and victimisation
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 supports public bodies in Scotland, including the Care Inspectorate, to better meet the requirements of the General Equality Duty.

The specific duties require us to:



The Scottish Government is reviewing these regulations, which will establish a duty on inclusive communication. This report demonstrates the steps we've taken to prepare for its introduction in late 2026.

## Progress made against our equality outcomes since April 2025

### Equality outcome 1

By 31 March 2029, we will support regulated care services to create safe, inclusive spaces - where babies, infants, children, young people, and adults can express their voices and be actively listened to. We will pay particular attention to all forms of communication, including non-verbal communication such as body language, vocalisations, and facial expressions. Through observation and reporting on these meaningful interactions, we will gather evidence to evaluate how effectively services engage with individuals. This will allow us to assess whether services respect dignity, meet diverse needs, and respond meaningfully to communication and feedback, ensuring that people's voices influence decisions about their learning, development, care, and support.

We will actively share and learn from good participatory practices across all age groups, ensuring that everyone's voice including often 'hidden voices' are heard, valued, and respected. This commitment extends beyond children and young people, recognising that older adults, people with communication barriers, and other marginalised groups also need tailored approaches to ensure their voices are fully included in decision-making.

We have carried out the following.

- Facilitated a quality improvement project to improve the ways children and young people receive feedback. The project has engaged **26** services and **87** children and young people. There is interest in the project from other business areas, and we will now test it in early learning and childcare (ELC) school-aged childcare settings.
- Collaborated with WhoCares? Scotland on national advocacy campaign (April 2025). We further strengthened advocacy across all organisational work by raising awareness of the key issues and national campaign.

Hearing hidden voices.

- Continued to use Short Observational Framework for Inspection (SOFI and SOFI2) to capture the experiences of individuals who may be verbal or non-verbal and 'hear' their voice.

Children and young people team (CYP) have used the following.

- [Boardmaker](#) creates visual symbols that support verbal interactions with people. These visuals can help structure feedback. For example, using Talking Mats, or to support more formal methods of communication such as the Picture Exchange Communication System (PECS). From this, we have five user accounts, which were set up for:
  - » communications and involving people teams
  - » children and young people (CYP) and strategic teams

- » early learning and childcare (ELC) teams
- » adults' teams
- » complaints and registration teams
- [Makaton](#) uses signs, symbols, and speech to support communication for people with speech, language and communication needs. The children and young people teams are planning to carry out some initial training in Makaton in 2026, to support inspectors' interactions with young people with speech, language and communication needs.
- [Talking Mats](#) is a visual communication framework which supports people with speech, language and communication needs to express their feelings and views. The CYP teams completed specific training in October 2024. We are continuing to support the rollout of this and prioritising its use in services for children and young people with disabilities.
- A variety of augmentative and alternative communication methods, known as the [Total Communication Approach](#).
- Tools for young people with speech, language and communication needs currently available to inspectors include:
  - » [poster for residential child care](#) or our [poster for foster care](#) for services to display, which briefly explain our role
  - » [video animation](#) which goes out with pre-inspection information to support young people to understand our role.
- Been recognised in a national award for the use of the ['Happy to Translate' app](#) in children and young people's regulatory team.

#### Keeping the Promise.

- Expanded the work of our Participation Community and Keeping the Promise Coordinating Group, bringing together colleagues from:
  - » children and adults' inspection
  - » participation and equalities
  - » methodology
  - » quality improvement teams.
- These groups ensure voice and rights are central to inspection and assurance methodologies, particularly for children and adults with care experience and/or protected characteristics.
- The Access All Areas short-life working group met regularly throughout 2025. A new intranet page launched in January 2026 providing a single-entry point for internal accessibility resources and processes, alongside signposting to external organisations.
- Developed tools to enhance communication with the youngest children in early learning and childcare (ELC), including social stories (to support children to understand what inspectors do and help them to make a choice about their involvement with us), supporting inspectors to use Makaton, Talking Mats, and developing ways to feedback the results of inspections to children in school aged childcare settings.

- Published Restrictive Practice 2024: A Statistical Bulletin (Year Two) in July 2025, as part of the national Promise Progress Framework, ensuring trauma-informed language when writing about care experience.
- Piloted a Promise Assurance Inspection framework for better-performing services and progressed the “Promise refresh” of the Quality Improvement Framework, introducing Key Question 6: “What is our capacity to keep the Promise and ensure children and young people grow up loved, safe and respected so that they realise their full potential?”
- Finalised a new practice note: Reducing Restrictive Practice: Promoting Children’s Rights, Safety and Wellbeing launching January 2026.
- Completed the first joint inspection of services for children on compulsory supervision orders at home (October 2025), introducing a key line of enquiry on voice, participation, and involvement. Core elements include early engagement, participation action plans, and support from trusted adults.
- In October 2025, colleagues presented at Centre for Excellence for Children’s Care and Protection (CELCIS’) Learning Conversation webinar series on Putting the Promise at the Heart of Inspections, showcasing pilot work on Promise Assurance and feedback to children post-inspection. Over **200** attendees; recording featured on CELCIS’ national website.

## Equality outcome 2

By March 31 2029, we will support regulated care services to provide equitable, culturally sensitive social care for individuals from diverse ethnic backgrounds.

This will include disabled people, and lesbian, gay, bisexual and trans (LGBT+) people across different age groups, improving their wellbeing and access to respectful, high-quality care. Our goal is to foster culturally competent, equitable, inclusive care where diversity is protected, respected, and upheld.

We have:

- developed an anti-racism learning resource for our staff
- signposted to advocacy resources and culturally sensitive care guidelines
- updated our [guidance for children and young people’s services on the inclusion of transgender including non-binary young people](#) in light of the UK Supreme Court judgment on 16 April 2025, which ruled that in the Equality Act 2010, ‘sex’ means biological sex. We await the Equality and Human Rights Commission’s (EHRC) updated guidance which we understand will be available in due course
- continued to engage with people with lived experience through our community involvement work to help inform our work and inform our impact assessments
- received constructive feedback from an advocacy organisation on our care-at-home and housing-support survey questionnaires. In response, the team manager met with them to share the newly developed easy-read version, designed to make the survey more accessible for people with learning disabilities

- produced communications within our internal and external platforms to improve knowledge in the area
- developed an internal easy read learning community to support the organisation to produce easy read guidance. This community is cross directorate; we have also purchased five photo symbols licences. We aim to build capacity in this area.

### Equality outcome 3

By March 31 2029, we will enhance our Meaningful Connections (with family, friends, staff, animals, wider communities which add value and meaning to life) work for individuals living in adult and older people's care homes and non-residential services.

This commitment empowers individuals, especially those from marginalised groups, including older age and disabled people, to maintain vital relationships, actively participate in public life, and engage in activities meaningful to them. Recognising the profound impact on individuals' physical, mental, and emotional well-being, the initiative will support meaningful interactions that reflect and respect each individual's unique needs and identities, enhancing their sense of purpose and uphold human rights to private and family life. We are also committed to safeguarding these essential relationships and upholding each individual's rights and dignity, ensuring they are respected even in exceptional circumstances.

We have:

- published and promoted new guidance [“Supporting meaningful connection: Good practice guidance for care homes”](#)
- published (and distributed physical copies to all care homes) a [leaflet](#) and [poster series](#)
- delivered training sessions to care home managers
- delivered sessions and appeared on panels at external events including National Care Home Conference
- enhanced confidence and raised the internal profile of SOFI through a dedicated Teams channel and [SharePoint page](#) (both for SOFI trained inspectors only)
- acted as a point of contact for queries both internally and externally regarding meaningful connection, visiting and Anne's Law
- worked closely with Scottish Government on developing and implementing Anne's Law
- maintained mailing list with approx. **900** subscribers and published monthly newsletter on meaningful connection
- recorded further podcasts including one on creating an inclusive environment for LGBT+ people in care homes
- maintained, and updated as required, webpage with range of resources, including factsheets, webinars, podcasts and posters

- developed new notification system to ensure we have oversight of any situations where services restrict visiting
- started the planning to launch the third cohort of the [Care Home Improvement Programme](#) in Spring 2026, where we explore these themes with social care providers
- promoted the use of digital technologies for meaningful connections across the sector. We have:
  - » launched our successful webinar series, bringing together a range of partners focused on ways digital technology can improve people’s lives
  - » published our self-evaluation tool, [Embedding a rights-based approach to digital social care](#), as well as our annual return infographic
  - » updated our [Hub](#) page
  - » launched our regular Digital Social Care Newsletter with over **1800** subscribers. This focuses on case studies and resources to enable digital adoption in services
  - » undertaken several media campaigns to support digital adoption and capability in the sector essential for meaningful connection using technology.
- the team manager for participation and equalities, presented at an event hosted by Aberdeen Health and Social Care Partnership, focusing on advocacy and its links to participation and equalities.

## Equality outcome 4

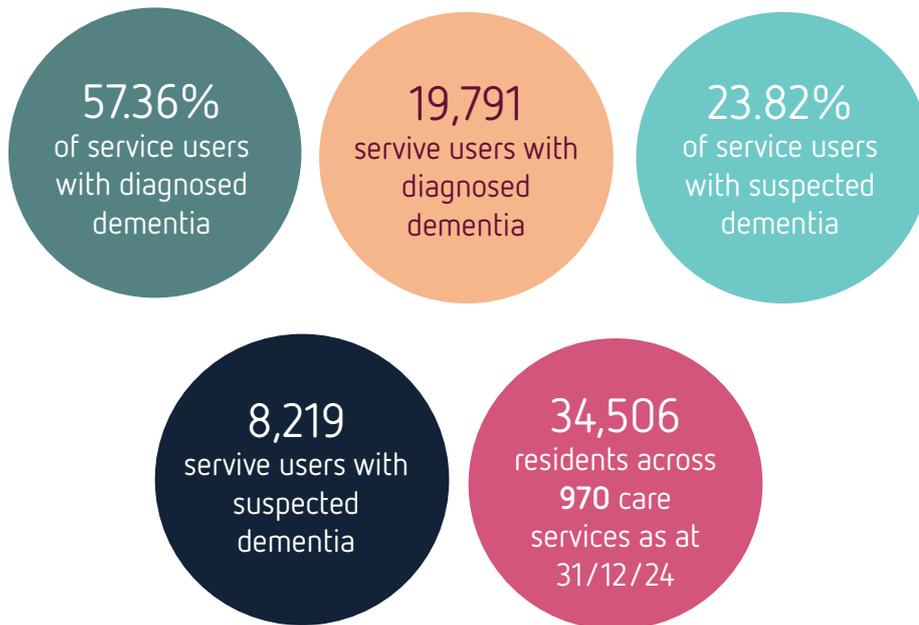
By 31 March 2029, we will support individuals living with dementia in regulated social care settings across Scotland to receive equitable treatment and high-quality care and support.

Through collaborative partnerships, compassionate inspections, and targeted quality improvement initiatives, we will scrutinise and support social care providers to address and reduce intersecting inequalities. Our commitment is to help foster a social care environment where every individual’s unique needs and circumstances are protected, respected, and upheld.

We have completed the following.

In response to the National Dementia Strategy, we have changed the question in the annual returns to: **The number of people living with dementia in care homes is very high so now the dementia strategy data subgroup wants to look at this in more detail.**

Using the total number of residents from the `Service User Age` page of the annual return as reported by Care Home for adult/older people services:



### Practical Dementia Resources project:

The aim of the resource, using the Scottish Approach to Service Design, is to codesign and develop a platform for shared learning for care staff taking a non-pharmacological approach to improving dementia care. Work has begun on building the resource platform, with workshops for continued co-development and design, and an advisory group to steer progress. The Journal of Dementia Care accepted our publication describing and promoting the work. Two senior improvement advisers presented on the progress at the Dementia Congress 2025 in November.

