



A Meeting of the Care Inspectorate Board is to take place from  
**10.30 am – 1.00 pm Thursday 11 December 2025**

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 25 September 2025 (paper attached)	
5.	Action Record of Meeting held 25 September 2025 (paper attached)	
6.	Matters Arising	
7.	Chair's Report – Report No: B-23-2025/26  7.1 Appointment of new Vice-Chair 7.2 Appointment of new Convener of Audit and Risk Committee	10:40 am
8.	Chief Executive's Report – Report No: B-24-2025/26	10:50 am
	<b>STRATEGY AND POLICY</b>	
9.	New Corporate Plan and Performance Measures (verbal update)	11:05 am
	<b>MONITORING AND GOVERNANCE</b>	
10.	Monitoring our Performance 2025/26 Quarter 2 Report – Report No: B-25-2025/26	11:20 am
11.	Budget Monitoring Summary Report – Report No: B-26-2025/26	11:30 am

12.	Finance and Resources Committee Update to the Board – Report No: B-27-2025/26	11:40 am
13.	Audit and Risk Committee Update to the Board – Report No: B-28-2025/26	11:50 am
<b>B R E A K</b>		12 noon
14.	Procurement Update and Performance Report 2024/25 – Report No: B-29-2025/26	12:10 pm
	<b>OPERATIONAL</b>	
15.	Update on Capacity Planning Operational Dashboard ( <i>Presentation</i> )	12:20 pm
	<b>STANDING ITEMS</b>	
16.	Strategic Risk Register Monitoring – Report No: B-30-2025/26	12:35 pm
17.	Board Schedule of Business (paper attached)	
18.	Close of Public Meeting and Date of Next Public Board Meeting: Thursday 5 March 2026 at 10.30 am in Compass House, Dundee ( <b>in person</b> )	12:40 pm
	<b>TO BE TAKEN IN PRIVATE SESSION</b>	
19.	Approval of Minutes of Private Board Meetings ( <i>papers attached</i> )  19.1 25 September 2025 19.2 24 November 2025	12:40 pm
20.	Delivery Reference Group Update – Minutes of Meeting held 5 November 2025 ( <i>paper attached</i> )	12:45 pm
	Close of private session	1:00 pm



## BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments Completed
<b>Actions from Public Board held 5 June 2025</b>					
<b>9.0</b>	<b>MONITORING OUR PERFORMANCE 2024/25: QUARTER 3 REPORT - REPORT NO: B-03-2025/26</b>	Further details of Healthcare Improvement Scotland's (HIS) review of sickness absence, and breakdown of categories, via the HIS Chair, in order to share with the CI's Head of HR.	<b>CE</b>		<b>Update 23/9/25</b> Request as an agenda item for joint meeting of CI/HIS (Chairs and CEs) Meeting due October
<b>Actions from Public Board held 25 September 2025</b>					
<b>5.0</b>	<b>ACTION RECORD</b>	After further information obtained arising from the action under item 9 of the Board meeting held on 5 June 2025 (noted above), this to be added to the agenda of a future meeting of the Finance and Resources Committee.	<b>ECCSM</b>	On receipt of information	Ongoing

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<b>16.0</b>	<b>CHILDREN'S RIGHTS, CARE EXPERIENCE AND CORPORATE PARENTING PLAN 2024-2027 – ANNUAL UPDATE – REPORT NO: B-20-2025/26</b>	Consider how best to distribute this more widely outside of the organisation.  Further collaboration between the Head of Quality Improvement and Participation, the Chief Inspector, Children and Young People and Board member Rosie Moore around the Promise with a view to further learning for the Board.	<b>Head of Quality Improvement and Participation</b>  <b>HQIP/CI (CYP)/ R Moore</b>		
<b>17.0</b>	<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 in January 2026	

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

## BOARD MEETING 11 DECEMBER 2025

Agenda item 7  
Report No: B-23-2025/26



<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

**EXECUTIVE SUMMARY**

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

**The Board is invited to:**

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>	<b>X</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Decision</b>

**Equality Impact Assessment**

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

**Data Protection Impact Assessment Screening**

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

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

**Reason for Confidentiality/Private Report:**

Not applicable - this is a public board report.

**Reasons for Exclusion**

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

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

The Finance and Resources Committee continues to make good progress with a range of topics being discussed and assessed by all involved. Not least of which is strengthening our understanding of the core relationships between our people and finances. This committee will continue to develop and add more value as it embeds within the organisational culture between both Board and the Executive teams. I have been particularly pleased to hear from the Convener of the Finance and Resources Committee about the valuable input from Care Inspectorate staff and Executive team members on the smooth running and effective delivery of the Committee's work.

Recent discussions have centred on gaining a clearer picture of the organisational actual costs compared with budget figures, understanding how Care Inspectorate staff are adapting to the new organisational structure, and gaining further insight and awareness of core Care Inspectorate policies and when they require further updates.

**2.0 MINISTERIAL MEETINGS/SPONSOR TEAM**

I have been in regular dialogue with our Sponsor team providing reassurance on where the Board will provide further assurance and input to the organisation once the recently received childminder case review is completed, as well as other areas where we maintain a laser focus.

We have also discussed planning for next years' Board recruitment via Public Appointments.

The Sponsor team has shown particular interest around the developments of our 2026 Corporate Plan delivery, and we have engaged in several discussion regarding the likely content, Board focus and requirements from the next Corporate Plan.

In addition, I also have scheduled meetings with our Minister, Tom Arthur in the diary for later in December to discuss a range of topics.

**3.0 JOINT CARE INSPECTORATE/SCOTTISH SOCIAL SERVICES COUNCIL MEETINGS**

The Chief Executive and I regularly meet with Peter Murray (Convener) and Maree Allison (Chief Executive) of the Scottish Social Services Council to discuss a range of topics and issues where commonality, shared understanding and support are tantamount to how both organisations operate and function.

I look forward to further exciting advancements from these meetings. At our most recent meeting, we discussed developments in the wider strategic environment of public sector reform and how we can work together to maximise outputs and standard of performance.



#### **4.0 BOARD RE-APPOINTMENTS - 2026**

I have been contemplating and assessing the skills we require to replenish and add further to our Board from 2026 when one of our Board members completes their second four-year term of office. We also have five other Board members reaching the end of their first four-year term. I am currently in discussions with them and look forward to providing an update in my next report detailing the conclusion of these discussions.

It is important that we maintain continuity wherever possible, whilst balancing the wishes of individuals with the needs of the wider Board to meet and fulfil current and expected challenges with the necessary spread of experience at our disposal.

#### **5.0 DELIVERY REFERENCE GROUP (DRG)**

I am delighted with the achievements from the Delivery Reference Group already, tackling head-on the focus and understanding the opportunities and challenges the Care Inspectorate face in the Inspection space.

The Delivery Reference Group has already provided additional insight, ideas, and experience towards achieving and improving various targets recently agreed with Government Sponsor Team and our Minister.

The Group reports through to the Audit and Risk Committee in the first instance, and I know that I, and the wider Board, continue to look forward to seeing the fruits from their attention and focus.

#### **6.0 DISABILITY FORUMS AND UNDERSTANDING**

You may recall that I continue to meet up and network with our ex-Board Members. In late 2024, I spoke at length with Gavin Dayer who had been a champion of disability rights and has supported the Care Inspectorate in developing a deeper understanding of the challenges faced by individuals with disabilities who are seeking care. I further communicated to the Board that I would be working towards Gavin collaborating with the Care Inspectorate operational teams to provide an update session to the Board at a forthcoming Board Development Event (BDE). I am delighted to confirm that he is looking forward to meeting you all at our BDE in January when he will be attending alongside our Equalities Professional Adviser to provide such an update.



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

### EXECUTIVE SUMMARY

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

### The Board is invited to:

1. ☐ Note the information contained in the report.

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

### Equality Impact Assessment

<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/>	<b>No</b> <input checked="" type="checkbox"/> Reason: Not required, this is an update report.
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If the report is marked Private/Confidential please complete section below to comply with the Data Protection Act 2018 and General Data Protection Regulation 2016/679.

### Reason for Confidentiality/Private Report:

Not applicable – this is a public board report.

### Disclosure after:

N/A

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

### 1.0 INTRODUCTION

- 1.1** As well as the regular meetings attended with external partners and stakeholders I have been involved in the following meetings and events over the past number of weeks since the September Board meeting.
- 1.2** Following an earlier meeting held in September, along with members of the Executive Team, Head of Legal Services, Chief Inspector and Complaints Manager, we met again with Scottish Government officials on 20 October to have further discussions in relation to the Child Minding Improvement Plan.
- 1.3** I have had the pleasure of attending a number of key conferences during October and November.

**Securing the Future of Foster Care in Scotland** – This was an online event with the theme being “Regulating for better outcomes, the role of oversight in fostering”. The conference was also attended by the Minister for Children and Young People and colleagues from The Promise.

**Public Service Reform Operational Summit held at Strathclyde University** – This event provided an opportunity for networking, collaboration and discussion around how we can work together to deliver operational reform.

**Highland Care Conference in Fort William** - This conference brought together policymakers, practitioners, and sector leaders to discuss the challenges and opportunities facing health and social care across the Highlands and Islands. Delegates were joined by Angus MacDonald MP and Kate Forbes MSP.

**Public Protection - Enhancing Our Culture of Learning through Independent Scrutiny and Inspection - Phase 1: Engaging Chief Officers Groups** - The purpose of this event was to provide feedback to Chief Officers Groups representatives and other stakeholders about what the learning derived from an earlier survey and conversations with COGs or equivalents across the country. These events were aimed at Chief Officers, Local Policing Commanders and senior leaders.

**National Leadership Forum** – I attended this event held in London which was themed “Leading Together: Building Trust and Innovation to Deliver Change” and explored what it meant to lead collectively through uncertainty and reform.

### 2.0 POLICY AND STRATEGIC DEVELOPMENT

With comprehensive policy support, our Service Manager, Children's Services , provided oral evidence to the Education, Children and Young People Committee at the Scottish Parliament. The session was part of the Committee's scrutiny of the Children (Care, Care Experience and Services Planning) (Scotland) Bill at

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Stage 1. Topics covered included proposals on: aftercare; Corporate Parenting; advocacy; care experienced definition; profit limitation in children's residential care; and foster care, as well as general sector issues, such as workforce challenges, funding, and progress on the Promise.

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

- The Criminal Justice Modernisation and Abusive Domestic Behaviour Reviews (Scotland) Bill, which was passed by MSPs
- The continued progress of the Restraint and Seclusion in Schools (Scotland) Bill and Assisted Dying (Scotland) Bill, at Stage 1 and Stage 2 respectively
- Plans for future legislation on human rights
- Key publications and developments relating to other areas of policy, including: the future of secure care; child contact centre regulations; progress in delivering The Promise; the Proposed National Good Food National Plan; and the UK Employment Rights Bill.

We developed responses to consultations on:

- Children (Care, Care Experience and Services Planning) (Scotland) Bill: Financial Memorandum
- Clinical governance standards: consultation survey
- Financial transparency and profit limitation in children's residential care
- NHS Delivery

**2.1 2024/25 Enforcement Report**

The Audit and Risk Committee received the second annual report on enforcement at its meeting of 13 November, presented by the Chief Inspector for Adults. This included reporting on work completed, themes and resources, all of which was well received by the Committee. More details are contained in the minutes of that meeting, which have been provided to Board.

**2.2 Approval New Protection Procedure**

The Adults Services Chief Inspector has led a core group reviewing the protection procedure. There was a full consultation with staff where issues/concerns were heard, legislation reviewed, a meeting with other UK regulators and development of a new procedure. The new procedure was approved by the Strategic Management Group (SMG) in September 2025 and will be implemented on 1 March 2026. This will allow time to update all staff to carry out IT updates and testing.

**2.3 Meaningful Connection launch**

The adults team led the development of meaningful connections guidance which we have now published - Supporting Meaningful Connection: Good Practice Guidance for Care Homes. It centres on creating a culture for connection,

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reflecting the principles of [Anne's Law](#), strengthening the rights of people in care homes to maintain contact with loved ones, even in exceptional circumstances such as infectious outbreaks. To accompany it, we also produced a [pocket guide](#) and a [poster series](#).

The guidance has been informed by research and by consultation with people experiencing care, their families and friends, and providers and staff in the care home sector. It is human rights-based and informed by the Health and Social Care Standards, based on the overarching vision that everyone who lives in a care home should experience meaningful connection in ways that are right for them. Throughout the document is real life examples and quotes gathered during our consultation with people. Minister for Social Care and Mental Wellbeing, Tom Arthur, wrote a foreword for the guidance supporting the work completed.

## **2.4 Digital 2 Development**

The Chief Inspectors and their teams continue to support our digital transformation journey in ensuring staff attend workshops and provide advice. The Chief Inspectors and Service Managers leads for enforcement are working with the digital 2 team to support development of our digital systems around enforcement.

## **2.5 Corporate plan 2026-31**

Work on the development of the new corporate plan continues with further engagement sessions planned in November and December 2025 to present the draft to our internal and external audiences and seek feedback. The development of the associated key performance indicators and key outcome indicators has also taken place using the feedback from the Board and from colleagues across the organisation.

## **2.6 New Care Service Questionnaires for childminding services**

The new link to care service questionnaires was deployed on the website and we are now promoting this across all channels and networks. We have worked with colleagues in methodology to develop key messages going out across all channels and networks to encourage people to submit their feedback. We are also printing hard copies of the new care survey for childminding services.

## **2.7 Practical Dementia Resources (PDR) – Advancing Non-Pharmacological Dementia Care**

The Practical Dementia Resources (PDR) project is focused on co-designing a shared learning platform to support care staff in delivering non-pharmacological approaches to dementia. Communications support to the project includes managing digital content and animations for its new website to help share the content in an accessible way. Recently this has included a [video](#) at the Alzheimer's Scotland Conference.