Colleagues attended the Alzheimer Scotland Conference in September 2025. This reflects a key theme of the project we have integrated into its design. The online platform will be freely accessible to everyone - no passwords required - and people can easily access it on both mobile devices and laptops.

### The Stress and Distress Improvement Programme

Healthcare Improvement Scotland, Care Inspectorate and NHS Education for Scotland are jointly delivering this programme which started in January 2025. We are working with **58 teams** delivered over four cohorts in 2025.

All **58 teams** have completed the Reducing Stress and Distress self-evaluation tool to evaluate current practice and identify improvement priorities. We presented at Alzheimer Scotland's Annual Conference in September to share learning and impact from the programme. Programme evaluation is ongoing with participating teams and coaches. Findings will support improvement in design of our approach for 2026. Applications will open in January 2026. Here is the most [recent report](#) dated October 2025.

The dementia practice development group continues to meet regularly, we also have the Hub page: [Do you provide care to people living with dementia? | Care Inspectorate Hub](#)

## Equality outcome 5

By March 31 2029, we will work towards building a workforce that better reflects the diversity of the communities we serve, listening to lived experiences and adopting a trauma-informed approach to foster an inclusive and supportive environment.

We will prioritise increased representation of disabled people (to 15.0%) and people from diverse racial and ethnic backgrounds (to 2.5%). We foster a culture where all employees feel valued, fostering a sense of belonging that enhances wellbeing, innovation, and collaboration. We will create an inclusive environment where individuals of all backgrounds including people with protected characteristics such as race, sex, sexual orientation, and disability can thrive and actively participate in our various employee networks.

We have:

- approved the introduction of accessibility passports, following a successful small pilot. These passports enable employees to clearly communicate the workplace adjustments and support they need. Importantly, the passport moves with the individual if they change roles or managers, ensuring continuity and reducing the need to repeatedly disclose personal information
- improved inclusive recruitment and retention, through working to best practice as set out in our [disability confident level 3 leader](#) accreditation and [equally safe at work](#) plans
- continued to hear diverse lived experience through our employee networks and annual staff network event that promoted an intersectional approach and learning between networks Insert photos of event.
- involved diverse employee networks in impact assessments and consultations, for example, violence against women policy
- shared regular updates from our networks through targeted communications, intranet articles, and organisation-wide events
- strengthened community involvement by collaborating with carers' centres, and relevant organisations to ensure diverse participation
- produced an anti-racism learning resource for our staff
- recruited adult inspection volunteers from diverse backgrounds, which has significantly enhanced our understanding of culturally sensitive practice and informed improvements in inspection approaches.



## Embedding equality, diversity, and inclusion

### Board

Our January 2026 Board development day focused on equity, person-centred values, and highlighted the vital role of engaging people with lived experience.

### Corporate plan

Our new Corporate Plan for 2026–2031 represents a major step forward, introducing ‘upholding rights’ as a strategic outcome and affirming our commitment to embedding equalities across all aspects of our work.

### Strategic workforce plan

Our Strategic workforce plan, published in 2023, sets out our ambition for the Care Inspectorate to be an inclusive employer of choice.

### Values and culture

- Launched a values and culture framework that sets out clear behavioural expectations for staff, managers and leaders to live our values in practice, including equity and respect and cultural aspirations of inclusion and belonging.
- Included our organisational values into individual performance discussions through LEAD.
- Maintained ongoing communications and activities to embed organisational values and traumainformed practice and updates against organisational commitments such as the Promise.

### Leadership and management

- Work to develop a leadership and management framework is at an advanced stage. This will include the knowledge and skills required of staff, managers and leaders in terms of equality, diversity and inclusion.

### Staff survey action plan

- We have published a Staff Survey Action Plan, that we developed in partnership with employees. It includes themes around organisational culture, change management, learning and career development and partnership working. We continue to make progress against the defined actions.
- We have started planning for the 2026 Pulse Survey which is due to open for responses in September 2026.

### Corporate equality group

The corporate equalities group provides strategic leadership to embed equality, diversity, and inclusion across our organisation. It ensures compliance with the Equality Act 2010 and the Scottish Specific Duties, while driving delivery of our published equality outcomes.

## Inclusive procurement

Our Procurement Strategy 2023-2026 continues to ensure we consider equality, diversity and inclusion throughout tender processes to comply fully with legislation. Through our:

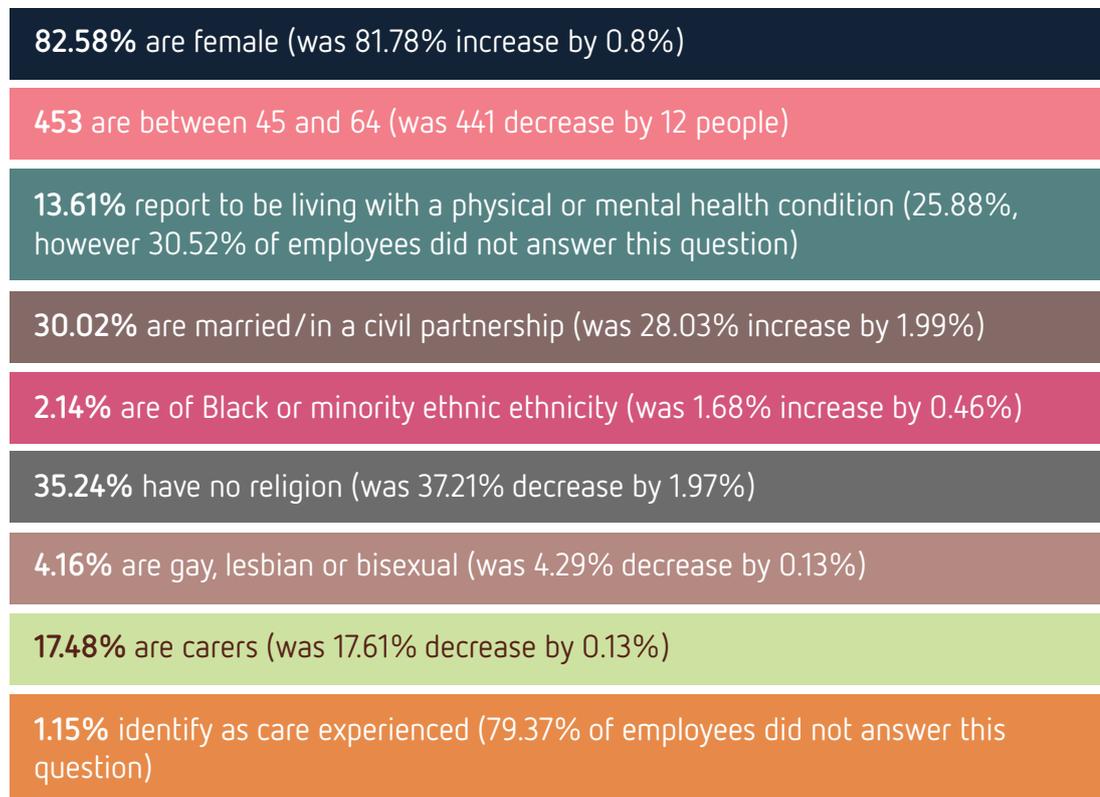
- Invitation to Quote
- Invitation to Tender

## Accessible and inclusive communications

- Enhanced accessibility training for communications staff and equipped relevant teams with practical skills for creating easy-read materials.
- Ensured full accessibility of our new website, with design and functionality improvements that meet recognised accessibility standards.
- Celebrated and promoted diversity by raising awareness of commemorative dates significant to protected groups through social media and internal channels, to help foster a culture of inclusion and belonging.
- [Evaluation](#) by Napier University in April 2025, demonstrated the significant impact from the work to test the PainChek app. This has demonstrated several significant benefits, particularly around improvements in the use and administration of pain management in adult/older people's care homes. We understand the use of Painchek is now between 100-150 care homes across Scotland beyond the initial three phased testing with a small number of Care Homes.

## Learning from our workforce data (December 2025)

We collate data on our workforce by protected characteristic groups and care experience. This provides an overview of workforce diversity and helps to inform how we support colleagues across the organisation. The information provided is based on a headcount of 698 from December 2025.



Our data does not report for employees who are or were pregnant, on maternity leave, or who identify as transgender or have a trans history, due to the small numbers involved.

## Human resource policies

The following policies will launch early in 2026:

- Menopause
- Sexual Harassment
- Violence against Women

## Wellbeing action plan

- We launched a wellbeing action plan which addresses the needs of diverse groups to staff and we have made good progress in delivering the commitments set out.
- Progress with the plan includes actions to:
  - » embed our cultural aspirations and values across the organisation, including into the recruitment and onboarding process

- » promote our staff networks
- » have 'wellbeing team charters for individual teams and personal wellbeing plans
- » launch additional financial wellbeing supports through our payroll system
- » deliver wellbeing webinars. So far, we have delivered: neurodivergence at work, navigating change and uncertainty, and vicarious trauma webinars.

## **Equality learning**

We have:

- customised the 'Working Effectively with the Equality Act' core learning module to tailor this to our specific roles and responsibilities
- progressed development of an equalities skills matrix to define rolespecific learning requirements and signpost development opportunities
- completed a learning needs analysis to identify priority areas for development
- embedded equality and participation learning within corporate induction. This includes sessions the Equalities and Participation Team delivered for all new employees and is also open to existing employees
- delivered and signposted a range of learning opportunities to support delivery of Equality Outcome 5, including Easy Read, Trauma Informed and Anti-Racism
- added corporate parenting eLearning to the induction programme for all new employees to strengthen understanding of role and responsibilities, lived experience and traumainformed approaches
- published clear guidance on the intranet outlining accessibility support available for learning events and details of adjustments that we can provide on request.

## **Courses (self-directed)**

A suite of e-learning modules which we consider non-essential learning are available to all colleagues with access to the learning management system (LMS) and we are adding more annually.

## Participation and equalities

### Strengthening the links between participation and equalities

We have developed the annual Participation Plan 2025-2026 to support our ambition to:

*"... further grow the development of our participation work to enable us to achieve our vision of care experienced children and young people, people experiencing care and unpaid carers being equal partners in their care and support. By supporting people experiencing care, children and young people and unpaid carers to share their lived experience to influence the strategic direction of the organisation, we will be working towards a culture within which participation becomes second nature."*

Amanda Tough, Participation and Equalities Team Manager

We will continue to work with the whole organisation whilst recognising the benefits of participation and work towards the outcomes identified in our:



Meaningful participation can challenge discrimination, particularly for:

- people experiencing care
- care experienced individuals
- unpaid carers and families.

For participation to be meaningful, it is dependent on people being willing and able to take part and express their voice. We are:

- using various good practice participation models to make sure our work is inclusive and accessible for people to contribute
- being visible and present in the right spaces to encourage participation and to inform people of their rights.