## 2.8 Quality Improvement Framework (QIF) for Early Learning and Childcare (ELC) Sectors

The QIF team created a presentation for all ELC Relationship Managers (RM) to discuss the framework and Care Inspectorate inspection activity during RM meetings. This is being shared and discussed with local authorities, large provider groups and membership organisations to ensure consistent understanding and continued sector engagement.

The framework is now embedded in inspection activity and is being used across all ELC, childminding and school-age childcare settings. To support inspectors and team managers during the implementation period, the QIF team has engaged weekly with inspectors and team managers through informal drop-in sessions. These sessions provide opportunities to answer questions and build confidence in applying the framework.

Shortly after implementation, the 10 ELC inspection teams were asked to provide feedback on their confidence levels in using the framework. Initial feedback from seven teams indicates that 71% feel mostly confident in using the framework, while 29% report varying levels of confidence and are continuing to develop their understanding.

The QIF team has also worked in partnership with communications colleagues to publish content in a 'drip campaign'. Content is published through provider updates to all ELC sectors and provides information and support on specific areas and quality indicators from the framework. As part of the campaign, we have included short film clips of parents, staff and providers, talking about their experience of the new framework.

## 2.9 Values and Culture Framework

October saw the launch of our new Values and Culture framework, developed to support delivery of our Strategic Workforce Plan (2023–2026), particularly Priority One: *Living Our Values*. The framework aims to ensure our core values are clearly understood, consistently demonstrated, and embedded across all levels of the organisation. It sets out clear behavioural expectations for staff, managers and senior leaders through a cumulative structure. Developed through extensive consultation with staff, directorate teams, trade unions, and key stakeholders, the framework provides a shared foundation for a values-led culture that aligns with our shared aspirations. The framework is designed to be embedded into day-to-day practice through communication, engagement and alignment with people policies. The staff survey will be used to monitor the impact of this work, with particular a focus on measures linked to culture.

### 3.0 COLLABORATIVE/PARTNERSHIP WORKING

#### 3.1 Care Inspectorate/Scottish Social Services Council (SSSC) Joint Working

We continue to meet with the SSSC Executive team in relation to our partnership agreement which has been updated in 2025 and shared with the Board and Council. We also jointly reviewed the shared services elements of our work on an ongoing basis the most recent meeting being in November this year.

In addition to this, both Chief Executives meet with our Chair and SSSC Convener on a quarterly basis to keep an overview on areas of policy that have an impact on both organisations. It has been agreed by the Chair and Convener that we will hold another joint Board/Council meeting as we did earlier this year. This is planned for March 2026, but dates will be firmed up in the new year.

#### 3.2 ELC improvement programme

The ELC Improvement Team was invited to showcase the programme's work to the Minister for Children, Young People and The Promise. As part of the visit, Ms Don-Innes met with a service from cohort one to see how quality improvement methodology had been implemented, sustained, and built upon to improve outcomes for children and their families. The visit was highly successful and reflected positively on the support provided by both the ELC Improvement Programme and the Care Inspectorate.

As part of our bespoke offer, the team recently travelled to Stornoway at the request of the local authority to deliver face-to-face sessions on *Observation and Communication for Improvement*. These sessions were directly linked to the new shared inspection framework and were supported by a local ELC inspector. Feedback has been very positive, with a further visit planned to the south of the island to ensure key messages are delivered equitably across services.

#### 3.3 Safe Staffing Programme (SSP)

The Care Inspectorate's Safe Staffing Programme (SSP) is progressing consistently towards achieving its four objectives by 31 March 2026. The programme continues to work in close collaboration with internal and external stakeholders, supporting implementation of the Health and Care (Staffing) (Scotland) Act 2019.

The team is working directly with the Health Care Staffing Act (HCSA) Implementation Team at the Scottish Government to ensure that local and integrated authorities have access to the right information, advice, and resources to meet their reporting duties under the Act.

The SSP End of Year Report for 2024/25 has now been published and provides a comprehensive overview of progress, impact, and next steps. The report can be found [here](#).



### 3.4 Frailty and Pharmacy Review Project

The Health and Social Care Improvement Team (HSCIT), led by the Senior Improvement Adviser, is undertaking a project to assess the impact of timely medication reviews for people living with frailty.

In partnership with NHS Lothian, the project is considering a range of quality-of-life measures, including falls, episodes of stress and distress, weight, functional dependency, and engagement in meaningful activity to identify the benefits of medication reviews within care homes.

This work is directly aligned with the recommendations set out in the Scottish Government's My Health, My Care, My Home healthcare framework for adults living in care homes, supporting improved outcomes and person-centred approaches to healthy ageing.

### 3.5 Practical Dementia Resources

The Practical Dementia Resources (PDR) project is applying the Scottish Approach to Service Design to co-design and develop a shared learning platform for care staff. The focus is on supporting non-pharmacological approaches to improving dementia care, ensuring practice is person-centred and evidence-based.

Work is underway to build the resource platform, with ongoing workshops to support co-development and design. An advisory group has been established to guide progress and ensure the platform reflects the needs of the sector. The project has already gained national recognition: a publication has been accepted by the Journal of Dementia Care describing and promoting the work, and at the time of preparing this report two Senior Improvement Advisers would be presenting progress at the Dementia Congress 2025 in November.

### 3.6 Stress and Distress Improvement Programme

The Stress and Distress Improvement Programme launched in January 2025 and is jointly delivered by Healthcare Improvement Scotland, the Care Inspectorate, and NHS Education for Scotland.

Across 2025, the programme has engaged 58 teams across four cohorts, all of whom have completed the *Reducing Stress and Distress* self-evaluation tool to assess current practice and identify priorities for improvement.

In September 2025, the programme was showcased at Alzheimer Scotland's Annual Conference, where learning and early impact were shared with the wider sector. Evaluation is ongoing with participating teams and coaches, and findings will inform the refinement and design of our approach for 2026. Applications for the next phase will open in January 2026.

### **3.7 Digital social care improvement programme**

The Care Inspectorate's digital social care team has played a significant role in establishing the Digital Care Collaborative Scotland (DCCS), which will create the conditions for digital innovation across social care and social work through a collective partnership model.

The DCCS aims to support collaboration and connection, strengthen evidence, data, and capability, and develop pathways and resources that contribute to sustainable and scalable digital care innovations. The Care Inspectorate's digital social care team has been an active partner in shaping the aims and objectives for the 'Hub' over the past 18 months, along with other national organisations and stakeholders.

### **3.8 Black History Month and Anti-Racist Resource**

We successfully marked Black History Month with organisation-wide activities that promoted awareness, learning, and open dialogue. Building on this momentum, a major focus has been the final development of our Anti-Racist Resource. This resource is practical, robust, and aligned with our organisational values. This represents a significant step in embedding anti-racist principles across all our work.

### **3.9 Inspection Volunteers Recruitment and Process Improvements**

The intensive recruitment drive for Inspection Volunteers is now concluding its final phase. This stage has included successful volunteer shadowing, providing hands-on experience and preparation for the role. The process has been strengthened by positive input from staff across the organisation involved in training, confirming both the readiness and quality of the new cohort. This marks a significant milestone in expanding volunteer capacity and ensuring services benefit from the valuable perspectives volunteers bring to assurance and improvement activity.

### **3.10 Young Inspection Volunteers in Strategic Inspections**

Our Young Inspection Volunteers have recently contributed to two strategic inspections. Notably, one inspection in the Western Isles received highly positive feedback from lead inspectors, who commended the depth and quality of the volunteers' input. In addition to strengthening the inspection process, participation offered the young volunteers unique opportunities and experiences.

**3.11 Working with NHS Education Scotland (NES)**

In Adults, we continue to work collaboratively with NES supporting the implementation of national induction framework for adult social care and support for the sector on themes from inspection. We also work with the team who support overseas workers through an adult service manager sharing data and information on Modern Day Slavery.

**3.12 Work with Sector**

The Adults team continues to support sector working with national groups the Coalition of Care and Support Providers in Scotland and Scottish Care. We have presented at conferences, attend joint regulators forum, presented at workforce development days run by Scottish Care and presented at national provider events.

**3.13 Scottish Care's Care Home Conference and Exhibition**

One of our team managers in Adult Services, attended this conference and presented an overview of the [Meaningful Connection guidance](#) and [Anne's Law](#) at an insight session in the main conference hall. They were joined by one of the Adults Service Managers, who shared insights into our role as Scotland's independent regulator for social work and social care services. The presentation explained how inspections are central to our work, and also provide opportunities to learn and improve. Our [Safe Staffing Programme](#) lead, also told conference attendees about the Health and Care (Staffing) (Scotland) Act 2019, which supports the social care sector to employ suitable workload and workforce planning approaches in care settings. Tom Arthur MSP, the Scottish Government's Minister for Social Care and Mental Wellbeing, was also at the event and visited the Care Inspectorate's stall at the conference. The stall at the Scottish Care-run conference gave us an opportunity to speak with providers and representatives from the care sector.

**3.14 ELC Sector webinars**

We have delivered a series of four sector webinars as a result of increasing incidents and notifications around keeping children safe with a particular emphasis on making the links to our SIMOA campaign and children leaving settings. The webinars focussed on safe and effective practice at mealtimes and the prevention of scalding and choking incidents. We also highlighted our recent practice note publication Strong Connections and Meaningful relationships and the updated version of Setting the Table guidance. The webinars were delivered with inputs from a broad range of ELC settings and providers who reflected on their own practice experiences. The webinars had excellent engagement and positive feedback on impact across the sector.

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Webinar 1 - Keeping Children Safe, 17 June 2025, 1 guest speaker from sector (LA ELC): 376 practitioners attended

Webinar 2 - Strong Connections and Meaningful relationships, 30 September 2025, 2 guest speakers from sector (childminder and private ELC): 385 practitioners attended

Webinar 3 - Supporting safe practice, 30 October 2025: 491 practitioners attended

Webinar 4 - Taking a learning approach, 25 November 2025: This session will be delivered in partnership with Complaints colleagues.

**3.15 Scottish Child Abuse Inquiry**

The Care Inspectorate continues to participate in this Inquiry, which has concluded its consideration of the provision of residential care in establishments for children and young people with long term healthcare needs, additional support needs and disabilities – but not yet issued its report thereon. On 10 December 2025, the Inquiry began 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 will have some limited involvement in this Phase of the Inquiry.

**3.16 Scottish and UK Covid-19 Inquiries**

The Care Inspectorate continues its engagement with both Inquiries, which remains an onerous commitment. The UK Inquiry heard evidence in relation to its Module 8 (the impact of the pandemic on children and young people in England, Wales, Scotland and Northern Ireland) during September and October 2025. While the Care Inspectorate had provided written evidence, no Care Inspectorate witness was invited to give oral evidence in this Module. The UK Inquiry published its findings in relation to its Module 2 (core decision-making and political governance) on 20 November 2025. It can be accessed [here](#). The Scottish Covid-19 Inquiry continues to seek information from the Care Inspectorate and it is anticipated that a Care Inspectorate witness will be invited to give evidence at some point in the future.

**4.0 WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM  
ENGAGEMENT****4.1 Welcoming New Staff**

The Adults, Children and Young People and ELC teams have been welcoming in new inspectors from the recruitment of 34.5 members of staff recruited across August, September and October. All staff are now have been onboarded and are now completing their induction and training which will be fooled by

shadowing and mentoring. The teams across the assurance and improvement directorate are supporting induction and the learning of all new staff, including mentoring and support.

#### **4.2 New Adult Teams**

The Adult team is moving from 14 to 16 teams and we have worked to align these to Health and Social Care Partnerships and NHS Boards to continue collaborative working in the support of the sector. The new teams are identified and we are working with staff to align them to teams and do this in a considered and collaborative way.

#### **4.3 Internal Communications**

In October, we hosted our third staff webinar with the Executive Team. A total of 334 colleagues joined to hear about our latest priorities. It was another lively and engaging session, featuring insightful questions from colleagues. We also delivered two key awareness campaigns during the month:

- Black History month – a significant event in the social care sector, it encourages service providers and professionals to reflect on past and present inequities affecting Black people who experience care and those working in the sector.
- Cyber Security month – an opportunity to remind colleagues that small actions can make a big difference in protecting both the Care Inspectorate and ourselves from online threats.

#### **4.4 Development Days for All ELC Staff**

We have delivered five sessions to ELC staff across the country to support robust practice in respect of evidence recording for inspection. With the recent publication of the new ELC Quality framework this was an appropriate time to revisit the need to ensure that reports identify outcome focussed evidence and evaluative report writing skills.

#### **4.5 Pay Remit**

Scottish Government Pay Policy has approved our pay remit proposal and we have since presented this to the trade unions. Following negotiations, they have now balloted members on the proposal. With the early pay date in December, we would not be able to implement the agreed remit in time for this month and so have given staff a nominal advance in their November pay. This will be adjusted as required in January once the ballot has been finalised.

**5.0 ORGANISATIONAL TRANSFORMATION****5.1 Scottish Government Review of Schedule 12 Support Services**

One of our Service Managers in Adults is a member of a core group working with Scottish Government on a review of schedule 12 with regards to Support Services which includes Care at Home, Housing Support and Day Care. We provide advice and share intelligence and the group will make recommendations for changes to schedule 12 to Scottish Government.

**5.2 Website replacement project**

The project to consolidate and replace our existing two websites into one modern and accessible site is progressing well. We have successfully completed the hosting transition of the corporate website to our new supplier and are working to resolve a number of issues. We have carried out a number of user research interviews and focus groups, to test out some design and navigation concepts for the new website. These insights are now being analysed and developed further to inform the layout and functionality of our new website.

**5.3 Stage 2 Transformation Project**

The Stage 2 project continues to move at pace. At the beginning of October 2025, the project moved from Alpha (design) to Beta (build) phase. Over the next six months there will be a lot of work to get the project and the organisation ready for the launch of our new digital platform planned for May 2026. In November there was a “Bringing the solution to life” session for the Project Board, Executive Team and Digital and Assurance Advisory Group members along with Sponsor Team colleagues. This session was very well received and will be repeated before the launch next year. As at late November, the project was undertaking its 7th external assurance review. I am pleased to update the Board that the project received an Amber/Green delivery confidence rating with a recommendation to proceed without conditions. We received five recommendations that will be addressed. The external team also commented on several exemplary areas on the project which is contained within their final report. Finally, there is work currently ongoing between the project and operational colleagues to understand what transition looks like from our current legacy business applications to our new digital platform and how we will handle in flight work across Registrations, Complaints, Inspections, Notifications and Enforcements during this transition.

Work is ongoing with the data and information team to work with operational colleagues on the 2026/27 inspection plan. The planning team is currently working out our inspection numbers across Adults, Children and Young People and ELC in line with agreed statutory/frequency and plan priorities.



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

#### EXECUTIVE SUMMARY

This report presents the Q2 2025/26 summary report on our performance and focusses on performance against the organisation's Key Performance Indicators (KPIs).

Of the 8 KPIs detailed in the Corporate Plan 2022-25, at the end of Q2 2025/26:  
5 met or exceeded target  
3 did not meet the target

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

#### The Board is invited to:

1. Discuss and note the report.

<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		
<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/>	<b>No</b> <input checked="" type="checkbox"/>
Reason: Screening completed, and full assessment not required.		

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

<b>Reason for Confidentiality/Private Report:</b> N/A – This is a public Board report. <i>(see Reasons for Exclusion)</i>
<b>Disclosure after:</b>

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 2 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.

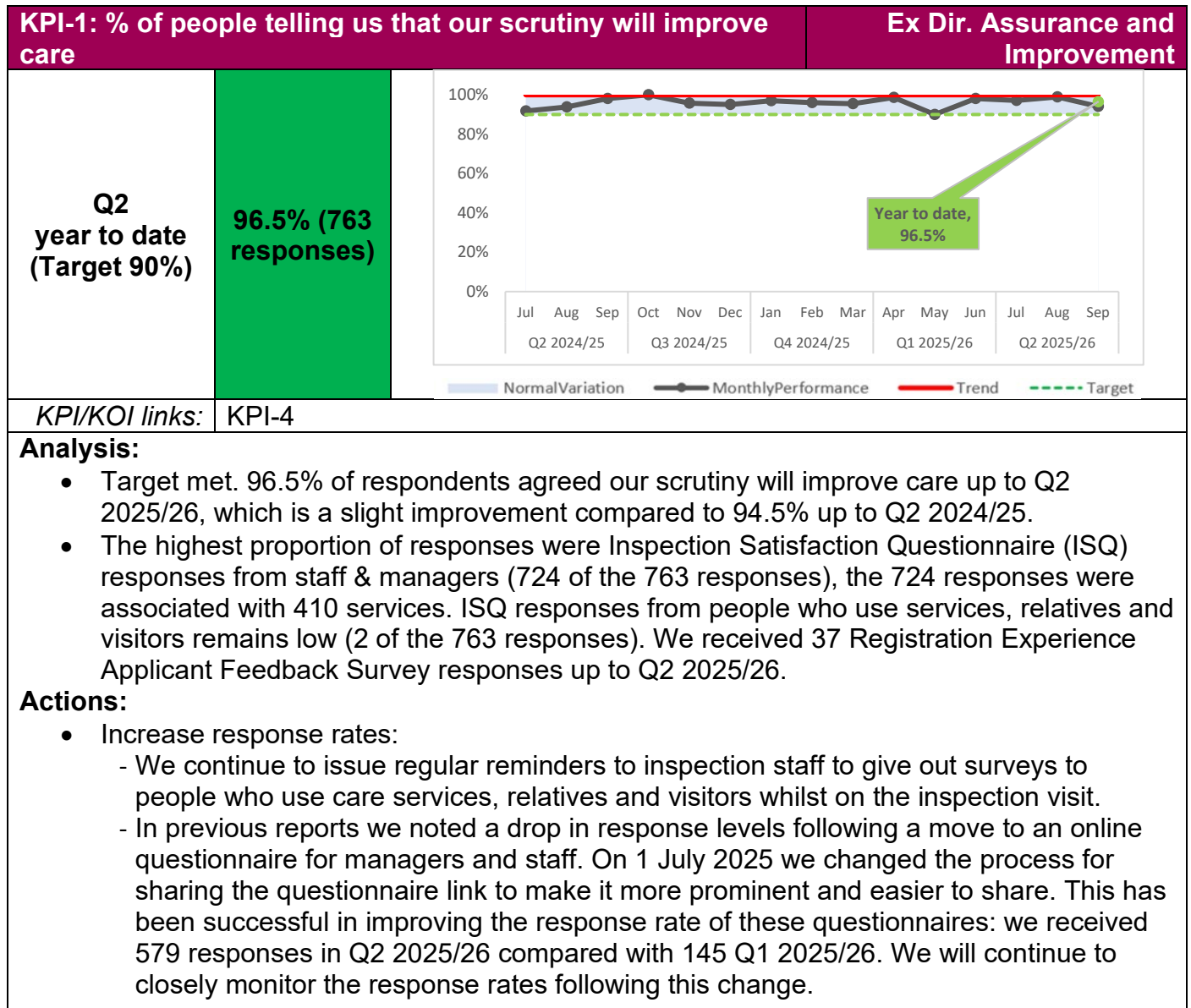
#### Summary of performance

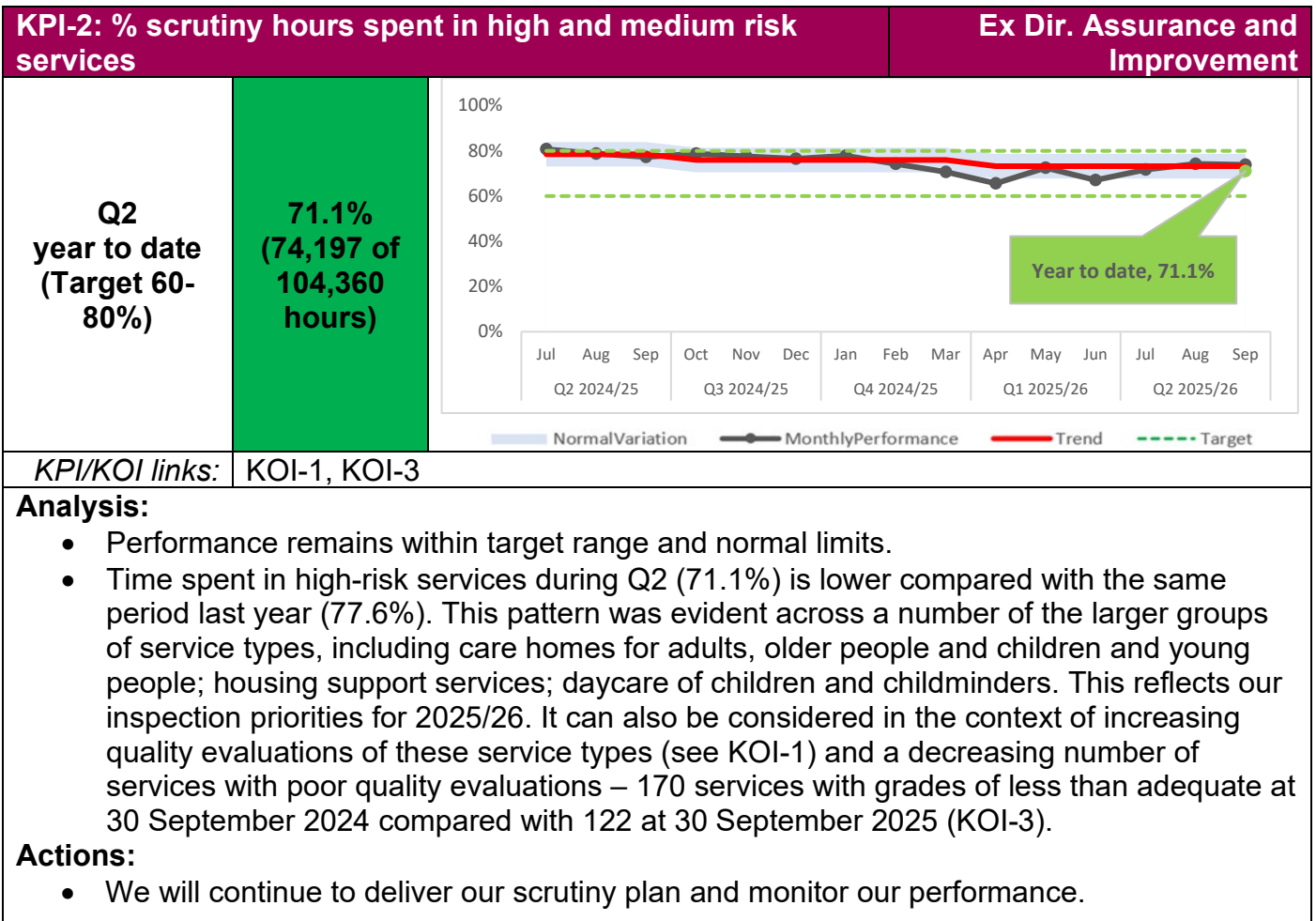
This table shows a summary of performance for the **year to date** for each KPI.

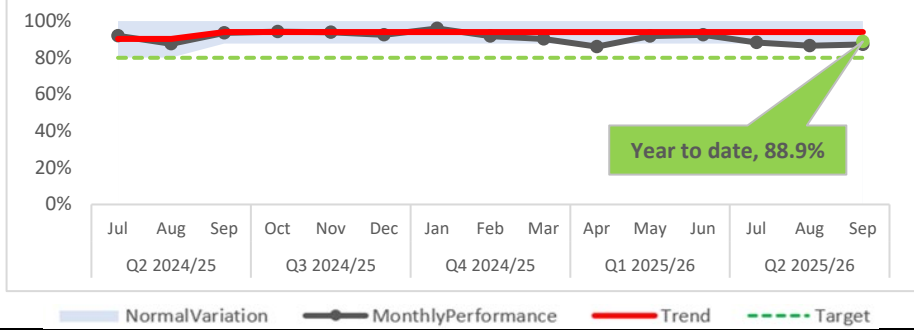
Strategic outcome: High-quality care for all	Strategic outcome: Improving outcomes for all	Strategic outcome: Our people are skilled, confident and well supported to carry out their roles
<b>KPI-1:</b> % of people telling us that our scrutiny will improve care <b>96.5%</b> [Target: 90%]	<b>KPI-4:</b> % of people telling us that our quality improvement support will improve care <b>98.4%</b> [Target: 90%]	<b>KPI-5:</b> % staff completing core learning <b>79.5%</b> [Target: 95%]
<b>KPI-2:</b> % scrutiny hours spent in high and medium risk services <b>71.1%</b> [Target: 60-80%]		<b>KPI-6:</b> % staff sickness absence <b>6.4%</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>88.9%</b> [Target: 80%]		<b>KPI-7:</b> % staff turnover <b>5.8%</b> [Target: <10%]
		<b>KPI-8:</b> Days per month that inspection volunteers and care experienced people are involved in our work <b>25.5 days</b> [Target: 30 days per month]
Colour code: Target achieved, Slightly below target, Significantly below target.		

## 2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 30 SEPTEMBER 2025

Strategic outcome: High-quality care for all





KPI-3: % of complaints about care resolved within relevant timescales		Ex Dir. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)																																	
Q2 year to date (Target 80%)	88.9% (1030 of 1158 complaints)	 <table border="1"><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Jul 2024/25</td><td>90</td></tr><tr><td>Aug 2024/25</td><td>85</td></tr><tr><td>Sep 2024/25</td><td>92</td></tr><tr><td>Oct 2024/25</td><td>93</td></tr><tr><td>Nov 2024/25</td><td>93</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>88</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>88</td></tr><tr><td>Aug 2025/26</td><td>85</td></tr><tr><td>Sep 2025/26</td><td>88</td></tr></tbody></table> <p>Year to date, 88.9%</p>		Month	Performance (%)	Jul 2024/25	90	Aug 2024/25	85	Sep 2024/25	92	Oct 2024/25	93	Nov 2024/25	93	Dec 2024/25	90	Jan 2025/26	95	Feb 2025/26	90	Mar 2025/26	88	Apr 2025/26	85	May 2025/26	90	Jun 2025/26	90	Jul 2025/26	88	Aug 2025/26	85	Sep 2025/26	88
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Aug 2025/26	85																																		
Sep 2025/26	88																																		
KPI/KOI links	KPI-2, KPI-6																																		
<b>Analysis:</b> <ul style="list-style-type: none"><li>At the end of Q2, 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

KPI-4: % of people telling us that our quality improvement support will improve care		Ex Dir. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)
Q2 year to date (Target 90%)	98.4% (299 of 304 responses)	
KPI/KOI links:	KPI-1	
<b>Analysis:</b> <ul style="list-style-type: none"><li>• Performance remains high and above target, however the number of responses to our feedback questionnaires received so far this year is lower than in previous years (304 responses so far this year compared with 790 last year).</li><li>• This is due to our shift towards more targeted quality improvement (QI) interventions and away from the larger, more generic programmes. We expect this will continue to be the case throughout this year.</li><li>• Creating bespoke targeted QI interventions means running fewer generic programmes for wider groups of services and practitioners. This refined approach has enabled us to better support improvements that are aligned with findings from inspections, enforcement actions, and complaints, delivering measurable impact.</li></ul>		