## Children’s rights, corporate parenting and the promise

We continue to work towards the commitments in the following:

- [2024 – 2027 Children’s Rights, Care Experience and Corporate Parenting plan](#) which includes our work around the family firm approach and employing care experienced modern apprentices and strengthening the voice of the care experience community.
- [Children’s rights report April 2020- March 2023](#) published October 2023. We are currently preparing for our next report due later in 2026.
- [Promise 2024-2030 five foundations](#)

## Volunteers

We have improved our equalities monitoring for volunteers, collecting equality information from volunteers when they join and update it annually. This helps us understand the diversity of our volunteer workforce and informs the different approaches we take to attract and support volunteers from a wide range of backgrounds.

## Internal employee networks and working groups

We have a range of employee networks and working groups that strengthen employee voice, participation in appropriate decision making, equality, inclusion, and belonging. While each group has its own focus, all:

- adopt a trauma-informed approach, reflected in their revised terms of reference
- work to clear priorities
- have communication plans and dedicated intranet pages to make their work visible to help raise awareness amongst colleagues.

## Equally safe at work

We are committed to creating a safe and inclusive workplace. Through [the Equally Safe at Work](#) programme, developed by Close the Gap, we are working to advance gender equality and prevent violence against women. This employer accreditation scheme supports the delivery of Scotland’s national strategy, Equally Safe, and helps organisations improve employment practices to tackle gender inequality, a key factor in

preventing violence against women. An expert advisory group including the Scottish Government, Convention of Scottish Local Authorities (COSLA), Public Health Scotland, and other partners guide the programme.

Here is an overview of the progress we have achieved against the six programme standards since launching in September 2024.

## Leadership

- Established a dedicated Equally Safe at Work [working group](#), supported by our Chief Executive, Jackie Irvine as senior sponsor.
- Received gender lens training from Close the Gap (an external organisation who specialise in this area and run the Equally Safe at Work programme), for working group members.
- Launched our Equally Safe at Work communications during the 16 days of Activism campaign during the period 25 November to 10 December 2024 which included:
  - » [Internal](#) and external statements of support from Jackie Irvine.
  - » Targeted communications aligned with White Ribbon Day 2024 and International Women’s Day 2025.
  - » Creation of a dedicated [intranet page](#) to centralise resources and updates.
- Participated in the Staff Network Day in Dundee (May 2025), showcasing our work and strengthening connections between networks to promote inclusivity. Our focus was on ensuring representation for disabled women, carers, lesbian, gay, bisexual, trans and queer (LGBTQ+) women, and women from minority ethnic backgrounds. We recognise that their unique experiences can compound inequalities, particularly in relation to violence against women. We also explored opportunities to build stronger links with the Menopause Employee Network to support intersectional approaches to wellbeing and equality.

## Data

- Conducted the Equally Safe at Work survey and held a focus group with female colleagues in Grades 1–2, providing valuable insights. We shared and discussed the feedback with the Strategic Management Group. They compared it with relevant themes from our staff survey.
- Published our gender pay gap and occupational segregation data in our [Equalities Mainstreaming Report - Appendix 2](#), pages 46-48 and 50-51.

## Flexible working

- Started piloting flexible eLearning modules with a sample of managers to build awareness and understanding through a gendered lens.
- We implemented our updated [flexible working policy](#) in June 2024 because we know flexibility helps colleagues stay in employment and progress in their careers. Alongside this, we offer a wide range of options to support work-life balance, including family-friendly leave, carers’ leave, special leave, and hybrid working. We have designed these measures to benefit everyone; however, we know that they play

a vital role in supporting women and creating an inclusive workplace.

- Mention the availability of flexible working in job adverts and on our website.

## **Occupational segregation**

- Reviewed and actioned key priorities from our Equal Pay Statement with Close the Gap (who specialise in this area).
- Taken steps to ensure our recruitment process is free from gender bias.

## **Workplace culture**

- We are reviewing our appropriate policies to ensure gender sensitivity.

## **Violence against women (VAW)**

- Shared the Spider in the Glass training which received positive feedback.
- A pilot VAW eLearning modules with a sample of managers to build awareness and understanding is ongoing.
- We are currently consulting on a draft VAW policy.

## **Care experience**

The network's main purpose has naturally evolved to be a support network to each other and to offer any help and guidance that members need or request.

## **Improving race equality**

The network supports our vision of becoming an anti-racist organisation both as an employer and through our assurance and improvement work. It plays a key role in advancing race equality in line with our equality outcomes (specifically outcome 2) and our commitment to the business in the Community Race at Work Charter. The network has:

- developed resources such as an anti-racism learning resource
- led on communications for Race Equality Week, Black History Month, and other key dates.

Membership is open to those with lived experience, proximate experience (such as a family member, loved one or friend), or those wishing to show allyship.

**Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ+) Staff and Allies Network** The network supports our vision of creating a culture of respect, belonging, and visible allyship for LGBTQ+ people both as an employer and through our assurance and improvement work.



Membership is open to all employees whether through lived experience, proximate experience, or allyship. The network has recently:

- changed their name as they wanted a name that better reflected their membership
- distributed rainbow lanyards to colleagues who have demonstrated allyship
- revised their terms of reference.

## Menopause forum

The forum continues to meet online quarterly. The group now has a senior sponsor and are working on their terms of reference. The network:

- published a range of useful information on its intranet page
- contributed to the development of the draft menopause policy
- helped to select the menopause eLearning module
- partnered with the UNISON trade union to deliver targeted training for employees and managers.

## Staff accessibility

The network meets quarterly, with each meeting held in three places: at the Atlantic Quay office, at the Compass House office, and online, resulting in 12 meetings per year. It provides a safe and inclusive space for colleagues with lived experience of disability, long-term health conditions, and/or neurodivergence as well as those who want to champion accessibility.

The network:

- signposts employees to valuable resources
- strengthens communication through initiatives such as lived experience blogs
- drives positive organisational change, for example by recommending the introduction of accessibility passports now approved by the Health, Safety and Wellbeing Committee
- promotes awareness through activities like Disability History Month
- shares learning through TURAS resources the digital platform developed by NHS Education for Scotland.
- collaborates with the Access All Areas working group to ensure a joined-up approach
- plays a key role in supporting our status as a Disability Confident Leader

## Unpaid carers

The group meets monthly and helps to:

- raise awareness as part of the annual Carers Week and Carers' Rights Day
- maintaining our Carer Positive Level 2 Carer Established Award
- upholding the commitments in the Carers of Dundee Charter.

## External working groups

### **NHS Education Scotland (NES Leading to change)**

We continue to participate in NHS Education for Scotland's Leading to Change programme. This supports compassionate and collaborative diverse leaders at all levels across health, social work, and social care in Scotland. It has a focus on equalities interventions.

### **NDPB (non-departmental public body forum equality forum)**

We continue to work with non-departmental public bodies' equality forums to:

- strengthen links between the individual organisational employee network groups
- create opportunities for shared learning and collaboration.

### **Scottish Government led Human Rights Implementation - Capability Building Working Group**

As a member of this group we aim to strengthen the capacity of public bodies and stakeholders to embed human rights principles into policy and practice.

### **SNAP2 (Scotland's National Action Plan for Human Rights)**

As a member of the working group we are helping to advance and protect human rights across Scotland through practical actions and shared accountability.

## Next steps 2026/2027

Our specific next steps are to continue to make progress against our equality outcomes.

We will also:

- continue to contribute to the review of our health and social care standards
- develop additional communication channels to enhance how children and young people provide feedback and raise complaints. This includes reviewing the Text to Complain service in partnership with young volunteers to ensure it remains accessible and effective
- continue to look at areas to develop through Project Reach, a whole-organisation improvement initiative designed to strengthen complaint handling. This includes complaints made by care-experienced individuals' and young people
- explore new opportunities for digital engagement through Stage 2 of our digital transformation programme, offering accessible, innovative and inclusive ways for children and young people to connect with us and ways of reporting against our equality outcomes
- strengthen engagement with parents who are care-experienced, ensuring their voices are heard and valued
- leverage Power BI analytics to enhance the quality and depth of our equalities reporting
- introduce the [Onvero](#) (formerly known as the Employers Network for Equality and Inclusion or ENEI) platform to strengthen all our employee networks by:
  - » supporting their communication plans
  - » providing access to learning materials and events
  - » benchmarking and research
  - » enhancing our equality, diversity, and inclusion practices through collaboration and shared learning with an external organisation.
- launch our new website, designed to improve accessibility, usability, and engagement for all stakeholders.

## Reporting, monitoring and review

In April 2027, in line with legal requirements, we will publish:

- a review of the progress we have made in meeting our equality outcomes
- a summary of our progress towards further mainstreaming equality.

## Headquarters

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<b>Title:</b>	<b>ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS</b>
<b>Author:</b>	Kenny Dick, Head of Finance and Corporate Governance
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director of Corporate Services
<b>Appendices:</b>	1   Draft Financial Regulations (version 4.0)
<b>Consultation:</b>	Finance and Resources Committee (10 February 2026)
<b>Resource Implications:</b>	No

<b>EXECUTIVE SUMMARY</b>
In line with the approval and revision arrangements (para 24 of financial regulations attached as Appendix 1a) the annual review of Financial Regulations is now due to be carried out.
The Finance and Resources Committee considered the proposed changes at its meeting of 10 February 2026. The Committee recommends approval of the revised Financial Regulations.
<b>The Board is invited to:</b>
1. Approve the revisions to the Financial Regulations`.

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

<b>Equality Impact Assessment</b>		
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.

**BOARD MEETING 5 MARCH 2026**

**Agenda item 15  
Report No: B-39-2025/26**

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

**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.**

<b>Reason for Confidentiality/Private Report:</b> Not Applicable.
<b>Disclosure after:</b> Board consideration and approval 5 March 2026

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

## **ANNUAL REVIEW OF CARE INSPECTORATE FINANCIAL REGULATIONS**

### **1.0 INTRODUCTION**

The Financial Regulations were last reviewed in February 2025. In line with the approval and revision arrangements (para 24 of financial regulations attached as Appendix 1 the annual review of the Financial Regulations is now due to be carried out.

#### **1.1 Financial Regulations Revisions**

A summary of the proposed amendments from the previously approved regulations are set out in the version number 4.0 section of the Version Control section of the Regulations.

The Finance and Resources Committee reviewed the draft revised Financial Regulations at its meeting of 10 February 2026 and recommends the Board approves the revised Regulations.

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

#### **2.1 Resources**

There are no direct resource implications arising from this report.

#### **2.2 Sustainability**

There are no direct sustainability implications arising from this report.

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

Ensuring effective financial governance ensures we maximise the resources available to bring benefits to people who experience care.

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

The monitoring, review and publication of the financial regulations relate to strategic theme five of the Customer Service Strategy.

### **3.0 CONCLUSIONS/NEXT STEPS**

Effective financial regulations, and regular periodic review, are necessary to maintain the effectiveness of financial governance. This annual review demonstrates our commitment to ensuring our financial regulations remain fit for purpose.