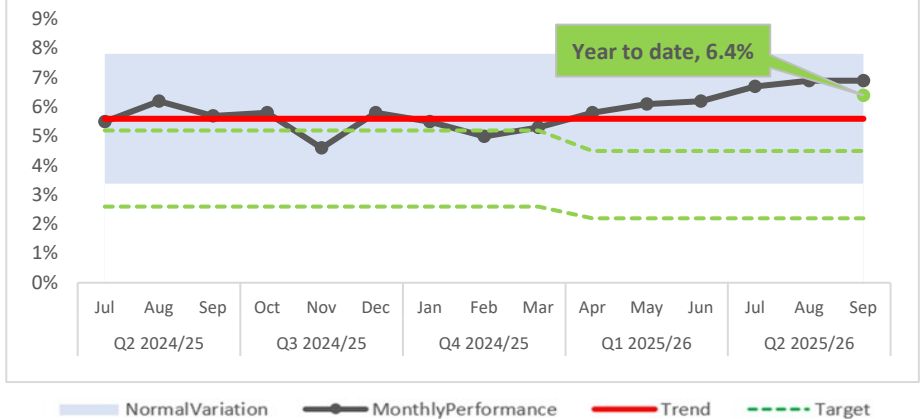
- Further information about our quality improvement work can be found at [How we support improvement | Care Inspectorate Hub](#)
- Quality improvement consultancy ensures we respond quickly to internal and external requests. We have captured our Quality Improvement consultancy work and it is now included in the quality improvement support summary table in appendix 1, up to the end of Q2 2025-26 we completed an average of 68 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
Q2 year to date (Target 95%)	79.5%	
KPI/KOI links:	KPI-6	
<p><b>Analysis:</b></p> <ul style="list-style-type: none"><li>• Performance remains below target at 79.5%.</li><li>• This is not directly comparable with Q1 this year as 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 Q2 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>• One of the core learning modules exceeded the target of 95%: cyber security at 97%.</li><li>• Of the remaining modules, health and safety increased from last quarter (85% to 92%). Data protection has remained the same at 90%. Completion of the equalities module has decreased from 92% to 89%.</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>• Core learning topics continue to be highlighted through a regular update to all staff.</li><li>• We continue to work with subject area experts to ensure core learning modules for staff are appropriate and reflective of legislation. Recent work to tailor the equalities core learning module has now been completed. This includes the introduction of a new feature allowing staff to complete a test of competence prior to engaging with the module content. The updated module was launched in September 2025, and its impact will be closely monitored and evaluated to ensure it delivers meaningful improvements in learning outcomes and engagement.</li><li>• A performance dashboard is shared with heads of service and executive directors each month to monitor performance across their areas of responsibility.</li><li>• Targeted emails are issued to remind staff to complete core learning modules where the learning is close to expiry or overdue. This month’s focus is on equalities, reflecting a recent decline in compliance.</li></ul>		

**KPI-6: % staff absence****Ex Dir. Corporate Services****Q2  
year to date  
(Target 2.2%-  
4.5%)****6.4%****KPI/KOI links:** KPI-2, KPI-3, KPI-5, KPI-7**Analysis:**

- Sickness absence was above the target range at 6.4% and has continued to increase month-on-month since February 2025.
- 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																															
<div><div>Q2 year to date (Target &lt;10%)</div><div>5.8%</div></div>	<div><div><div><div>Year to date, 5.8%</div></div><table><thead><tr><th>Month</th><th>Monthly Performance (%)</th></tr></thead><tbody><tr><td>Jul 2024</td><td>7.5</td></tr><tr><td>Aug 2024</td><td>6.8</td></tr><tr><td>Sep 2024</td><td>7.0</td></tr><tr><td>Oct 2024</td><td>6.5</td></tr><tr><td>Nov 2024</td><td>6.8</td></tr><tr><td>Dec 2024</td><td>6.2</td></tr><tr><td>Jan 2025</td><td>6.5</td></tr><tr><td>Feb 2025</td><td>5.8</td></tr><tr><td>Mar 2025</td><td>5.5</td></tr><tr><td>Apr 2025</td><td>5.8</td></tr><tr><td>May 2025</td><td>5.5</td></tr><tr><td>Jun 2025</td><td>5.5</td></tr><tr><td>Jul 2025</td><td>5.5</td></tr><tr><td>Aug 2025</td><td>5.5</td></tr><tr><td>Sep 2025</td><td>5.5</td></tr></tbody></table></div><div><div>Normal Variation</div><div>Monthly Performance</div><div>Trend</div><div>Target</div></div></div>	Month	Monthly Performance (%)	Jul 2024	7.5	Aug 2024	6.8	Sep 2024	7.0	Oct 2024	6.5	Nov 2024	6.8	Dec 2024	6.2	Jan 2025	6.5	Feb 2025	5.8	Mar 2025	5.5	Apr 2025	5.8	May 2025	5.5	Jun 2025	5.5	Jul 2025	5.5	Aug 2025	5.5	Sep 2025	5.5
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KPI/KOI links:	KPI-2, KPI-3, KPI-6																																
<div>Analysis:</div> <div><div><div>Staff turnover was below the target and within normal limits.</div><div>Between 1 April and 30 September 2025, 20 staff left the organisation: 10 retired, 5 left voluntarily and 5 left for other reasons (e.g. temporary contract ended).</div><div>This is slightly higher than at the end of Q2 last year (19 leavers).</div></div><div>Actions:</div><div><div>Performance remains within control limits and we will continue to monitor performance at a monthly frequency.</div></div></div>																																	

KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work		Ex Dir. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)
Q2 year to date (Target 30 days per month)	25.5 days	
KPI/KOI links:	N/A	
<b>Analysis:</b> <ul style="list-style-type: none"><li>• Year to date performance is below target of 30 days per month.</li><li>• During Q2, inspection volunteers (including young inspection volunteers) were involved in inspection activity on 40.5 days and other involvement activities on 33 days.</li><li>• Staff absence in the involvement &amp; equalities team has affected, and will continue to affect, the days we can support volunteers.</li><li>• 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 a significant number of volunteers on the programme, despite this national trend.</li><li>• We have made good progress onboarding and training our new cohort of 9 prospective adult inspection volunteers and 5 young inspection volunteers. We have successfully concluded the initial three days of intensive training for all prospective volunteers (including young inspection volunteers). This foundation phase covered essential skills for</li></ul>		



success in their roles. We observed fantastic engagement and enthusiasm from everyone involved.

- Our volunteers continue to be involved in a range of work across the Care Inspectorate. During Q2:
  - Two young inspection volunteers and two adult inspection volunteers have met with the strategic team to discuss the methodology ahead of taking part in strategic inspections in October.

**Actions:**

- The in-person session of the adult inspection volunteer training programme will be finalised on 22 October 2025. This final mandatory session gives the inspection volunteers a chance to prepare for the role and learn from each other.
- Following the 22 October 2025 session, shadowing opportunities will be arranged. This practical session will provide a hands-on experience of being involved in an inspection, talking with people who experience care and to ensure a smooth transition into their role as an inspection volunteer.
- All pre-placement checks are in the final administrative stage, including PVG and references.
- Young inspection volunteers have a slightly different onboarding experience, but their administrative and logistical preparations are nearing completion. Their final in-person day is currently being planned for mid November 2025.
- Plan our next campaign of recruitment of adult inspection volunteers.
- Working with assurance and improvement colleagues we are working to improve the way we allocate volunteers to adult inspections, to ensure greater equity of opportunity for our adult volunteers.

### **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)**

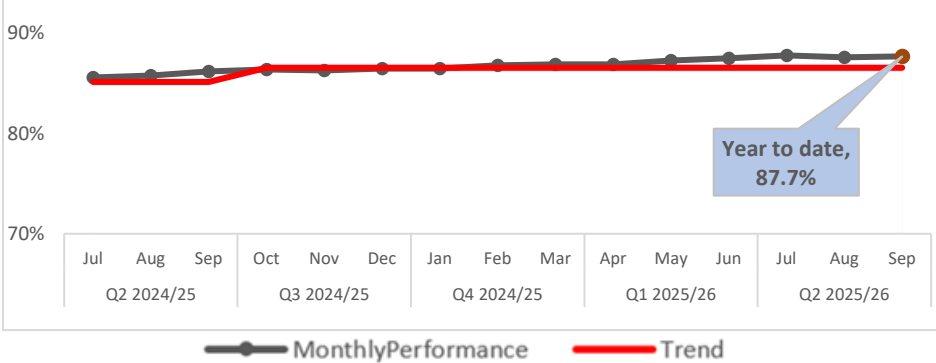
This report includes a number of measures of customer satisfaction.

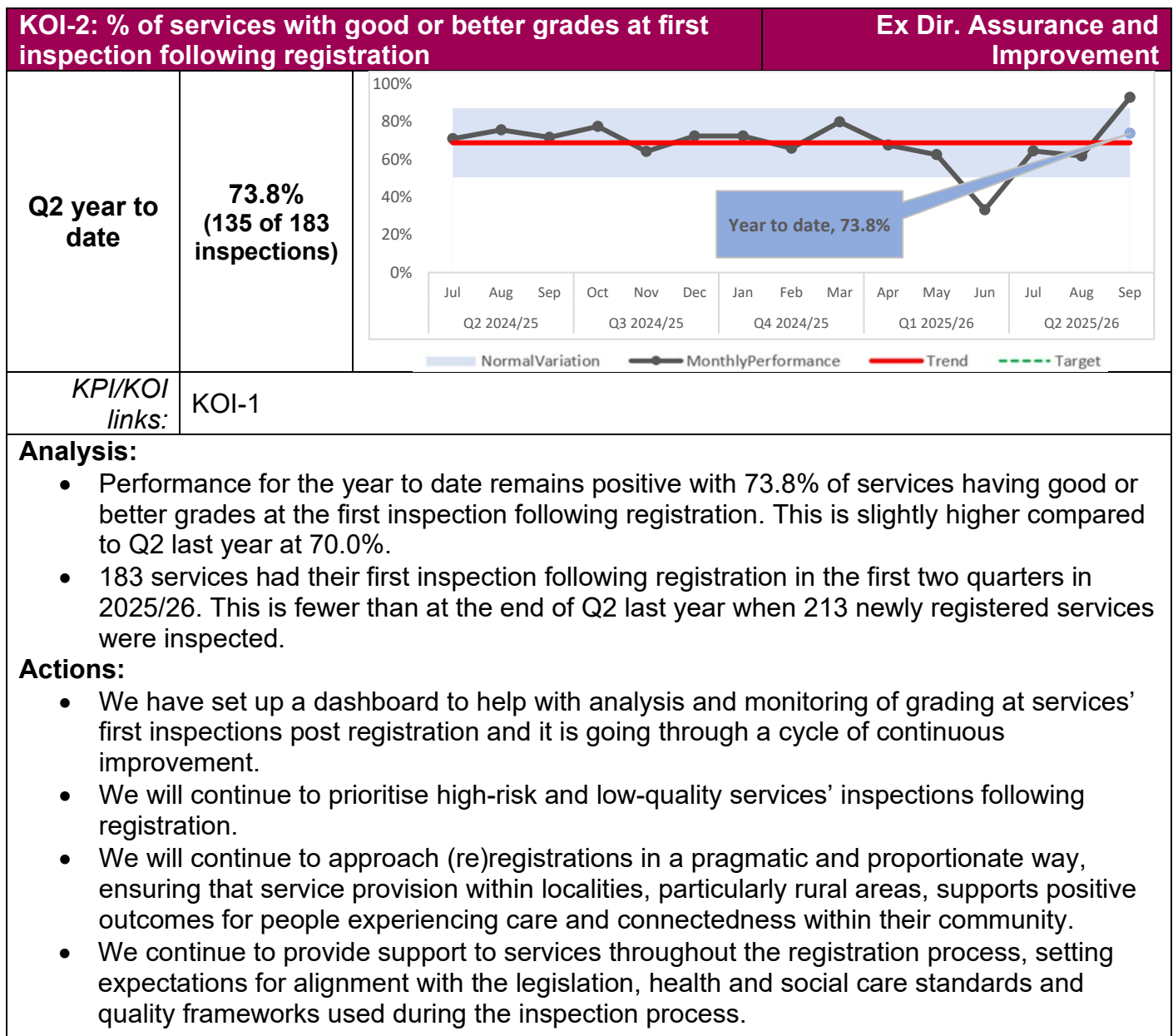
### **4.0 CONCLUSIONS/NEXT STEPS**

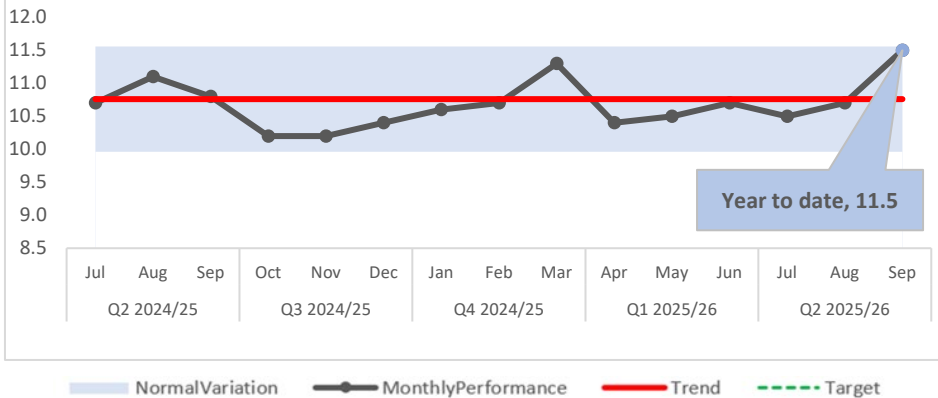
The Board is invited to discuss and note the report.

## Key Outcome Indicators (KOIs) and Scrutiny &amp; Assurance activities

## Strategic outcome: High-quality care for all

KOI-1: % services with good or better grades (across all KQs)			Ex Dir. Assurance and Improvement																																		
Q2 year to date	87.7%	<div><table border="1"><thead><tr><th>Month</th><th>Monthly Performance (%)</th></tr></thead><tbody><tr><td>Jul</td><td>85.5</td></tr><tr><td>Aug</td><td>85.8</td></tr><tr><td>Sep</td><td>86.2</td></tr><tr><td>Oct</td><td>86.5</td></tr><tr><td>Nov</td><td>86.3</td></tr><tr><td>Dec</td><td>86.5</td></tr><tr><td>Jan</td><td>86.5</td></tr><tr><td>Feb</td><td>86.8</td></tr><tr><td>Mar</td><td>86.8</td></tr><tr><td>Apr</td><td>86.8</td></tr><tr><td>May</td><td>87.0</td></tr><tr><td>Jun</td><td>87.2</td></tr><tr><td>Jul</td><td>87.5</td></tr><tr><td>Aug</td><td>87.5</td></tr><tr><td>Sep</td><td>87.7</td></tr></tbody></table></div>				Month	Monthly Performance (%)	Jul	85.5	Aug	85.8	Sep	86.2	Oct	86.5	Nov	86.3	Dec	86.5	Jan	86.5	Feb	86.8	Mar	86.8	Apr	86.8	May	87.0	Jun	87.2	Jul	87.5	Aug	87.5	Sep	87.7
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May	87.0																																				
Jun	87.2																																				
Jul	87.5																																				
Aug	87.5																																				
Sep	87.7																																				
KPI/KOI links:	KPI-2, KOI-3, KOI-4, KOI-5, KOI-6																																				
<b>Analysis:</b> <ul style="list-style-type: none"><li>87.7% of registered services had grades of good or better at the end of Q2 2025/26. This is higher compared to the 86.2% of services that had grades of good or better at the end of Q2 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.</li><li>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 (70%), care at home services (84%), fostering services (63%) and adoption services (62%) are statistically significantly below average.</li><li>Compared to Q2 2024/25 care homes for older people with good or better grades have increased by 3 percentage points and care homes for adults by 5 percentage points. While fostering services and adoption services have decreased by 11 percentage points.</li></ul>																																					
<b>Actions:</b> <ul style="list-style-type: none"><li>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).</li></ul>																																					



KPI-3: Average time a service continues to have a grade of less than adequate				Ex Dir. Assurance and Improvement									
Q2 year to date	11.5 months	 <p>Year to date, 11.5</p>											
		KPI/KOI links: KPI-2, KOI-1											
		<p><b>Analysis:</b></p> <ul style="list-style-type: none"><li>Performance has declined with the average time increasing from 10.7 months at the end of Q1 2025/26 to 11.5 months at the end of Q2 and is at the upper end of the range of expected variation.</li><li>At the same time the number of services that continued to have a grade of less than adequate decreased from 150 at the end of Q1 2025/26 to 122 services at the end of Q2 2025/26. This is also lower than the 170 services with grades of less than adequate at the end of Q2 2024/25. Overall there is a long-term trend of a decrease in number of services with all grades less than adequate.</li><li>The number of services with these poor grades is a small and reducing proportion of services: 1.1% of all non-cancelled services at the end of Q2 2025/26 compared to 1.5% of services at the end of Q2 last year. This reduction also relates to improving performance against KOI-1, % services with good or better grades.</li><li>At the end of Q2 most services (64%) had these grades for less than the average of 11.5 months. Of the 122 services:<ul style="list-style-type: none"><li>36% (44 services) were equal to or above the average of 11.5 months.</li><li>64% (78 services) were below the average of 11.5 months.</li><li>39% (48 services) had the grades for less than 6 months.</li><li>45% were early learning and childcare services, 37% were adult services and 18% were children and young people services.</li><li>4 services were inactive services.</li><li>7 services are the subject of ongoing enforcement action.</li></ul></li><li>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 &amp; 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.</li><li>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.</li></ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"><li>Continue to focus on high-risk services as evidenced by KPI-2 alongside statutory and frequency inspections.</li><li>Utilise the performance dashboard to ensure that scrutiny managers have clear oversight of services with grades of less than adequate.</li></ul>											

KOI-4: % of services with expected grades or better		Ex Dir. Assurance and Improvement
Q2 year to date	98.8% (635 of 643 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 Q2 with 98.8% of services getting 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

	Q2 Year to Date 2024/25	Q2 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
Inspections completed	2,067	2,219	+7%
Serious concern letters issued	18	14	-22%
Improvement notice enforcements	23	14	-39%
Notice to cancel enforcements	2	2	*
Condition notice (incl. emergency condition notice)	1	2	*
Total complaints resolved (not inc. concerns logged as intelligence)	1,108	1,158	+5%
New registrations completed	273	286	+5%
Number of variations completed (not inc. typographical changes)	849	918	+8%

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 September 2025 compared to the same period last year. We carried out an additional 152 inspections, resolved an additional 50 complaints and completed an additional 13 registrations and 69 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

	Q2 Year to Date 2024/25	Q2 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
Inspections completed (published)	6	4	*
Total staff survey responses received	4,870	1,723	-65%
Total people experiencing care engaged with	220	197	-10%
Total number of case files read	280	180	-36%
Number of serious incident reviews received	36	45	+25%
Learning reviews received (those that have proceeded to a learning review)	7	21	+200%
Learning review notifications received (notifications we have received that have not proceeded to a learning review)	23	31	+35%
Other review reports received	2	2	*

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 \*.

Last year, in the second quarter of 2024/25, we carried out extensive staff and service user survey work for the children's care experienced young people moving on thematic inspection. This was a separate piece of work which was in addition to the joint inspection of services for children and young people at risk of harm programme. Additional file reading also took place in conjunction with the survey work. Therefore, the number of staff survey responses, the number receiving care who were engaged with and the total number of case files read are lower in 2025/26 than for the same quarter last year. The report for this thematic inspection was published in November 2024.

In the second quarter of 2024/25 a number of ASP reports were published. This programme phase concluded in the summer of 2024, hence a reduction in the number of published reports in 2025/26.

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
Q2 year to date	91.7% (1,022 of 1,114 services, from 18,301 responses in total)	
KPI/KOI links:	KOI-7	
<b>Analysis:</b> <ul style="list-style-type: none"><li>Up to the end of Q2, 91.7% 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 Q2 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><li>The easy read questionnaire has been finalised and is ready to be published on our website.</li></ul>		

## Quality improvement support and external communications summary year to date

	Q2 Year to Date 2024/25	Q2 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
External quality improvement events	45	41	-9%
Internal quality improvement events	1	19	*
Number of unique services engaged	55	65	+18%
Number of individuals engaged	2,135	1,538	-28%
Quality improvement consultancies	387	409	+6%
Website page views – Total	944,093 (from Q2)	1,918,848	N/A
Hub page views – Total	148,845	100,646	-32%

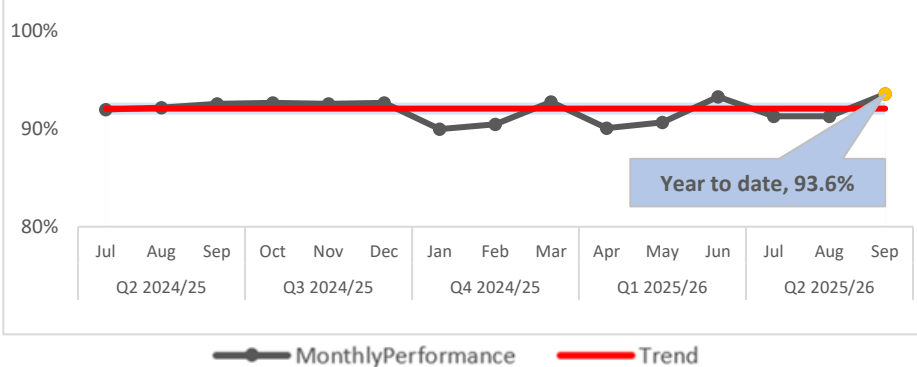
Note: Percentages based on small numbers (<20) are highlighted and should be interpreted with caution. Percentages based on fewer than 5 events in either time period are excluded and marked with a \*.

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, 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			
Q2 year to date	93.6%						
		<div><div>JulAugSepOctNovDecJanFebMarAprMayJunJulAugSep</div><div>Q2 2024/25Q3 2024/25Q4 2024/25Q1 2025/26Q2 2025/26</div></div> <div>MonthlyPerformanceTrend</div>					
KPI/KOI links:		KOI-1, KPI-2, KOI-3, KOI-4, KOI-5					
<div>Analysis:</div> <ul style="list-style-type: none"><li>The overall increase in performance reported over the last year was sustained in Q2 2025/26, although there has been more variation monthly over the last three 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 Q2 2025/26 compared to 92.6% of services at the end of Q2 2024/25.</li></ul> <div>Actions:</div> <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
Q2 year to date	86.7% (974 of 1,124 services, from 17,439 responses in total)	
KPI/KOI links:	KOI-5	
<b>Analysis:</b> <ul style="list-style-type: none"><li>86.7% 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 Q2 2024/25 (83.4%).</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

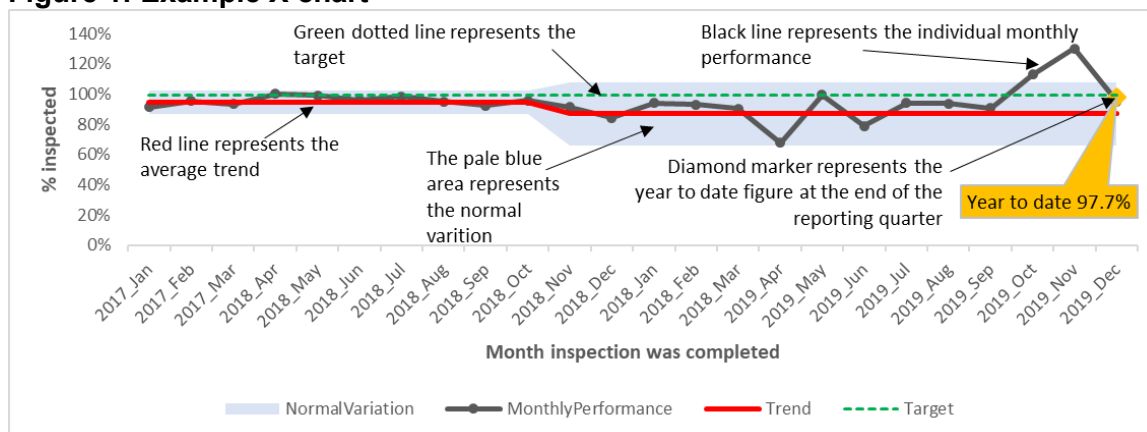
### Data updates

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 11 DECEMBER 2025

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



<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 29 October 2025 and Finance and Resources Committee on 11 November 2025.	
<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 11 November 2025. An overspend of £0.433m is projected. This overspend is partially 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 £0.107m.

The risk of the final outturn being significantly different from the position disclosed in the report to the Finance and Resources Committee is finely balanced with the impact of the 2025/26 pay award currently being negotiated being a significant factor.

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

- Staff costs are currently projected to overspend and it is likely the 2025/26 pay award settlement will increase this further. However, it is anticipated this will be partially offset by staff slippage (cost savings due to the delay between employees leaving and the vacant post being filled by a new start) as the year progresses.
- Inspector recruitment is being carefully managed within the context of the ongoing discussion with Sponsor and Health Finance on funding an increase in our scrutiny capacity. The aim is to maximise the funding available to us and end the financial year with the closing general reserve balance within the target range. The Committee noted the financial position was as expected at this stage of the financial year.

## BOARD MEETING 11 DECEMBER 2025

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

Appendix 1 sets out the projected financial position based on the ledger to 30 September 2025.

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.

The Committee noted an additional £0.720m has been included in our 2026/27 funding request to Sponsor but if this additional funding could not be secured in full, any shortfall would need to be sourced from reprioritisation of core 2026/27 budget.

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

**The Board is invited to:**

1. Note the projected financial position for 2025/26.

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

**Equality Impact Assessment**

<b>Yes</b> <input type="checkbox"/>	<b>Not Yet</b> <input type="checkbox"/>	<b>No</b> <input checked="" type="checkbox"/>  Reason: This report is for information and there is no direct impact on people with protected characteristics.
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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"/>  <b>Reason below:</b> There are no data considerations in this report.
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## BOARD MEETING 11 DECEMBER 2025

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

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

	Revised 2025/26 Budget £m	Core Activity Projected Expenditure £m	Stage 2 Projected Expenditure £m	Variance £m
Staff costs	42.702	43.039		0.337
Other core costs	7.764	7.925		0.161
Stage 2 projected expenditure	3.591		3.620	0.029
Stage 2 contingency	0.407		0.378	(0.029)
<b>Total gross expenditure</b>	<b>54.464</b>	<b>50.964</b>	<b>3.998</b>	<b>0.498</b>
Fee income	(12.100)	(12.100)		0.000
Other income	(1.753)	(1.818)		(0.065)
<b>Total net expenditure</b>	<b>40.611</b>	<b>37.046</b>	<b>3.998</b>	<b>0.433</b>
Grant in Aid	(39.141)	(36.194)	(2.947)	0.000
<b>Projected deficit / (surplus)</b>	<b>1.470</b>	<b>0.852</b>	<b>1.051</b>	<b>0.433</b>
<b>General Reserve:</b>				
Opening	2.436	1.716	1.053	0.333
Less surplus / (deficit)	(1.470)	(0.852)	(1.051)	(0.433)
Accelerated Inspector Recruitment	(0.209)			0.209
<b>Closing Balance</b>	<b>0.757</b>	<b>0.864</b>	<b>0.002</b>	<b>0.109</b>
Target range minimum	0.505	0.505		
Target range maximum	0.757	0.757		
<b>Available reserve</b>	<b>0.000</b>	<b>0.107</b>		
Stage 2 Contingency c/fwd to 26/27 (if not needed in 25/26)			0.378	
<b>Stage 2 Reserve per Appendix 2</b>			<b>0.380</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	0.511	(0.196)
Other costs	2.566	2.795	0.229
<b>Total transformation costs</b>	<b>3.273</b>	<b>3.306</b>	<b>0.033</b>
Stage 1 Support costs	0.318	0.314	(0.004)
<b>Projected expenditure</b>	<b>3.591</b>	<b>3.620</b>	<b>0.029</b>
Contingency allowance	0.407	0.378	(0.029)
<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)	(0.673)	(0.380)	(2.000)
SG Grant	0.000	(2.222)	(2.947)	(1.457)	(6.626)
<b>Total funding</b>	<b>(0.922)</b>	<b>(2.247)</b>	<b>(3.620)</b>	<b>(1.837)</b>	<b>(8.626)</b>
<b>Budgeted expenditure (excluding contingency)</b>	<b>0.922</b>	<b>2.247</b>	<b>3.620</b>	<b>2.557</b>	<b>9.346</b>
<b>Current variance</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.720</b>	<b>0.720</b>
<b>Additional 2026/27 Funding Request</b>				<b>(0.720)</b>	<b>(0.720)</b>

## BOARD MEETING 11 NOVEMBER 2025

Agenda item 12  
Report No: B-27-2025/26



<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	
	<b>2.</b>	Draft Minutes of Finance and Resources Committee of 11 November 2025	
<b>Consultation:</b>	Not Applicable		
<b>Resource Implications:</b>	None		

**EXECUTIVE SUMMARY**

This report provides the Board with a summary of the business undertaken by the Finance and Resources Committee at its meeting on 11 November 2025 and highlights those matters being referred to the Board for consideration and decision. A copy of the draft minutes of the meeting is attached at Appendix 2, which gives more details on the business conducted.