## **Care Inspectorate's Financial Regulations**

**Publication code (leave blank – comms will complete this)**

Lead Director: Executive Director of Corporate Services

Presented to the Board – 05 March 2026

Approved by the Board –

VERSION CONTROL

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
1.0	Board	First Issued Version	30/03/23
2.0	Head of Finance and Corporate Governance	<ul style="list-style-type: none"> <li>• Amendments to reflect structural changes.</li> <li>• Para 6.4 amended to note that Executive Directors are responsible for consideration and agreement of management responses to internal audit findings.</li> <li>• Para 11.7 updated to clarify the delegated authority to approve special payments.</li> <li>• Para 19.2 amended to reflect the change in delegated authority to approve gifts up the value of £200.</li> <li>• Para 23.3 amended to provide clarity of the delegated authority to write off losses and debt deemed to be irrecoverable.</li> <li>• Minor grammatical errors.</li> </ul>	30/01/24
3.0	Head of Finance and Corporate Governance	<ul style="list-style-type: none"> <li>• Amendment to reflect revised model of operation.</li> <li>• Revisions for the establishment of the Finance and Resources Committee</li> <li>• Para 3 updated to note that Executive Team and Strategic Management Group approval of alternative expenditure proposals.</li> <li>• Para 13.10 updated to include reference to the Debt Management Policy approved March 2024.</li> <li>• Section 20 on the receipt of gifts and hospitality has been revised in line with government guidance.</li> <li>• Other minor grammatical changes</li> </ul>	17/01/25

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<b>VERSION NO.</b>	<b>REVISED BY</b>	<b>DESCRIPTION OF CHANGES</b>	<b>DATE</b>
4.0	Head of Finance and Corporate Governance	<ul style="list-style-type: none"> <li>• Alternative Expenditure Proposal (para 4.3) removed to align with current guidance.</li> <li>• Paragraph 9.2 removes the list of exceptions for purchase orders as all exceptions to be agreed by the Executive Director of Corporate Services.</li> <li>• Paragraph 11.5 updated to remove references to petty cash, as petty cash is no longer held.</li> <li>• Paragraph 18.1 removed the requirement to notify the Executive Director of Corporate Services of travel and subsistence expenditure approvers. Expense claims are approved by line managers.</li> <li>• A new paragraph added providing guidance for staff requesting a pay advance (para 18.5).</li> <li>• A standing delegation for providing gifts to inspection volunteers has been added para 19.4.</li> <li>• Text refined for clarity and readability</li> </ul>	28/01/26

# Financial Regulations

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## FINANCIAL REGULATION

### 1. Introduction

- 1.1 The Chief Executive, as the accountable officer as detailed in the NDPB Executive Framework document, is personally responsible to the Scottish Parliament for properly administering the Care Inspectorate's financial affairs. The Memorandum requires that she/he acts according to its instructions and those laid down within the Scottish Public Finance Manual. In particular, she/he must act according to the Memorandum to Accountable Officers of other public bodies.
- 1.2 The Chief Executive will delegate the day-to-day administration and oversight of these financial regulations to the Executive Director of Corporate Services who will ensure that there are suitable arrangements in place to protect the propriety and regularity of the Care Inspectorate's finances. The Executive Director of Corporate Services will report directly to the Chief Executive and keep them informed on the operation of these financial regulations. In the absence of the Executive Director of Corporate Services, the Chief Executive will assume responsibility for all functions delegated to them under these regulations.
- 1.3 The Care Inspectorate and all its officers must observe the Care Inspectorate's financial regulations.
- 1.4 The Executive Director of Corporate Services will provide a draft budget report to the Board each financial year for its approval.
- 1.5 The Executive Director of Corporate Services is entitled to report upon the financial implications of any matter coming before the Care Inspectorate or any of its committees and sub committees and will further report to the Finance and Resources Committee (FRC) and/or Board, if necessary, in the interests of the Care Inspectorate's financial affairs.
- 1.6 All Board and Committee reports prepared by officers must include an "Implications and/or Direct Benefits" section. Any officer who intends to submit a report which has resource implications to a Care Inspectorate Board, committee or sub-committee meeting must first submit the report to the relevant Executive Director for consideration and agreement. It is good practice for report authors to involve Corporate Services as early as possible in a development to ensure sustainability, financial, legal, health and safety and human resource implications are considered at an early stage. Normally, the responsible officer must submit the draft report to the Executive Director of Corporate Services no later than 7 days prior to the date of the reports being issued for the meeting. Any observations on the report made by the Executive Director of Corporate Services or their representative must be incorporated into the author's report. In exceptional circumstances the 7 day period mentioned above may be reduced with the prior agreement of the Executive Director of Corporate Services.
- 1.7 At all times, the Care Inspectorate will try to secure best value for the money it spends, making appropriate use of all contract arrangements made and

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encouraging the use of the best management techniques throughout the organisation.

- 1.8 As the accountable officer, the Chief Executive will receive regular reports from the Executive Director of Corporate Services on the revenue spending of the Care Inspectorate. This will normally be through budget monitoring reports to Strategic Management Group (SMG), but the Chief Executive may ask for an update at any time. The Executive Director of Corporate Services will provide a budget monitoring report detailing any significant under or overspending to each meeting of the F&R Committee and Board.
- 1.9 The Chief Executive is responsible for corporate and financial governance arrangements to ensure that proper financial control is exercised throughout the Care Inspectorate. The Executive Director of Corporate Services is responsible for ensuring that financial management systems exist to enable Executive Directors and their budget managers to make financial decisions and take corrective action to deal with under or overspending to achieve best value.

### **2. Revenue and capital budgets**

- 2.1 The detailed form of the revenue and/or capital budgets will be determined by the Board taking account of advice received from the Executive Director of Corporate Services.
- 2.2 Executive Directors are responsible for preparing annual income and expenditure estimates on revenue accounts for their areas of responsibility. They must provide all necessary information regarding their directorate's requirements to the Executive Director of Corporate Services.
- 2.3 The Executive Director of Corporate Services will submit the draft Revenue Budget and Capital Plan first to SMG and then to F&R Committee to consider any relevant decisions within the context of the Care Inspectorate's strategic objectives. The draft Revenue Budget and Capital Plan will be accompanied by a covering report containing all relevant information so that SMG and F&R Committee can consider the proposed budget. The Committee's recommendations will then be submitted to the Board for its approval.
- 2.4 For capital budget purposes, capital expenditure is defined as expenditure on individual items valued at over £5k and with a life more than one year, and where it is probable that future economic benefits associated with the item will flow to the Care Inspectorate. If in doubt, the Head of Finance and Corporate Governance or the Finance and Procurement Manager can provide advice.

### **3. Budget monitoring**

- 3.1 The overall responsibility for control of departmental revenue expenditure lies with each relevant Executive Director. Designated budget managers are responsible for the detailed monitoring and control of income and expenditure within the sphere of their delegated responsibility.
- 3.2 Expenditure will be restricted to that included in the Revenue Budget or

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Capital Plan, unless a budget flexibility procedure (see Section 4 below) has been followed, or alternatively, proposals for additional expenditure have been approved by SMG or the Executive Team.

- 3.3 The Chief Executive may approve any expenditure which would otherwise require Board approval where she/he considers that to be urgent, necessary and expedient to protect or preserve the critical interests of the Care Inspectorate (a certificate of which, given by the Chief Executive or Executive Director deputising for the Chief Executive shall be conclusive), provided that such action is reported to the F&R Committee at its next meeting following the taking of the action, in terms of paragraph 2.3.8 of the Care Inspectorate's Reservation of Powers and Scheme of Delegation.
- 3.4 The Executive Director of Corporate Services will provide each budget manager regular statements of income and expenditure under each approved budget heading estimate and any other relevant information that they need. However, each budget manager is responsible for ensuring that they have all the relevant financial and non-financial information to control the actual expenditure and income against the budget.
- 3.5 Executive Directors are responsible for ensuring that their budget managers carry out budget monitoring in accordance with the requirements and timescales set out by the Executive Director of Corporate Services.
- 3.6 The Executive Director of Corporate Services will submit regular budget monitoring reports to the F&R Committee which detail the Care Inspectorate's income and expenditure position with sufficient additional information so that the Committee can properly monitor the Care Inspectorate's up to date financial position. Budget monitoring reports will also be submitted to each meeting of the Board.

## 4. Budget Flexibility

- 4.1 Once the Board has approved a budget, it is expected that expenditure will be authorised in accordance with the approved budget. However, it is sometimes necessary to change plans or respond to events. Therefore, controlled budget flexibility is required. Below are the main budget flexibility procedures.
- 4.2 **Virement** (the transfer of budget between income/expenditure headings or costs centres) may be used as a means of funding desirable or essential expenditure. The budget virement policy is available on the Finance section of the intranet. It should be noted that no virement proposal should be used to finance a new service, change an existing Care Inspectorate policy decision or change the permanent establishment of the Care Inspectorate where the cumulative cost implications of changes are more than £200,000 per annum. The Board must approve changes of this nature.
- 4.3 **Fee income:** Where actual fee income is to exceed budget then this reflects additional workload requirements and related expenditure may exceed budget by an amount not exceeding the additional income. Correspondingly, if actual income is less than budgeted then expenditure must be adjusted as far as

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practicable to offset the income shortfall.

- 4.4 F&R Committee and/or Board approval is required for:
- all proposals that will significantly expand or contract an area of activity on an on-going basis (implications beyond the current financial year).
  - all proposals to start a new area of activity or significantly curtail an existing area of activity.
  - all proposals that will require changes to existing policy decisions.
  - proposals that require a change to the permanent establishment of the Care Inspectorate where that change will alter the budgeted cost of the permanent establishment by more than £200,000 per annum. £200,000 is the cumulative total of all changes made during the financial year. The Board must approve all changes to the permanent establishment that will mean the cumulative £200k limit is exceeded.

### 5. Accounting

- 5.1 All accounting procedures and records of the Care Inspectorate and its officers will be determined by the Executive Director of Corporate Services. All Care Inspectorate accounts and accounting records will be compiled by the Executive Director of Corporate Services or under their direction.
- 5.2 Each year, the Executive Director of Corporate Services will ensure the Care Inspectorate's Annual Report and Accounts are laid before the Scottish Parliament in accordance with statutory requirements.

### 6. Internal audit

- 6.1 As part of their remit the Audit and Risk Committee will ensure that there is appropriate and proportionate internal audit coverage of the Care Inspectorate's accounting and financial operations.
- 6.2 The Executive Director of Corporate Services or any member of their staff or any other person authorised by them for that purpose is authorised to:
- (a) enter all Care Inspectorate offices, establishments or land at any time.
  - (b) have access to all records, computer files, memory devices and other media documents and correspondence relating to any financial and related Care Inspectorate transactions.
  - (c) request and receive such explanations as are necessary concerning any matter under examination; and
  - (d) require any Care Inspectorate employee to produce cash, stores or any other Care Inspectorate property under their control.
- 6.3 Whenever there is any suspicion of an irregularity concerning cash, payments made, income received, payroll (including claiming expenses), stores, other property of the Care Inspectorate or any suspected irregularity in the functions exercised by the Care Inspectorate, then the [Reporting Suspected Fraud, Theft or Other Financial Irregularity procedure](#) should be followed. [The Counter Fraud, Bribery and Corruption Framework](#) and the [Whistleblowing Guidance](#) are all relevant for consideration in such circumstances.
- 6.4 All internal audit reports shall be submitted to the relevant Director. for

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consideration and agreement of a management response where required. These reports are subsequently considered by SMG.

- 6.5 All reports from either the External Auditor or Internal Auditor will be submitted to the Audit and Risk Committee for its consideration.

### **7. Banking arrangements and control of cheques**

- 7.1 All arrangements with the Care Inspectorate's bankers shall be made by the Executive Director of Corporate Services who will operate such banking accounts as he may consider necessary.
- 7.2 The Executive Director of Corporate Services is responsible for ensuring proper arrangements are in place for the safe custody of cash and cheques.
- 7.3 Cheques on the Care Inspectorate's bank accounts will be signed by any two authorised signatories as approved by the Care Inspectorate as required.
- 7.4 The Executive Director of Corporate Services is responsible for arranging any payments through the Bankers Automated Clearing System (BACS) or on-line banking arrangements and ensuring that proper security control procedures are effective and reviewed.
- 7.5 The Executive Director of Corporate Services is responsible for ensuring regular and effective bank account reconciliation procedures are followed.

### **8. Procurement**

- 8.1 All procurement and purchasing activity must comply with the Care Inspectorate's Procurement Strategy and Policy. Detailed guidance and procedural documentation for all procurement processes are available in the Procurement area of the Finance section within the document library on the intranet..

All procurement activity must adhere to the approved procurement procedures and comply with the 'Delegated Authority to Commit & Approve Contracts' which is also located in the same section of the intranet.

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8.2 The procurement process to be followed is determined by value as follows:

Competitive process to be followed	Value of spend (exc VAT and for the whole life of the requirement)	Route to market		Procurement strategy business case required (Template 30)	Engage Procurement Team
		Suitable framework available?			
		Yes	No		
<b>Low Value</b>	<£5,000	n/a	Min 1 quote	No	No
<b>Basic Value</b>	£5,000- £10,000	Direct award or mini competition as per Framework rules	Min 3 evidenced quotes	No	No (support is available if required)
<b>Quick Quote/ Framework</b>	£10,000-£50,000	Direct award or mini competition as per Framework rules	Min 4 quotes through PCS <sup>1</sup>	No	Yes
<b>Standard</b>	£50,000 – £173,100	Direct award or mini competition as per Framework rules	Open competition through PCS with basic SPD <sup>2</sup>	Yes	Yes
<b>Government Procurement Agreement (GPA) Tender Process<sup>3</sup></b>	>£173,100	Direct award or mini competition as per Framework rules	Open competition through PCS with full SPD	Yes	Yes

8.3 If quotes received exceed the originally estimated value of expenditure, and this moves the procurement into a higher value threshold, the procurement route applicable to the new threshold must be followed.

In exceptional circumstances, approval to continue with the existing process may be granted.

Requests for an exception must be submitted to the Procurement Team.

8.4 All procurement which is advertised as a full tender on the 'Public Contracts Scotland' (PCS) advertising portal must have a project and evaluation team whereby all staff have undergone procurement training.

<sup>1</sup> Public Contracts Scotland. Advertising portal for contract notices and awards.

<sup>2</sup> Single Procurement Document. Allows buyers to identify suitably qualified and experienced bidders.

<sup>3</sup> The GPA threshold is a VAT inclusive threshold of £207,720. This is reviewed every two years.

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- 8.5 Authority to award competitively procured contracts is delegated to officers as noted in the [“Authority to Commit and Approve Contracts”](#) document available on the intranet. This is except for internal audit services where the authority to contract is reserved to the Board as noted in the Reservation of Powers and Scheme of Delegation. No authority to award contracts will be delegated to an officer who has not satisfactorily undertaken the relevant procurement training.
- 8.6 Contracts awarded without competitive advertising need to meet specific criteria as noted in the procurement procedures and require specific approval. Requests for [‘Non Competitive Action’](#) with a value of lower than £10,000 annually or a total contract value not exceeding £30,000 may be approved by the Executive Director of Corporate Services or the Head of Finance and Corporate Governance. Requests for ‘Non Competitive Action’ with a value exceeding these thresholds require Sponsor Department approval.
- 8.7 Specific approval is required for the procurement of consultancy services. The definition and approval requirement for [consultancy](#) expenditure is available within the procurement area of the Finance section on the intranet.

### 9. Orders for works, goods and services

- 9.1 Purchase orders must, with a few exceptions noted below, be raised and approved in the financial system. [Guidance and procedural documentation](#) are available within the Transactions area of the Finance and Corporate Governance section on the intranet.
- 9.2 Purchase orders shall be issued for all work, goods or services to be supplied to the Care Inspectorate, with exceptions to be considered by the Executive Director of Corporate Services for approval.
- 9.3 In exceptional cases of urgency, where it is not possible to issue an approved purchase order in the financial system, a manual purchase order number can be requested from the Finance Section. The supplier must be advised to quote this order number on any invoice submitted for payment.
- 9.4 No authority to raise or approve purchase orders will be delegated to any officer who has not satisfactorily undertaken the relevant training.
- 9.5 Each budget manager will be responsible for all orders issued by their department and for ensuring that the cost is allocated to an appropriate budget heading and is covered within the approved budgeted expenditure.
- 9.6 Budget managers may delegate financial responsibility to an expenditure approver subject to the limits noted in the Finance & Corporate Governance Scheme of Delegation in the [‘Authority to Commit and Approve Contracts’](#) and the [Delegated Authority to commit and approve expenditure](#).
- 9.7 The Executive Director of Corporate Services will maintain a central register of authorised signatories. Budget managers must notify any additions and deletions to the Finance and Procurement Manager.

**10. Electronic Purchasing Card (GPC)**

- 10.1 Designated officers have a GPC card to purchase low value goods and services. The GPC card has set transaction limits of up to a maximum value of £1,000 per single transaction and £10,000 cumulative value of transactions per month. Applications for, and guidance on the use of GPC cards, are detailed within the [GPC](#) card procedure within the [Procurement](#) area of the Finance section of the document library on the intranet.
- 10.2 Purchases using the GPC card are restricted as follows:
- a. It cannot be used to withdraw cash.
  - b. It must not be used for personal expenditure.
  - c. It must not be used to pay for items already invoiced.
  - d. Loyalty points cannot be collected.
  - e. Card details must not be stored on internet sites.
- 10.3 Cardholders are responsible for ensuring the safe, secure storage of their card and card details.
- 10.4 Budget managers are responsible for all purchases from their budget made by GPC card.

**11. Payment of accounts**

- 11.1 The Care Inspectorate is committed to paying supplier invoices within 10 working days on receipt of a valid invoice.. Performance against this target is reported annually.
- 11.2 All invoices should be received by the Transactions Team at Compass House as noted on the approved purchase order.
- 11.3 Where possible, arrangements should be made for the separation of the authorisation of purchase orders as distinct from goods received notes. Each goods received note should be signed by the appropriate receiving officer. Where a goods received note is not provided, confirmation that the goods have been received must be sent to HQ requisitions. A goods received template is in the Transactions Team area on the intranet.
- 11.4 Where budget managers or expenditure approvers are requested to manually approve an invoice, the officer must make sure that:
- (a) the goods received match the order.
  - (b) prices, discounts and arithmetic are correct.
  - (c) there is no duplication of payments.
  - (d) expenditure is within the approved budget.
  - (e) the expenditure is coded to an appropriate general ledger code.
  - (f) the expenditure is within their delegated financial authority and
  - (g) work has been carried out to a satisfactory level.
- 11.5 The payment of all approved invoices and payments will be made under

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arrangements approved and controlled by the Executive Director of Corporate Services. Approved payment methods are as follows:

- (a) Direct BACS submission ie invoices and non-payroll expenses
- (b) Indirect BACS submission ie managed payroll service payments
- (c) Cheque
- (d) Direct payments via bank account
- (e) GPC card (see section 10)
- (f) Direct debit
- (g) Standing order

Internal control arrangements are in place to ensure separation of duties between preparation, approval and processing of payments.

- 11.6 We will not make payment on duplicate invoices, statements or copy invoices unless the approving officer certifies in writing that the amount in question has not previously been paid and that the charge is accurate to reflect the goods or services received.
- 11.7 The Executive Director of Corporate Services may approve special payments in accordance with the Scottish Public Finance Manual up to the value of up to £10,000 (subject to any specific limits set out in the Care Inspectorate Executive Framework). Any special payments exceeding this value must be approved by the Sponsor Department.
- 11.8 The maximum value of any ex-gratia payment cannot exceed £200 and must be approved by the Executive Director of Corporate Services.

## **12. Payroll administration**

- 12.1 The payment of all salaries, wages, allowances, pensions, compensation and other emoluments to all employees and Board members or former employees and Board members of the Care Inspectorate will be made by the Executive Director of Corporate Services under arrangements approved and controlled by them.
- 12.2 The Executive Director of Corporate Services will provide guidance on responsibilities for ensuring proper records are kept of all matters affecting the payment of such emoluments and in particular:
  - (a) appointments, promotions, resignations, dismissals, suspensions, secondments and transfers.
  - (b) absences from duty for sickness, holidays or other reason.
  - (c) changes in remuneration, other than normal increments and pay awards and agreements of general application.
  - (d) information necessary to maintain records of service for pension, income tax, national insurance and other areas as required.
- 12.3 All time records or other pay documents will be in a form prescribed or approved by the Executive Director of Corporate Services and shall be certified in accordance with guidance issued by the Executive Director of Corporate Services.

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12.4 The Executive Director of Corporate Services will provide through the payroll system any management information as they, the Chief Executive, or any Executive Director decide is necessary to achieve value for money and/or compliance with policy and procedures.

### **13. Income**

13.1 The statutory fee rates charged by the Care Inspectorate to care service providers shall be set at rates equal to or below the statutory maximum rates. The rates set will be approved by the Board and shall not be altered without its approval.

13.2 The rate of charge for goods or services supplied by the Care Inspectorate to the public and external organisations will be approved by SMG and shall be set with reference to the Fees and Charges section of the Scottish Public Finance Manual.

13.3 The Executive Director of Corporate Services is responsible for ensuring that appropriate financial and accounting arrangements are in place. This includes:

- Proper recording of all monies due to the Care Inspectorate
- Effective collection, custody, control, and banking of all cash and cash equivalents
- Oversight of these arrangements across all departments and locations of the Care Inspectorate.

13.4 It's important that details of all charges for services provided by the Care Inspectorate, and any other amounts owed to it, are sent promptly to the Head of Finance and Corporate Governance in the approved format.. All invoices or accounts due to the Care Inspectorate will be issued either directly by the Executive Director of Corporate Services or under arrangements they have approved.

13.5 All financial documents such as receipt forms, receipt books, tickets and other such items will be in a form approved by the Executive Director of Corporate Services who will be satisfied with the arrangement for the ordering, supply and control by each department. All records, forms and so on must be kept by each department for a period stipulated by the Executive Director of Corporate Services.

13.6 All monies received on behalf of the Care Inspectorate in any department shall be deposited promptly with the Care Inspectorate's bankers according to the arrangements made by the Executive Director of Corporate Services. No deduction may be made from such monies. All income must be banked in full.

13.7 Personal cheques shall not be cashed out of money held on behalf of the Care Inspectorate.

13.8 Where cash is received, the person receiving it will issue a receipt to record the transaction.

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- 13.9 Each Executive Director is responsible for ensuring that all their departmental income is billed promptly and efficiently. This includes ensuring that the correct new registration fees are charged to prospective service providers, and that accurate data is held on the Care Inspectorate Registration App for the billing of continuation of registration fees, or their successor system when implemented.
- 13.10 The “Debt Management Policy” must be followed should it be considered appropriate to contemplate charging reduced fees or waiving a fee altogether. The Head of Finance and Corporate Governance and the Finance and Procurement Manager have authority to approve fee waiver requests. Discounts for combined services are an exception to this as a standing authorisation has been supplied to offer a discount to services that provide two or more services from the same premises. Responsibility for the initial granting and annual review of combined service discounts rests with the Chief Inspectors.