**The Board is invited to:**

- |    |  |
|----|--|
| 1. | Note the summary points outlined in Appendix 1 and to note the contents of the draft minutes of the Finance and Resources Committee meeting of 11 November 2025. |
|----|--|

<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 11 NOVEMBER 2025

Agenda item 12  
Report No: B-27-2025/26

Equality Impact Assessment		
<b>Yes</b> <input style="width: 40px; height: 20px;" type="checkbox"/>	<b>Not Yet</b> <input style="width: 40px; height: 20px;" type="checkbox"/> (One is planned or is already in progress)	<b>No</b> <input checked="" style="width: 40px; height: 20px;" type="checkbox"/> <b>Reason:</b> Not Applicable

Data Protection Impact Assessment Screening		
<b>Yes</b> <input style="width: 40px; height: 20px;" type="checkbox"/>	<b>Not Yet</b> <input style="width: 40px; height: 20px;" type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	<b>No</b> <input checked="" style="width: 40px; height: 20px;" 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 11 November 2025. 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**

- Having received a very clear and concise quarterly update report from the Head of Finance and Corporate Governance, the Committee was assured that budget monitoring is being carefully managed. More detail has been outlined in the summary report presented to Board.
- As can be seen in the report being presented to Board, the Committee recommended that the annual procurement report be approved by the Board, having received a very positive update of procurement performance during 2024/25. The Committee wishes to highlight the extent of the work undertaken across the organisation, led by the finance and procurement team.
- The Care Inspectorate's approach to meeting its statutory climate change duties and contribution to national sustainability goals was outlined in a report which incorporated a draft sustainability plan. The Committee has considered the draft action plan and has agreed that, due to this being resource-dependent, presentation to Board should be postponed until the end of March, so that it can be aligned to the budget proposals at that time.
- There was extensive discussion around the information presented in the HR quarterly report, notably around sickness absence data where the Committee has asked for a clearer breakdown to show the percentage of staff off sick in each directorate in each quarter, and for this to be further split according to inspectors and team managers.
- Having raised concerns about resource and capacity challenges within the HR team, and the impact on development work (eg policies), the Committee has been assured that resources within HR are being closely monitored.
- In its review of the People Management Policy Schedule, the Committee has requested that the headings on the schedule be further modified to show the name of the policy, the review date, the publication date and any further work to complete - and for these to be Red/Amber/Green coded accordingly.
- As requested by the Committee in August, a modified version of the proposal for reporting on appeals sub-committee hearings was presented at the November meeting. The Committee has agreed to the approach that was presented in the revised proposal but has requested a further modification be made to the reporting template. The Convener will have some further discussion with the Head of HR to agree the timing of reporting, considering cumulative updates or on an annual basis.
- Having received proposals for and requested some modifications to the proposals for a staff governance framework, the Committee received a comprehensive presentation on progress from the Head of OWD. Members welcomed the overall approach and the Committee will be invited to consider a more robust set of metrics as plans for the framework develop.

- |   |
|---|
| <ul style="list-style-type: none"><li>• In private discussion, the Committee received an update from the Head of Finance and Corporate Governance on the pay remit for 2025/26.</li></ul> |
|---|

Issues referred for discussion/decision by the Board.
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- |  |
|--|
| <ul style="list-style-type: none"><li>• There were none arising from the August meeting.</li></ul> |
|--|

Audrey Cowie, Convener

Fiona McKeand, Executive and Committee, and Corporate Support Manager

## BOARD MEETING 11 DECEMBER 2025

Agenda item 13  
REPORT NO: B-28-2025/26



<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>	<b>1.</b>	Draft Minute of the Audit and Risk Committee Meeting of 13 November 2025	
	<b>2.</b>	Draft Minute of the Extra-Ordinary Meeting of the Audit and Risk Committee of 13 November 2025	
	<b>3.</b>	Quarterly Update to the Board on Business Undertaken by the Audit and Risk Committee	
<b>Consultation:</b>	Not Applicable		
<b>Resource Implications:</b>	No		

**EXECUTIVE SUMMARY**

The Board to note the draft minutes of the Audit and Risk Committee and Extra-Ordinary meeting which were held on the 13 November 2025 and the Audit and Risk Committee's Quarterly update to the Board.

**The Board is invited to:**

1. 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.
2. Note the contents of the Audit and Risk Committee's Quarterly update to the Board.

<b>Links</b>	Corporate Plan Outcome (Number/s)	N/A	Risk Register (Yes/No)	No
<b>For Noting</b>	<b>X</b>	<b>For Discussion</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"/>	<b>No</b> <input checked="" type="checkbox"/> Reason: Not Applicable.
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## BOARD MEETING 11 DECEMBER 2025

Agenda item 13  
REPORT NO: B-28-2025/26

Data Protection Impact Assessment Screening		
<b>Yes</b> <input style="margin-left: 10px;" type="checkbox"/>	<b>Not Yet</b> <input style="margin-left: 10px;" type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	<b>No</b> <input checked="" style="margin-left: 10px;" 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 13 November 2025.

Key issues discussed by the Committee:
<ul style="list-style-type: none"><li>• The <b>agreed</b> updated Annual Internal Audit Plan</li><li>• A positive internal audit report on Health, Safety and Wellbeing.</li><li>• A positive Quarter 2 Artificial Intelligence and Cyber Security report.</li><li>• The Delivery Reference Group update.</li><li>• A positive report on the Annual Enforcement Report 2024/25.</li><li>• The Committee's agreement that the Strategic Management Group should discuss the current status of Business Continuity and whether it should be included on the Risk Register.</li></ul>
Issues referred for discussion/decision by the Board
<p>The Board is invited to note the serious ongoing delay in the delivery of our external audit by Deloitte's which has meant that the process of the Committee making its recommendation to the Board regarding the Annual Report and Accounts was running seriously behind schedule.</p>

Bill Maxwell  
Convener



<b>Title:</b>	<b>PROCUREMENT UPDATE AND PERFORMANCE REPORT 2024/25</b>		
<b>Author:</b>	Gillian Berry, Finance and Procurement Manager		
<b>Responsible Director:</b>	Jackie MacKenzie, Executive Director of Corporate Services		
<b>Appendices:</b>	<b>1.</b>	<b>Draft Annual Procurement Report 2024-25</b>	
<b>Consultation:</b>	The Procurement Development Group considered the Annual Procurement Report at their meeting of 29 September 2025.  The Finance and Resources Committee considered this draft report at their meeting of 11 November and is recommending approval to the Board.		
<b>Resource Implications:</b>	<b>No</b>		

#### EXECUTIVE SUMMARY

This report provides an overview of our procurement performance for 2024/25. The Annual Procurement Report is appended to this report, which documents our progress towards achieving our strategic procurement objectives.

#### The Board is invited to:

1. Approve the draft Annual Procurement Report 2024/25 (Appendix 1)

<b>Links</b>	Corporate Plan Outcome (Number/s)	2,3,4	Risk Register (Yes)	1
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<b>For Noting</b>		<b>For Discussion</b>	X	<b>For Assurance</b>		<b>For Decision</b>	X
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## BOARD MEETING 11 DECEMBER 2025

**Agenda item 14**  
**Report No: B-29-2025/26**

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> An EIA has been completed for the overarching Procurement Strategy and this reports our performance in achieving our procurement strategic priorities.

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:</b> 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>

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.



**PROCUREMENT UPDATE AND PERFORMANCE REPORT 2024/25****1.0 INTRODUCTION/BACKGROUND**

The Care Inspectorate has a duty to ensure compliance with the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations. The Accountable Officer also has a specific responsibility to ensure compliance with the procurement section of the Scottish Public Finance Manual. This report provides an overview of procurement developments and reports on procurement performance for 2024/25.

**2.0 PROCUREMENT PERFORMANCE**

The procurement strategy and annual procurement report are part of the reporting landscape for organisations that have an estimated regulated procurement spend of £7m or more. Whilst the Care Inspectorate does not meet this criterion, we develop an annual procurement report and will publish it on our website as good practice.

The annual report is attached as Appendix 1.

**3.0 PROCUREMENT SHARED SERVICE FROM SCOTTISH GOVERNMENT**

We partner with the Central Government Procurement Shared Service (CGPSS) to benefit from both operational and strategic support to make help ensure the Care Inspectorate maximises value and performance from its third-party expenditure, manages risk and remains compliant with changing legislation and policy. This partnership provides benefits in further improving our procurement capability by providing specialist advice for more complex aspects of procurement.

The shared service is provided based on a Memorandum of Understanding.

**4.0 PROCUREMENT CAPABILITY**

Scottish Government assesses procurement capability through the Procurement and Commercial Improvement Programme (PCIP). The PCIP focuses on the policies and procedures driving procurement performance, and the results they deliver.

The PCIP includes Full, Medium and Lite Assessments and, for those bodies with an annual procurement spend of less than £7m, a Healthcheck.

The Care Inspectorate's last Healthcheck was completed in October 2024 and was a joint assessment with the Scottish Social Services Council. We scored green in all nine key areas assessed using a RAG assessment tool.

**5.0 IMPLICATIONS AND/OR DIRECT BENEFITS**

Sections 5.1 to 5.4 note the implications and direct benefits arising from this report.

**5.1 Resources**

There are no direct resource implications associated with this procurement update report. This section provides details of the Care Inspectorate's procurement performance for the year, and any benefits realised from procurement are incorporated into the 2025/26 budget.

The procurement processes in place are compliant with legal requirements.

**5.2 Sustainability**

The progress towards meeting our strategic and legislative sustainability priorities is reported in the Annual Procurement Report.

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

Efficient procurement will help secure best value from contracts awarded. This in turn means that the Care Inspectorate optimises the use of its resources to maximise the benefits of the work of the Care Inspectorate to people who experience care.

**5.4 Customers (Internal and/or External)**

The objectives of strategic theme 4 relate to our commitment to measure, monitor and publish our procurement performance. This report demonstrates how we carry out and monitor our activities in this area.

**6.0 CONCLUSIONS/NEXT STEPS**

This report summarises the developments in procurement over the last financial year. The Annual Procurement Report, Appendix 1, highlights that the Care Inspectorate continues to have very strong procurement capability.



# Annual Procurement Report 2024/25

Prepared by: Gillian Berry, Finance and Procurement Manager

Contact: 01382 207140

Approved by Board on: <<insert date>>

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## Glossary

## 1.0 INTRODUCTION

### 1.1 About the Care Inspectorate

The Care Inspectorate is a scrutiny body which supports improvement. That means we look at the quality of care in Scotland to ensure it meets high standards. Where we find that improvement is needed, we support services to make positive changes.

Our vision is that everyone experiences safe, high-quality care that meets their needs, rights and choices.

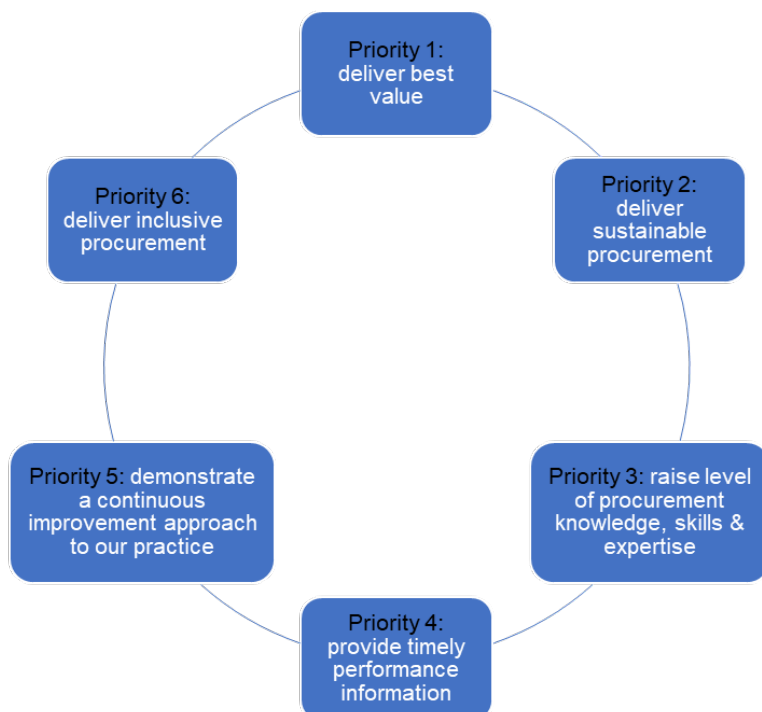
Our staff work across Scotland, specialising in health and social care, early learning and childcare, social work, children's service, and community justice.