### **14. Insurance**

- 14.1 The Care Inspectorate is not permitted to take out commercial insurance apart from circumstances meeting the exception criteria as set out in the Scottish Public Finance Manual. It is the Scottish Government’s policy to self-insure. The Sponsor Department has supplied a Certificate of Exemption for Employer’s Liability Insurance. Within this context the Executive Director of Corporate Services will ensure that necessary insurance cover is in place and negotiate all claims in consultation with other officers as necessary.
- 14.2 Each senior manager must promptly notify the Executive Director of Corporate Services of any action or event which may give rise to a claim being made by or against the Care Inspectorate. Senior Managers will immediately notify the Executive Director of Corporate Services in writing of any loss of property and inform the police if appropriate of the circumstances of the loss. The Executive Director of Corporate Services will be responsible for agreeing a position with the Sponsor Department where losses occur.

### **15. Inventories**

- 15.1 The Executive Director of Corporate Services is responsible for ensuring inventory lists of all IT equipment, furniture and fittings, vehicles, plant and equipment is maintained.
- 15.2 All surplus plant, vehicles, tools, equipment, furnishings, materials or commodities must first be considered for reuse, refurbishment or repurposing within the organisation or through approved circular economy channels. Where this isn’t feasible, items will be advertised for sale either by the invitation of sale offers or by public auction, unless special circumstances apply. All requests for special circumstances must be approved by the Executive Director of Corporate Services. All decisions for reuse, resale or disposal must be held on file for audit purposes with the inventory records amended as appropriate.
- 15.3 The Care Inspectorate’s property will not be removed unless in the ordinary

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course of Care Inspectorate business. Its property may only be used for official purposes unless otherwise specifically directed by an Executive Director.

### **16. Security**

- 16.1 Each Executive Director or Senior Manager as appropriate, is responsible for always maintaining proper security for all buildings, stock, stores, furniture, equipment, cash, records etc under their control. They shall consult with the Executive Director of Corporate Services in any case where security is thought to be defective or where it is considered that special security arrangements may be needed.
- 16.2 Maximum limits for cash holdings shall be agreed with the Executive Director of Corporate Services and shall not be exceeded without their express permission. Specific guidance relating to the administration of petty cash imprests (money advanced) is available on the Care Inspectorate's intranet.
- 16.3 Keys to safes and other secure containers are the responsibility of the designated keyholder who must ensure they are kept secure at all times and appropriate arrangements are in place for their safekeeping. The loss of any such keys must be reported to the Executive Director of Corporate Services immediately. For security purposes, keys should be removed from premises overnight wherever possible.

### **17. Petty Cash Imprest accounts**

- 17.1 The Executive Director of Corporate Services may make appropriate imprest advances and determine accounting periods in connection with the payment of expenses and petty outlays chargeable to the Care Inspectorate.
- 17.2 The Executive Director of Corporate Services shall issue appropriate instructions to officers to ensure to their satisfaction the proper security of cash advanced in this way. They will also determine the limit for any one payment from petty cash, and this will be specified in the Petty Cash Guidance.
- 17.3 The recipient of any advance of petty cash or imprest shall account for this money to the Executive Director of Corporate Services when required and shall repay the money on leaving the Care Inspectorate's employment or when required by the Executive Director of Corporate Services. Detailed guidance on the administration of petty cash and petty cash imprests is available on the Care Inspectorate's intranet.

### **18. Travelling, subsistence and financial loss allowances**

- 18.1 All claims for payment of car allowances, subsistence allowances, travelling and incidental expenses shall be submitted according to the approved Business Travel and Subsistence Policy, duly certified, in a form approved by the Executive Director of Corporate Services to them at such regular intervals as are agreed. A significant proportion of expenses will be claimed via the payroll/HR system, and authorisation will be through the line management

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arrangements approved and set up on the payroll/HR system.

- 18.2 The authorisation by or on behalf of an Executive Director shall be taken to mean that the authorising officer is satisfied that the journeys were properly sanctioned, the expenditure properly and necessarily incurred and that the allowances are properly payable.
- 18.3 All business expenses charged to GPC cards must comply with the guidelines set out in the Business Travel and Subsistence Policy.

The Business Support and Finance Teams carry out regular checks to ensure compliance with these guidelines.

- 18.4 Whenever possible, travel and accommodation should be arranged by Care Inspectorate administrative staff. This avoids the need for the reimbursement of expenses.
- 18.5 The Head of Finance and Corporate Governance may approve an advance of pay in circumstances where a new employee has missed the payroll deadline or where an employee has been underpaid as a result of a failure or delay in the Care Inspectorate's processes. The Head of Finance and Corporate Governance may also approve an advance of expense reimbursement where an employee is to incur significantly more expense than would be normal for that employee in any month.

### **19. Expenditure on gifts, hospitality and sponsorship**

- 19.1 The Chief Executive, Executive Directors and budget managers may provide hospitality within their delegated budget allowance. Hospitality is appropriate when members and/or officers of the Care Inspectorate are meeting with members or officers of other public bodies, Members of Parliament, organisations, consultants or others who are assisting or co-operating with the Care Inspectorate in carrying out its functions. A record of all hospitality granted shall be kept and shall be open to inspection by any member of the Care Inspectorate.
- 19.2 Where there is a proposal to provide a gift, this must be submitted in writing to the Executive Director of Corporate Services who will consider and, if appropriate, approve. The maximum value for any gift cannot exceed £200 in accordance with the sum laid down in the NDPB Executive Framework.
- 19.3 Payments made to sponsor individuals, groups or events will be subject to the Care Inspectorate Sponsorship Policy and will not exceed £200 in value.
- 19.4 Payment of gifts to Inspection Volunteers to recognise life events and annual appreciation awards may be made up to £30 per gift and up to a cumulative maximum of £100 in any one financial year. All gifts must be approved by the Involvement and Equalities Team Manager and recorded in the rewards and recognition register maintained by the Involvement and Equalities Team.

**20. Registering and Declaring Interests**

- 20.1 Board members and officers must not allow any business or personal interest to influence the decisions they make in relation to work or use their position to further their own interests or the interest of others who do not have a right to benefit under Care Inspectorate policies.
- 20.2 Full details of registering and declaring interests are contained within the Board Members Code of Conduct and for officers: The Code of Conduct Policy.
- 20.3 A register of Board members interests will be maintained and reviewed at least annually.
- 20.4 Where there is any doubt about whether an interest should be registered or declared then advice should be sought from the Chair, Chief Executive, Executive Director of Corporate Services or the Head of Finance and Corporate Governance as appropriate.

**21. Acceptance of Gifts, Hospitality and Services**

- 21.1 The acceptance of gifts, hospitality and services from interested business parties could be presented as promoting a conflict of interest that might arguably have compromised the impartiality of members and staff in the decisions that they were required to make.
- 21.2 Where gifts or hospitality have been received, the gift must be of a nominal or notional value. A gift should not be accepted if the cumulative value from any one organisation or individual exceeds £200 in any 12 month period or £50 for any one gift.
- 21.3 You should inform the Head of Finance and Corporate Governance, or the Finance and Procurement Manager of the details of gifts or hospitality accepted or declined. This will be recorded in the Gifts and Hospitality Register.
- 21.4 The Chief Executive may, in exceptional circumstances, override the above principles where members and staff are able to demonstrate that the business needs of the Care Inspectorate justify it. The Chief Executive's approval of the acceptance of the gift should be sought as soon as the gift or hospitality is offered.

**22. Grants Awarded to the Care Inspectorate**

- 22.1 All bids for grant funding must be approved by the Senior Management Group before being submitted to the grant provider. SMG should be informed of the grant funding amount, funding period, staffing implications, outcomes, key milestones and any risks to the Care Inspectorate. Where possible, grants will be included in the annual budget.

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22.2 Grants from Scottish Government other than grant in aid, must be referred to the Sponsor Department in advance of being agreed, in accordance with the Scottish Public Finance Manual.

### **23. Write off of Bad Debts and/or Losses**

23.1 The Executive Director of Corporate Services may approve the write off of bad debt and or losses, not exceeding £3,000 in the following circumstances:

- i) Loss of cash due to theft, fraud, overpayment of salaries, wages, fees, allowances or other causes
- ii) Loss of equipment and property due to theft, fraud, arson, fire, flood, motor vehicle accidents or damage to vehicles.

23.2 Losses exceeding £3,000 must be submitted to the Sponsor Department and will be reported to the Board.

23.3 In accordance with the NDPB Executive Framework, irrecoverable debt related to statutory fees charged to care service providers with a value of £10,000 or less will be authorised by the Chief Executive and debts to be written off with a value exceeding £10,000 must be authorised by the Sponsor Department.

### **24. Approval and Revision of Financial Regulations by the Care Inspectorate**

24.1 The Financial Regulations will be reviewed at least annually by the F&R Committee and at any time if the circumstances indicate this would be appropriate. Following a review, the Board must approve any amendments to the Financial Regulations.



<b>Title:</b>	<b>STRATEGIC RISK REGISTER MONITORING</b>		
<b>Author:</b>	Kenny Dick, Head of Finance and Corporate Governance		
<b>Responsible Director:</b>	Jackie Mackenzie, Executive Director of Corporate Services		
<b>Appendices:</b>	1.	<b>Summary Strategic Risk Register</b>	
	2.	<b>Strategic Risk Register Monitoring Statement</b>	
<b>Consultation:</b>	None		
<b>Resource Implications:</b>	No		

**EXECUTIVE SUMMARY**

The Strategic Risk Register monitoring position is presented for the Board's consideration. The Audit and Risk Committee reviewed the position at its meeting of 12 February 2026.

**The Board is invited to:**

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

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

**Equality Impact Assessment**

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

<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	<b>No</b> <input checked="" type="checkbox"/> Reason: No sensitive data is being processed
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## BOARD MEETING 5 MARCH 2026

**Agenda item 16**  
**Report No: B-40-2025/26**

**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.**

<b>Reason for Confidentiality/Private Report: N/A</b>
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*(see Reasons for Exclusion)*

<b>Disclosure after: N/A</b>
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<b>Reasons for Exclusion</b>	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
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

### 1.0 INTRODUCTION/BACKGROUND

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

### 2.0 STRATEGIC RISK REVIEW

#### 2.1 Strategic Risk 1 – Financial Sustainability (our continuing ability to fund our core activities)

**Risk Owner – Executive Director of Corporate Services**

The residual risk score is 6 (medium). This reflects the revised resource modelling work and budget discussions held with our Sponsor Department. We are confident the Care Inspectorate's required funding position for 2026/27 and 2027/28 is well understood and supported by our Sponsor. The recent Scottish Government budget allocated significant additional funding which was £0.5m less than was requested. This will allow us to continue to increase our scrutiny capacity during 2026/27 and the focus now shifts to 2027/28 and future years' funding to ensure we can sustain this position.

This risk is at its target level.

#### 2.2 Strategic Risk 2 - Workforce Capacity

**Risk Owner – Executive Director of Corporate Services**

The residual risk score has reduced from 12 (high) to 9 (medium). This is due to our progress in expanding our scrutiny capacity.

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.

The residual risk score remains above target level but is now below the tolerance level which has been reduced to 10 (medium) from 12 (high) following a review.

#### 2.3 Strategic Risk 3 - IT Data Access and 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 target level for this risk is 6 (medium) and our tolerance has been set at 12 (high). This risk has been above its target level for 49 months. There are several further actions in progress to further mitigate this risk and the tolerance level will be reviewed again after 31 March 2026.

**2.4 Strategic Risk 4 - Legacy Business Applications**  
**Risk Owner – Executive Director of Digital and Data**

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

This risk has been above its target level for 36 months.