We:

- inspect individual care services.
- inspect how care is provided across areas.
- support improvement and driving up standards.

## 2.0 PROCUREMENT STRATEGY

The Care Inspectorate and Scottish Social Services Council (SSSC) published a joint Procurement Strategy in 2023. This strategy covers the period April 2023 to March 2026 and is designed to take a responsible and sustainable approach to procurement. The strategy has the following key priorities:



The purpose of this report is to record and publish the Care Inspectorate's procurement performance and progress in delivering its procurement strategy.

### 3.0 KEY PRIORITIES

#### 3.1 Deliver Best Value

Relevant expenditure excludes the following:

- Payroll expenditure
- Internal spend - spend or cross charging between departments
- All direct payments to His Majesty's Revenue and Customs
- Shared services
- Reimbursement of travel and subsistence

Total Spend includes expenditure where there is no requirement for supplier competition. This is mainly rent and rates.

Procurement spend is governed by procurement legislation and internal procedures.

To make sure we achieve value for money in our procurement activity, sourcing strategies are developed for all regulated procurements.

The table below shows the value and volume of procurement activity for the year to 31 March 2025 (figures for the year to 31 March 2024 are shown for comparison):

	2024/25	2023/24
Total Spend	£8,481,367	£8,333,770
Total Procurement Spend	£5,789,311	£5,513,432
Total Invoice Value <sup>1</sup>	£8,481,367	£8,728,014
Number of Invoices	1,927	1,681
Number of Suppliers Paid <sup>2</sup>	358	393
Average Invoice Value	£4,401	£5,192

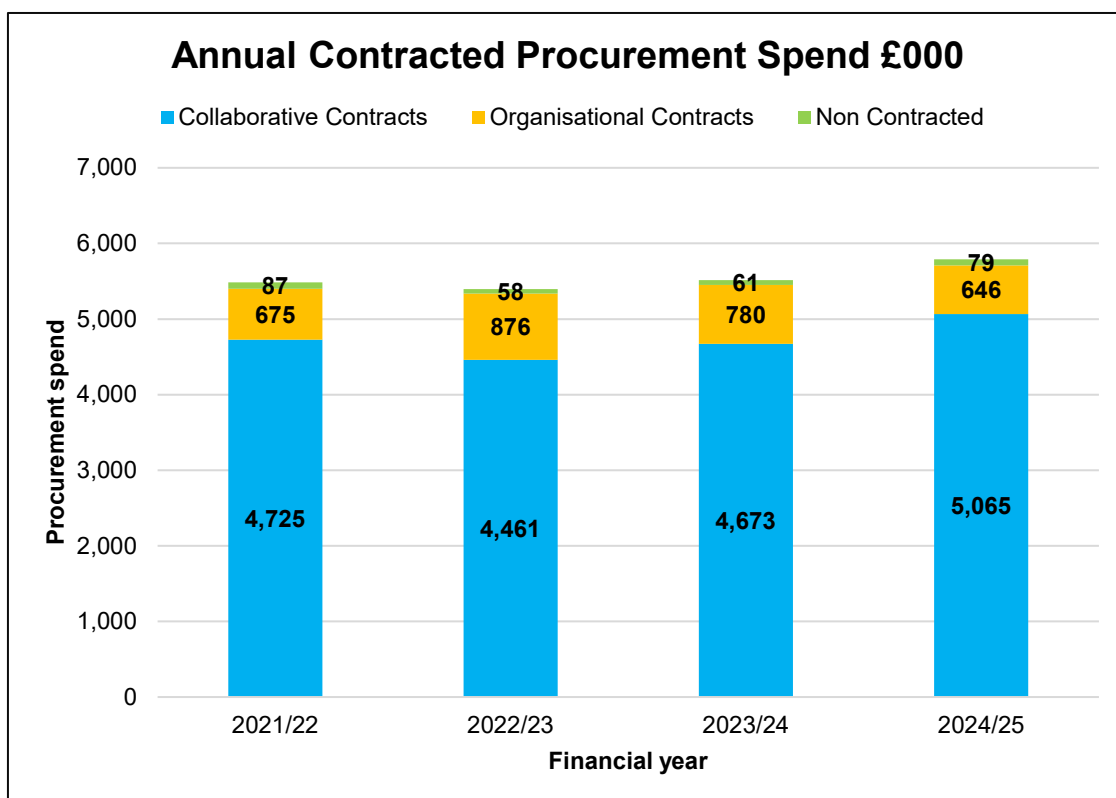
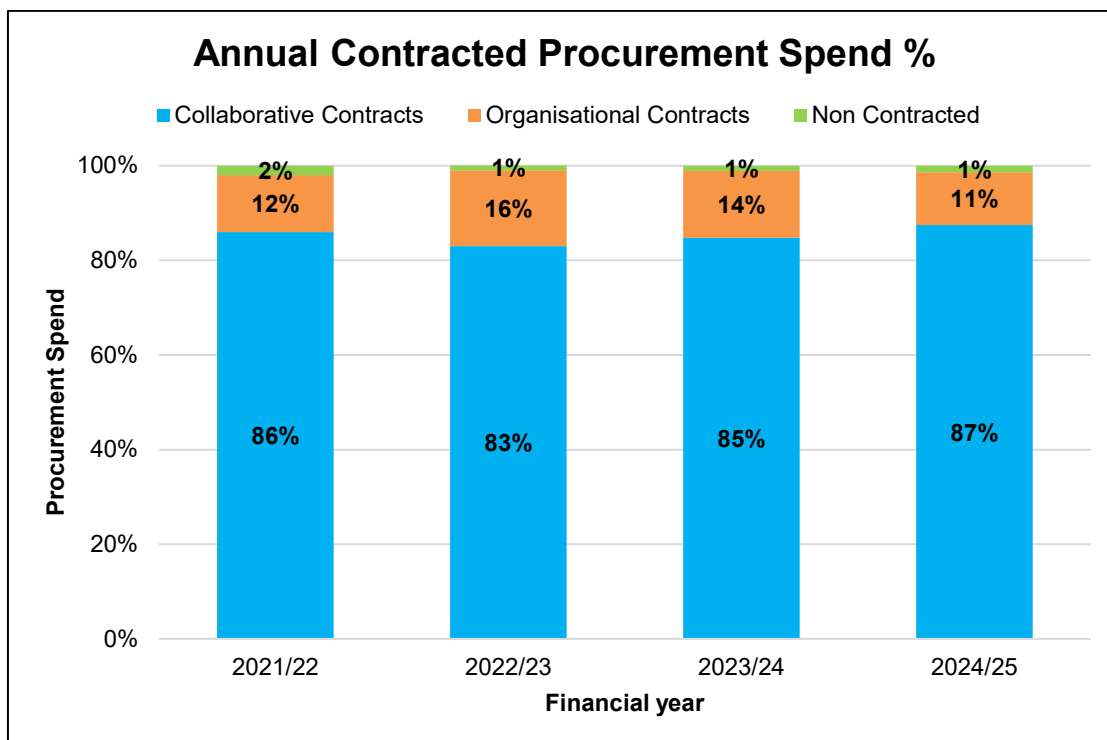
The analysis of procurement spend between spend on collaborative frameworks and spend on organisation owned contracts and frameworks is shown in the graphs below.

Contracted spend continues to be excellent with 99% of procurement spend compliant with our procurement thresholds (2023/24: 99%). The 1% classified as non-contracted spend represents spend with suppliers where there is no contract in place and an analysis of this is provided in 3.1.2.

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<sup>1</sup> The change in total invoice value is due to a change in the reporting model following the implementation of Oracle Cloud.

<sup>2</sup> The number of suppliers includes 138 paid by electronic purchasing card (2023/24: 140).



### 3.1.1 Collaborative procurement

We use collaborative frameworks wherever possible and only tender for our own procurement where there is not a suitable framework in place. Spend on collaborative procurement continues to represent the highest value of procurement

spend. During the year we have undertaken mini-competitions or continued to call off frameworks with the following contract or framework owners:

- Scottish Procurement and Property Directorate (SPPD)
- Advanced Procurement for Universities and Colleges (APUC)
- Scottish Prison Service
- Crown Commercial Services (CCS)
- Health Trust Europe (HTE)
- Eastern Shires Purchasing Organisation (ESPO)
- Yorkshire Purchasing Organisation (YPO)
- National Services Scotland (NSS)
- Audit Scotland
- Fusion21 (social enterprise)
- HMRC
- Kent County Supplies (KCS)

### **3.1.2 Non-contracted spend**

Non-contracted procurement spend is expenditure with suppliers who we do not have a contractual relationship with. This totals £78,690 (1%) of total procurement spend. This comprises:

	<b>£000</b>
Future requirement to be sourced through compliant procurement route	18
Spend now regularised	61
<b>Total</b>	<b>79</b>

All regulated procurement (contracts with a value of more than £50k) was compliant with our procurement guidance.

All non-compliant spend is addressed directly with the relevant officers.

### **3.1.3 Contract benefits realised**

We have calculated reported procurement savings following the 'Procurement Benefits Reporting Guidance' which was developed for the Scottish Public Sector.

We have realised savings totalling £0.343m (2023/24: £0.302m) from procurement during the year. This comprises £0.200m cash savings (2023/24: £0.178m) and £0.143m non-cash savings (2023/24: £0.124m). The highest savings were realised through collaborative arrangements for the following provisions:

- Document Storage and retrieval services
- Digital technology and cyber services
- Print Management and digital workflow software and associated services

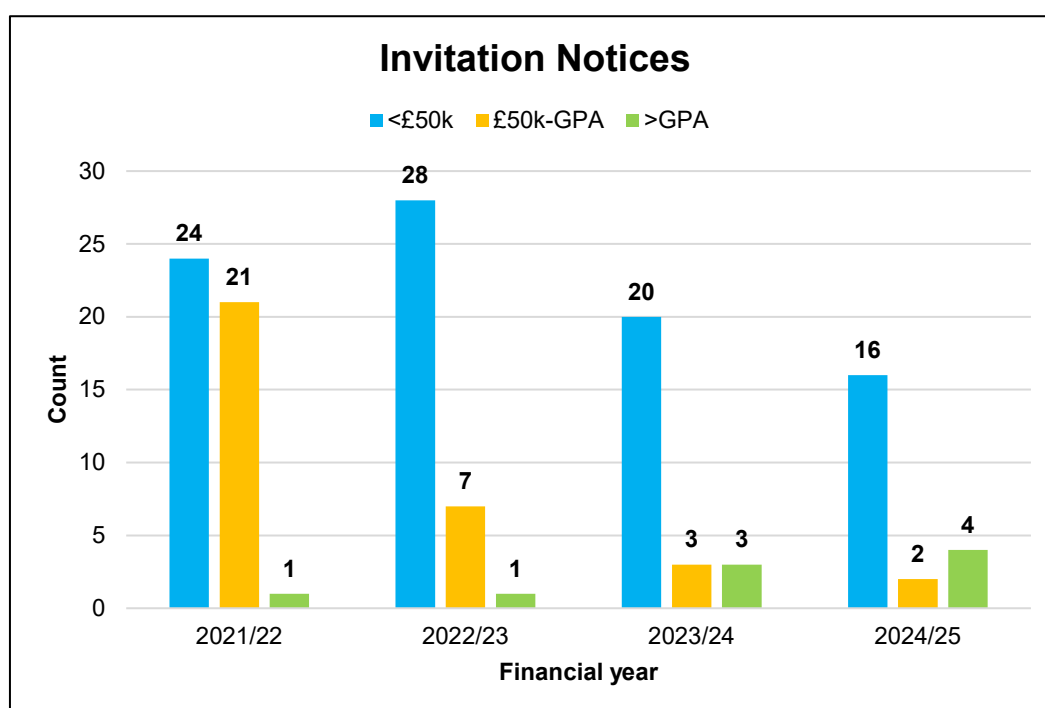


Sustainability benefits realised during the year are detailed in 3.2.

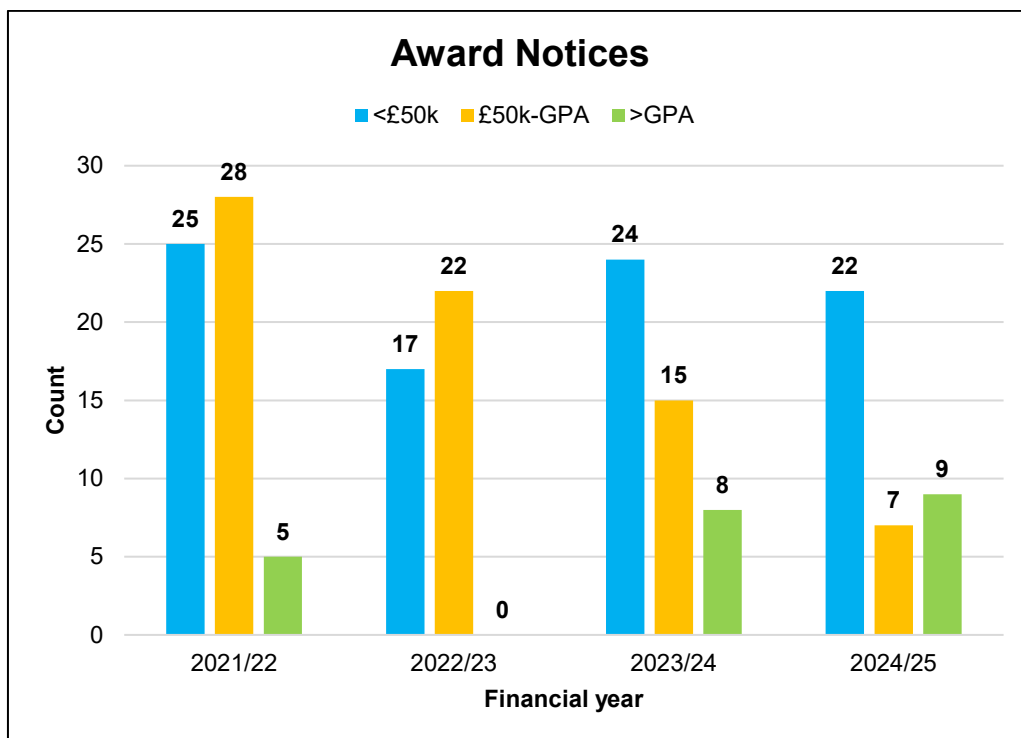
### 3.1.4 Summary of procurement activity

We are committed to making public procurement open and accessible to businesses, especially small and medium sized enterprises (SMEs), the third sector, supported businesses and not for profit organisations. Our tender opportunities greater than £10,000 are advertised electronically. Our contract register is publicly available on Public Contracts Scotland.