The residual risk score is 15 (high) which is above the target 6 (medium) and tolerance 10 (medium).

**2.5 Strategic Risk 5 – Capacity Diverted to Inquiries and Operation Koper**  
**Risk Owner – Executive Directors of Assurance and Improvement**

The residual risk score is 9 (medium). This reflects the work associated with Operation Koper reducing and the UK Covid inquiry being further progressed. It is intended to reframe this risk as our experience with the UK inquiry was that it was leadership and management capacity that was most impacted.

This risk has been above its target for 23 months but is within the tolerance level.

**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:

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

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

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

There are no resource implications associated with this report.

**4.2 Sustainability**

There are no sustainability implications associated with this report.

**4.3 Policy**

There are no policy implications associated with this report.

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

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**

The Board is requested to review the Strategic Risk Register.

**SUMMARY STRATEGIC RISK REGISTER: 2025/26 (as at 5 March 2026)**

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	6	Medium 9	Medium 6
2	Workforce Capacity	SO 4	EDCS	16	High	12	Medium 9	Medium 9
3	ICT Data Access & Cyber Security	Digital Trans	EDD&D	20	Very High	12	High 12	High 12
4	Legacy Business Applications	Digital Trans	EDD&D	25	Very High	15	High 15	High 15
5	Capacity Diverted to Inquiries / Operation Koper	SO 4	EDsA&I (adult & children)	20	Very High	15	High 15	Medium 9

**SCORING GRID**

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

**IMPACT**

Risk Score	Risk Grade
20 - 25	Very High
12 - 19	High
6 - 11	Medium
3 - 5	Low
1 - 2	Very Low

**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 March 2026																	
Risk		Raw Likelihood	Raw Impact	Raw Score	Raw Grade	Residual Likelihood	Residual Impact	Residual Score	Residual Grade	Risk Velocity	Movement	Key Controls	Further Actions	Risk Appetite / Target / Tolerance	Risk Owner			
1	<p><b>Financial Sustainability (our continuing ability to fund our core activities)</b></p> <p><b>What is the Potential Situation?</b> Funding level fails to increase in line with inflation, external cost pressures and additional demands</p> <p><b>What could cause this to arise?</b> Inability to influence and agree sufficient funding with the Scottish Government; financial planning not aligned to corporate, operational &amp; workforce plans, unexpected additional or changes to demands; insufficient data or information to accurately cost activities; potential costs arising from Covid 19 public inquiry; inflationary pressures.</p> <p><b>What would the consequences be?</b> Resulting in adverse impact on our ability to deliver the scrutiny and assurance plan (reduced number of inspections, increasing periods between scrutiny interventions, delays to registration and complaints activity), reputational damage, reduced confidence in care and protection arrangements, reduced future funding, reduced ability to influence change and policy development.</p>	4	4	16	H	2	3	6	M	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Medium term budget and financial strategy are regularly reviewed</li> <li>ii. Monthly budget monitoring. This includes specific monitoring of the Stage 2 Transformation project budget.</li> <li>iii. Positive working relationships maintained with SG</li> <li>iv. Regular liaison meetings with SG Health Finance</li> <li>v. Ongoing review and development of savings and income generation options</li> <li>vi. Digital Transformation Stage 2 budget monitoring reported to Board</li> <li>vii. Completed a review of Inspector resource requirement and capacity</li> </ul>	<p>Further Actions</p> <ul style="list-style-type: none"> <li>i. Early consideration of National Care Service financial implications following any announcement by SG</li> <li>ii. Continued engagement with Sponsor &amp; Health Finance as we are taking a phased approach to increasing scrutiny capacity over 2026/27</li> <li>iii. Review of Inspector capacity, inspection frequency and resource models</li> <li>iv. Review of inspection time recording information (efficiency &amp; effectiveness)</li> <li>v. Review of inspection frequency</li> </ul>	<p>Appetite: cautious Target: <b>medium (6)</b> Tolerance: <b>medium (10)</b></p> <p>Risk at target level</p> <p>Rating: <b>Green</b></p> <p>Response: <input type="text" value="Accept"/></p>	EDCS			
2	<p><b>Workforce Capacity</b></p> <p><b>What is the Potential Situation?</b> We are required to curtail our activities to prioritise areas we identify as highest risk due to a lack of workforce capacity.</p> <p><b>What could cause this to arise?</b> We do not have an effective strategic workforce plan to support the delivery of our corporate plan objectives; we do not have effective workforce planning at directorate and team level; there is ineffective monitoring of workload and capacity; we fail to recruit and retain staff in sufficient numbers and with the required skillset, we have an inefficient organisation structure and/or job design; there are ineffective staff learning and development plans; our reward offer is uncompetitive; our HR policies are ineffective or inappropriately applied, we have high levels</p>	4	4	16	H	3	3	9	H	High	↓	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Strategic workforce plan</li> <li>ii. Workload and capacity monitoring</li> <li>iii. Staff learning and development plan</li> <li>iv. LEAD process</li> <li>v. Recognised job evaluation system</li> <li>vi. Regular salary benchmarking</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Develop succession planning</li> <li>ii. Strengthen use of risk and intelligence</li> <li>iii. Review of inspection time recording information</li> </ul>	<p>Appetite: cautious Target: <b>medium (6)</b> Tolerance: <b>medium (10)</b> Review 30/06/26</p> <p>Above target but below tolerance level</p> <p>Rating: <b>Green</b></p> <p>Response: <input type="text" value="Treat"/></p>	EDCS			

	<p>of unplanned absence; we do not adequately address the aging demographic of a significant element of our workforce; the public enquiry process or supporting Operation Koper diverts resources from our intended activities. Our funding is insufficient to deliver the workforce capacity we need.</p> <p><b>What would the consequences be?</b></p> <ul style="list-style-type: none"> <li>• Inability to provide the desired level of scrutiny, assurance and improvement support</li> <li>• Inability to deliver good governance and provide reliable internal corporate services to support the efficient and effective running of the organisation</li> <li>• Reduction in the quality of care and protection for vulnerable people across Scotland</li> <li>• Reputational damage with reduced public and political confidence</li> <li>• Possible reduced SG funding</li> <li>• Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation</li> <li>• Significant delays for new services applying to register becoming operational (may become a barrier to registering new services)</li> <li>• Extended periods of time between planned inspections reducing scrutiny and assurance effectiveness and reducing the credibility and reliability of our grading system</li> <li>• Inability to investigate and deal with complaints within a reasonable timescale placing people who use care services at greater risk.</li> </ul>												<ul style="list-style-type: none"> <li>vii. Partnership working agreement</li> <li>viii. Strategic Workforce Plan 2023 -26 and associated action plan agreed by Board</li> <li>ix. Triennial staff survey with PULSE surveys in between</li> <li>x. Dedicated recruitment team</li> <li>xi. Sponsor have awareness of the impact of inquiry workload demands</li> <li>xii. Completed a review of Inspector resource requirement and capacity</li> </ul>	<ul style="list-style-type: none"> <li>(efficiency &amp; effectiveness)</li> <li>iv. Review of inspection frequency</li> <li>v. Further developing holistic performance and resources monitoring approach across our scrutiny, assurance and quality improvement functions</li> <li>vi. Introduction of new performance monitoring dashboards</li> <li>vii. Continued recruitment of additional Inspectors to increase capacity</li> </ul>		
3	<p><b>IT Data Access &amp; Cyber Security</b></p> <p><b>What is the Potential Situation?</b> Our systems or data are compromised due to cyber security attack.</p> <p><b>What could cause this to arise?</b> Low overall maturity in security policy, procedure and controls. Lack of security awareness training, failure to invest in the controls and infrastructure to limit, detect and respond quickly to threats.</p> <p><b>What would the consequences be?</b> Serious disruption to business and operational activities, we are held to ransom or face significant fines, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud, additional scrutiny overhead.</p>	5	4	20	VH	3	4	12	H	High	↔	In Place:	<ul style="list-style-type: none"> <li>i. IT security compliance monitoring and reporting to evidence the controls.</li> <li>ii. IT staff trained on security products in use, with dedicated security resource to develop plans</li> <li>iii. Active security controls aligned with NCSC guidelines Disaster Recovery plans in place to support data and system recovery</li> <li>iv. Cyber Security assessments (including Cyber Essentials+) maintained annually</li> <li>v. Routine security testing of internal and externally facing systems</li> <li>vi. Cyber Security Maturity baselined to a Defined/Managed level, with an improvement plan to develop towards a uniform Managed state</li> <li>vii. Information Security and Governance Working Group to</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Phase 2 of the Cyber Security improvement plan, to develop security maturity towards a Managed state in 2026.</li> <li>ii. Develop IT staff cyber security awareness and technical training</li> <li>iii. Develop additional security controls and reporting capabilities</li> <li>iv. Managers versed on supporting a security incident response.</li> <li>v. Implement an Information Security Management System to evidence that all policy and controls in place are being actively managed.</li> <li>vi. Establish formal Security Objectives, Roles and</li> </ul>	<p>Appetite: cautious Target: <b>medium (6)</b> Tolerance: <b>high (12)</b> Review 31/03/26</p> <p>Above target but at tolerance level.</p> <p>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.</p> <p>Rating: <b>Green</b></p> <p>Response: <b>Treat</b></p>	EDDD

												<ul style="list-style-type: none"> <li>viii. support org-wide security consultation Regular updates to Leadership teams and the ARC to provide assurance on Cyber Security improvements</li> <li>ix. Security awareness, engagement and training plans operate continuously across the year, with KPI compliance maintained</li> <li>x. A Managed Detection and Response service with 3<sup>rd</sup> party security partners, to support early detection.</li> <li>xiv. Cyber Champion role sponsorship for Cyber initiatives at Board level.</li> <li>xi. Application and Network infrastructure maintained to a supportable state.</li> <li>xii. Cyber Security Strategy developed to support the creation of an Information Security Management System.</li> <li>xiii. End-user (client) hardware managed to an agreed refresh cycle.</li> </ul>	<ul style="list-style-type: none"> <li>vii. Responsibilities across the wider organisation Projects established to improve Cyber Security of existing Cloud infrastructure.</li> <li>viii. Stage 2 project extended to replace all custom bespoke applications.</li> <li>ix. Project established to support the transition to the Public Sector Cyber Resilience Framework (PSCRF) as the standard measure of cyber maturity.</li> <li>x. Project established to support the maturing of the security controls used in Microsoft cloud infrastructure services.</li> </ul>		
4	<p><b>Legacy Business Applications</b> <b>What is the Potential Situation?</b> Legacy business systems are inefficient, ineffective and no longer financially and technically viable or sustainable. The domain knowledge of the bespoke code and database constructs are known to a very limited number of staff members. There is limited supporting documentation, low maturity of coding standards, limited capacity and scope for extensibility, and low confidence in the legacy business system platforms as being suitable for the current or future needs of the organisation. The legacy business system platform presents a single point of failure for supporting business operations that are critical to the remit and function of the organisation. The Stage 2 Transformation Business Case was submitted to Scottish Government to secure funding to enable the digital transformation of the scrutiny, assurance and improvement business processes, including replacing the inflexible, outdated technologies with digital services. The business case is essential to fulfilling the objectives in the Corporate Plan. The Stage 2 business case is approved and the project to replace the legacy platform is in progress. The risk is that the legacy systems</p>	5	5	25	VH	3	5	15	H	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> <li>i. Secondary RMS Platform for DR and Security Testing</li> <li>ii. RMS and eForms hosted on a supported cloud infrastructure platform</li> <li>iii. 3<sup>rd</sup> party managed service contract in place to provide additional capacity and reduce the dependency on incumbent resource.</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Provide a capability to provide access to data if legacy systems fail</li> <li>ii. Define procedures for the recovery of the legacy systems</li> <li>iii. Enhance legacy system testing.</li> <li>iv. Develop DR capability with 3<sup>rd</sup> party partners.</li> <li>v. Develop changes to bespoke system with new managed service partner, to</li> </ul>	<p>Appetite: Cautious Target: <b>medium (6)</b> Tolerance: <b>medium (10)</b></p> <p>Above target and tolerance level for 35 months. Risk profile is expected to reduce when there is evidence that the 3<sup>rd</sup> 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> <p>Rating: <b>Red</b></p> <p>Response: <b>Treat</b></p>	EDDD

	<p>fail prior to the replacement system being in place and the incumbent team are unable restore the system to support continuity of business operations.</p> <p><b>What could cause this to arise?</b> Loss of key personnel, and domain knowledge that is critical to maintaining continuity of service that are dependent upon legacy systems.</p> <p><b>What would the consequences be?</b></p> <ul style="list-style-type: none"> <li>• Ever increasing likelihood of service outage, degradation, and unresolved errors, resulting in information becoming inaccessible or inaccurate.</li> <li>• Legacy applications cannot be enhanced to meet internal and external stakeholder needs.</li> <li>• No capability to support NCS and evolving needs of government and partner organisations.</li> <li>• Unable to meet statutory requirements and to produce accurate reports on time.</li> <li>• Staff resort to cumbersome and inefficient workarounds, decreasing efficiency and increasing operational costs. This could result in missed reporting deadlines, staff frustration, provider frustration and ultimately reputational risk.</li> <li>• Increasing operational costs required to maintain a basic level of service.</li> </ul>												<p>support knowledge transfer and demonstrate a reduced dependency.</p>		
5	<p><b>Capacity Diverted to Inquiries and Operation Koper</b></p> <p><b>What is the Potential Situation?</b> 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><b>What could cause this to arise?</b> 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><b>What would the consequences be?</b> Inability to provide the required level of scrutiny, assurance and improvement support as set out in our Scrutiny and Assurance Plan Inability to take enforcement action in a timely manner Reduction in the quality of care and protection for vulnerable people across Scotland Reputational damage with reduced public and political confidence Possible reduced SG funding Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation</p>	5	4	20	VH	3	3	9	H	High	↔	<p>In Place:</p> <ol style="list-style-type: none"> <li>Modelled time commitment for Operation Koper activity</li> <li>Sponsor informed of this risk</li> <li>Staff involved recording time spent on Inquiry / Koper work</li> <li>Close monitoring of highest priority / risk scrutiny activity to ensure still undertaken</li> </ol>	<p>Further Actions:</p> <ol style="list-style-type: none"> <li>Improve our ability to report on impact on planned scrutiny activity</li> <li>Review risk as impact has switched away from Inspector capacity towards leadership capacity</li> </ol>	<p>Appetite: cautious Target: <b>medium (6)</b> Tolerance: <b>medium (10)</b></p> <p>Above target but below tolerance level.</p> <p>Rating: <b>Green</b></p> <p>Response: <b>Accept</b></p>	<p>EDAI (ad) EDAI (ch)</p>

Risk Score	Risk Grade
20 - 25	Very High
12 - 19	High
6 - 11	Medium
3 - 5	Low
1 - 2	Very Low

Risk Appetite	Maximum Target Risk Score	Maximum Target Risk Grade
Eager	25	Very High
Receptive	19	High
Cautious	11	Medium
Minimalist	5	Low
Averse	2	Very Low



# BOARD

## Schedule of Business 2025/26

BUSINESS TOPIC	5 June 2025	25 Sept 2025	11 Dec 2025	5 March 2026	26 March 2026 Private
Chair's Report (quarterly)	✓	✓	✓	✓	
Chief Executive Report (quarterly)	✓	✓	✓	✓	
<b>STRATEGY AND POLICY ITEMS</b>					
<b>Approval of Care Inspectorate Strategies on a rolling/as required basis</b> <ul style="list-style-type: none"> <li>• Communications Strategy</li> <li>• Estates Strategy</li> <li>• Financial Strategy</li> <li>• Health and Safety Strategy</li> <li>• ICT Strategy</li> <li>• Improvement and Involvement Support Strategy and Delivery Plan (2026-29)</li> <li>• Information Governance Strategy</li> <li>• Intelligence Strategy</li> <li>• Legal Services Strategy</li> <li>• Shared Services Strategy</li> <li>• Workforce Strategy</li> <li>• Procurement Strategy <i>(3 year cycle, next due 2026-29, to last meeting of Board cycle)</i></li> </ul>					
Strategic Workforce Plan 2023-2026: Annual Progress Report	✓				
Draft Corporate Plan 2026-Onwards <i>(for comment)</i>		✓			
Draft Corporate Plan and performance measure <i>(verbal update on progress)</i>			✓		
Final Corporate Plan (for approval)				✓	

<b>BUSINESS TOPIC</b>	<b>5 June 2025</b>	<b>25 Sept 2025</b>	<b>11 Dec 2025</b>	<b>5 March 2026</b>	<b>26 March 2026 Private</b>
2026/27 Draft Budget and Indicative Budgets					✓
Strategic Risk Register 2025/26 <i>(for approval)</i>		✓ (for approval)			
Approval of Risk Appetite and Risk Policy		✓			
<b>MONITORING AND GOVERNANCE ITEMS</b>					
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 1<sup>st</sup> Quarter meeting of Board)</i>	✓				
Framework document between the Care Inspectorate and Scottish Ministers	✓				
Complaints Activity Annual Report (about care services)		✓			
Children's Rights, Care Experience And Corporate Parenting Plan 2024 – 2027 – Annual Update report		✓			
Delivery Reference Group Update		✓ (include approval to extend)	✓ (in private)	✓ (in private)	
Annual Procurement Performance Report			✓		
Equality Duty Reporting – Annual Progress Report				✓	
Annual Review of the CI's Financial Regs <i>(for approval)</i>				✓	
<b>OPERATIONAL ITEMS</b>					
Estates Annual report <i>(post-FRC meeting)</i>	✓				
Partnership Agreement between CI and SSSC <i>(for approval)</i> Approval by correspondence but to be formally recorded at September 2025 public meeting.		✓			
Board and Committee Cycle 2026/27: meeting dates		✓			

<b>BUSINESS TOPIC</b>	<b>5 June 2025</b>	<b>25 Sept 2025</b>	<b>11 Dec 2025</b>	<b>5 March 2026</b>	<b>26 March 2026 Private</b>
Update on Capacity Planning Operational Dashboard (quarterly)			✓ (postponed)	Being progressed through the DRG and DRG Chair will update the Board	
Planning for BDE Programme 2026-27					✓
Approval of Pay Remit for submission to Scottish Government <b>(tbc)</b>					
Approval of Compensation Payments <i>(when required)</i>					
<b>STANDING ITEMS</b>					
Strategic Risk Register Monitoring	✓	✓	✓	✓	
Schedule of Board Business	✓	✓	✓	✓	
<b>PRIVATE AND CONFIDENTIAL ITEMS</b>					
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		Due on this date but delayed <i>(taken to private meeting on 24/11/25)</i>			
Draft 2026/27 Budget and Indicative Budgets					✓

<b>Extra Private Meetings Added to Schedule:</b>	<b>Item(s)</b>
24 April 2025	Delivery Reference Group; Capacity Planning; Financial Impact
5 June 2025	<ul style="list-style-type: none"> <li>Approval of minutes from previous private Board meetings held on 13 February 2025; 27 March 2025 and 24 April 2025</li> <li>2025/26 Budget And Indicative Budgets 2026/27 and 2027/28</li> </ul>
25 September 2025	Prospective Plans for 2026/27 Inspection Plan
23 October	Independent Review of HR Function
24 November	Approval of Annual Report and Accounts
11 December 2025	<ul style="list-style-type: none"> <li>Approval of Minutes of previous private meetings in September and November 2025</li> <li>Update from Delivery Reference Group</li> </ul>

12 February 2026	Draft Inspection Plan 2026/27
5 March	<ul style="list-style-type: none"><li>• Approval of minutes from previous private meeting of 11 Dec 2025 and 12 Feb 2026</li><li>• Update/Minutes from Delivery Reference Group</li><li>• Inspection Plan 2026/27 – for approval</li></ul>



# BOARD

## Schedule of Business 2026/27

BUSINESS TOPIC	4 June 2026	24 Sept 2026	10 Dec 2026	4 March 2027	25 March 2027 Private
Chair's Report (quarterly)	✓	✓	✓	✓	
Chief Executive Report (quarterly)	✓	✓	✓	✓	
<b>STRATEGY AND POLICY ITEMS</b>					
<b>Approval of Care Inspectorate Strategies on a rolling/as required basis</b> <ul style="list-style-type: none"> <li>• Communications Strategy</li> <li>• Estates Strategy</li> <li>• Financial Strategy</li> <li>• Health and Safety Strategy</li> <li>• ICT Strategy</li> <li>• Improvement and Involvement Support Strategy and Delivery Plan (2026-29)</li> <li>• Information Governance Strategy</li> <li>• Intelligence Strategy</li> <li>• Legal Services Strategy</li> <li>• Shared Services Strategy</li> <li>• Workforce Strategy</li> <li>• Procurement Strategy <i>(3 year cycle, next due 2026-29)</i></li> </ul>					
Strategic Workforce Plan 2023-2026: Annual Progress Report	✓				
2027/28 Draft Budget and Indicative Budgets					✓
Strategic Risk Register 2026/27 <i>(for approval)</i>		✓			
Approval of Risk Appetite and Risk Policy		✓			

BUSINESS TOPIC	4 June 2026	24 Sept 2026	10 Dec 2026	4 March 2027	25 March 2027 Private
<b>MONITORING AND GOVERNANCE ITEMS</b>					
Monitoring our Performance 2026/27 Quarterly Reports	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	✓	✓	✓	✓	
Annual Report and Accounts and Financial Position Update ( <i>to 1<sup>st</sup> Quarter meeting of Board</i> )	✓				
Complaints Activity Annual Report 2025/26 (about the CI)	✓				
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 ( <i>for approval</i> )				✓	
<b>OPERATIONAL ITEMS</b>					
2026/27 Inspection Plan Progress Report (tbc)					
Estates Annual report ( <i>post-FRC meeting</i> )	✓				
Board and Committee Cycle 2027/28: meeting dates		✓			
Planning for BDE Programme 2027-28				✓	
Approval of Compensation Payments ( <i>when required</i> )					
<b>STANDING ITEMS</b>					
Strategic Risk Register Monitoring	✓	✓	✓	✓	
Schedule of Board Business	✓	✓	✓	✓	
<b>PRIVATE AND CONFIDENTIAL ITEMS</b>					
Annual Report and Accounts		✓			
- Audit and Risk Committee Annual Report					
- Draft Annual Report and Accounts 2025/26					
- Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit					
- Letter of Representation					

<b>BUSINESS TOPIC</b>	<b>4 June 2026</b>	<b>24 Sept 2026</b>	<b>10 Dec 2026</b>	<b>4 March 2027</b>	<b>25 March 2027 Private</b>
Draft 2027/28 Budget and Indicative Budgets					✓
Approval of minutes from any further private meetings					