We published 22 invitation notices during the year. This excludes direct awards made within collaborative frameworks.



We awarded 38 contracts during the year. The awards greater than the Government Procurement Agreement (GPA) threshold were either direct awards through single supplier frameworks or contracts awarded using a Dynamic Purchasing System (DPS).



### 3.1.5 Forward procurement plan

We publish a two-year plan of our procurement activity to promote wider participation in our procurement process. This plan gives notice to suppliers of future opportunities and provides the following information:

- the subject matter
- whether it is a new, extended or re-let procurement
- anticipated route to market
- the expected contract notice publication date
- expected contract award date
- expected contract start date

### 3.1.6 Electronic purchasing card

We encourage purchasing and payment by electronic purchasing card (ePC) when paying for low value, high volume goods and services. There were 471 transactions (2023/24: 529) totalling £91,000 (2023/24: £72,646) using this method in 2024/25 with an average transaction value of £193.21 (2023/24: £137.33).

### 3.1.7 Invoice analysis

We processed a total of 1,927 invoices (2023/24: 1,681), totalling £8.481m (2023/24: £8.334m) during the year.

The increase in volume is due to an increase in low value invoices received during the year.

We continue to explore opportunities for consolidating invoicing and purchasing low value goods and services using ePCs, where savings are realised from the reduction in volume of invoices processed. The cumulative saving from this is £23k (2023/24: £22k) and is reported in the non cash savings in 3.1.3.

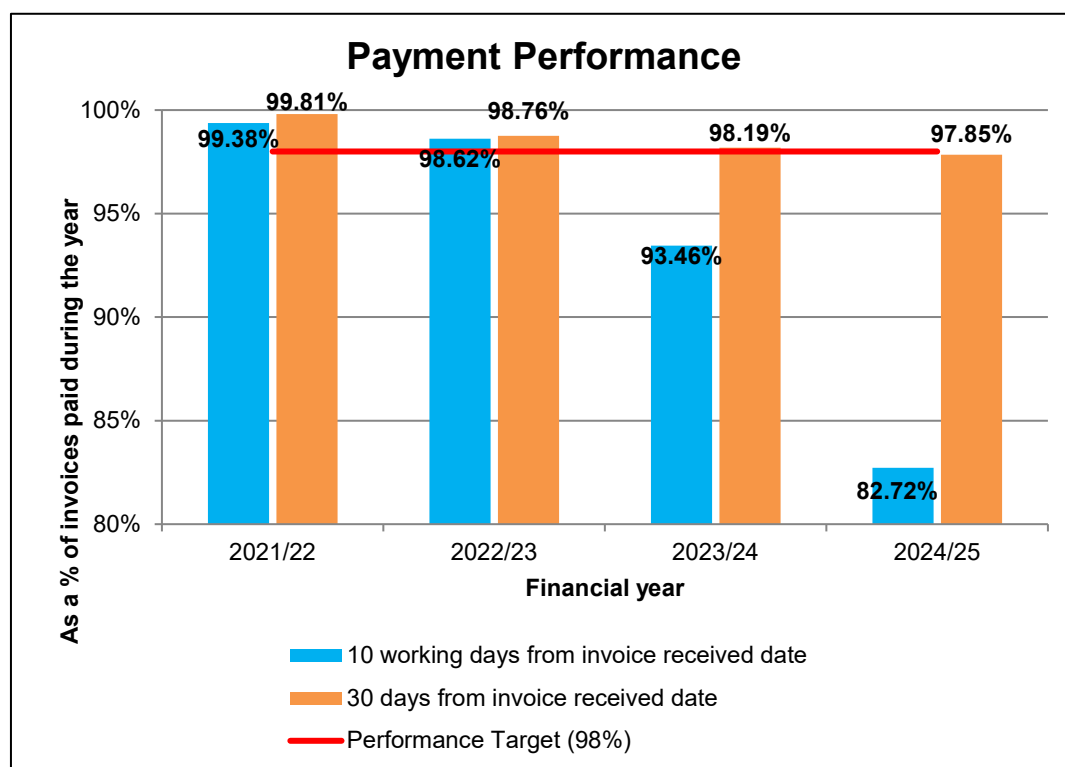
## 3.2 Deliver sustainable procurement

The Care Inspectorate has a duty to comply with the sustainable procurement duty as detailed in the Procurement Reform (Scotland) Act 2014. The procurement strategy details our sustainability priorities and our progress towards achieving those are outlined in 3.2.1 to 3.2.6.

### 3.2.1 Prompt payment to suppliers

We remain committed to paying our suppliers promptly and our payment performance continues to be maintained at a high level. 97.85% of suppliers were paid within 30 days of the invoice received date. However, the percentage of payments made within Scottish Government's 10 working day target has decreased to 82.72%. This reduction is primarily due to the ongoing rollout and development of the Scottish Government's Enterpricommse Resource Planning (ERP) system, Oracle Fusion, which has impacted processing efficiency during the transitional phase.

The following shows payment performance for the financial years 2021/22 to 2024/25.



### 3.2.2 Paying the living wage through regulated procurement

We promote fair work practices in all our tender documentation and are committed to promoting the payment of the Real Living Wage. The Care Inspectorate is an accredited living wage employer.

During the year, 16 regulated contracts or call-offs were awarded. Of these, seven suppliers confirmed payment of the Real Living Wage to all staff involved in the delivery of the contract, while a further five were accredited living wage employers. These suppliers deliver the following categories of purchases:

Category description	Award value £000
Property costs	741
IT costs	603
Transformation services	468
Temporary/interim staff	317
Corporate website	304
IT services	281
Professional services	92

### 3.2.3 Community benefits

We promote community benefits through our procurement activity where they are relevant and proportionate to the contract. Although no contracts were awarded that exceeded the reporting threshold of £4m, we continue to use Scottish Procurement and Property Directorate collaborative frameworks. These frameworks support the delivery of wider social value, including apprenticeships, work placements, community volunteering, science technology engineering and mathematics (STEM) learning and partnering arrangements.

Contracts awarded during the year include commitments from suppliers to deliver a range of community benefits, including :

- schools mentoring
- workday placements
- support for the Trussle Trust providing essentials for those who can't afford them.
- bi-annual collections for Smartworks, a charity providing provisions such as business attire and accessories for women from marginalised communities.

We also continue to promote and realise the following community benefits from existing call off contacts, which include the following:

- targeted recruitment/training for disadvantaged unemployed persons

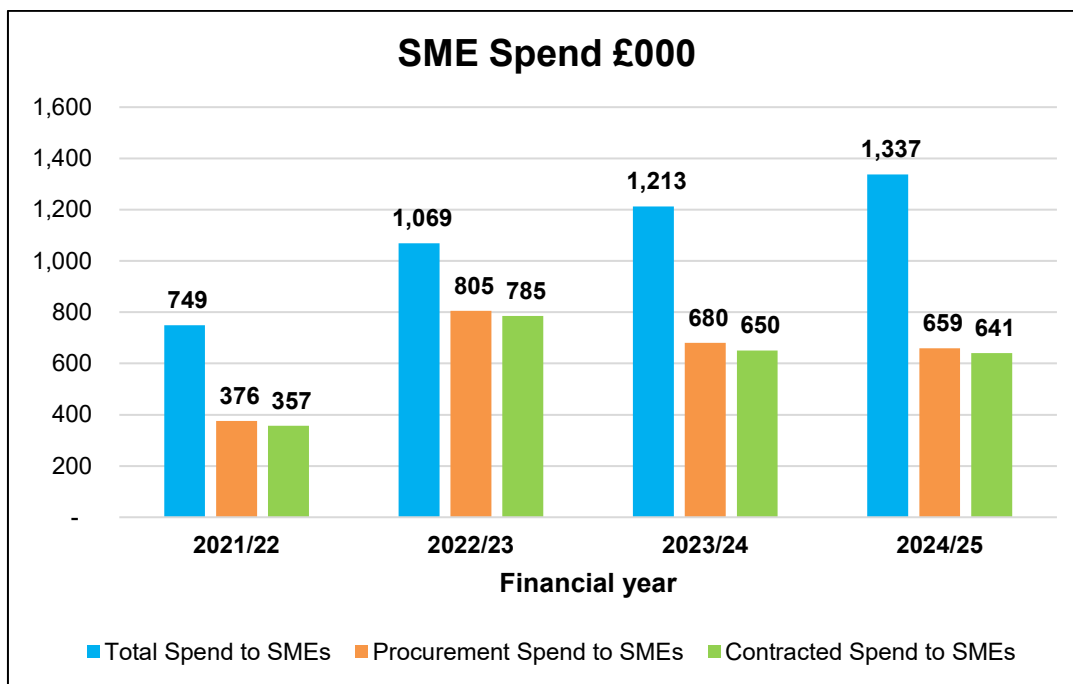
- provide opportunities for modern apprentices to be involved in the delivery of contracts.
- Pro-bono work for charities and third sector organisations
- Support for charitable organisations and events
- to participate in the Dundee Accelerator Programme and provide financial and specialist business improvement advice to assist fledgling companies to become market and investor ready.
- recruit school leavers providing opportunities to access Association of Accounting Technicians (AAT) and Institute of Chartered Accountants of Scotland (ICAS) professional training and membership.
- local employment
- additional jobs to long term unemployed
- work experience placements/training
- volunteering
- Work with numerous Trusts to share knowledge and learning
- Sponsorships and donations

#### **3.2.4 SME's local businesses, supported businesses and the third sector**

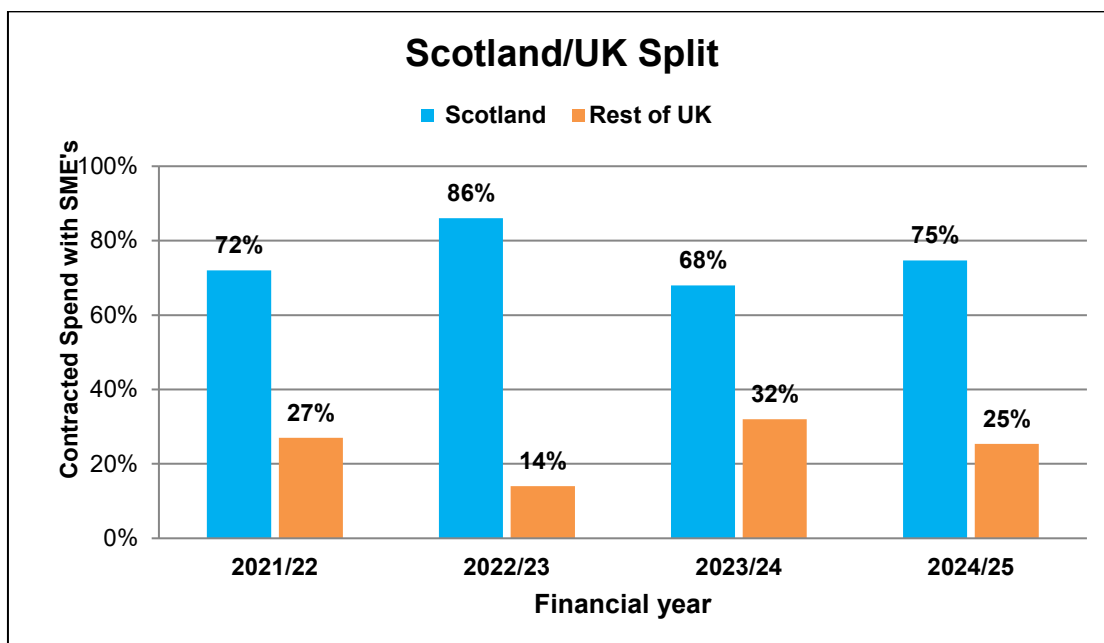
We continue to embed sustainability in our procurement practices. A directory of supported businesses is available on the Care Inspectorate intranet, offering contract details, website links and summaries of goods and services provided. Additionally, we direct staff to the Scottish Government's Supported Businesses Dynamic Purchasing System as a route to market for goods and services delivered by supported businesses.

We awarded one contract to a supported business in 2024/25 for the provision of signage.

We also capture spend with SME's, social enterprises and third sector suppliers. Our spend with these suppliers is £1.3m, representing 15% of our total spend (2023/24: 15%).



Further analysis of this spend between Scottish and other UK SMEs is represented in the table below:



### 3.2.5 Fair and ethical trading

We assess a bidder's suitability to be awarded the contract for all regulated procurement. This process considers if a bidder has been convicted of offences or committed any acts of professional misconduct which would exclude them from our procurement process. There were no tenders where mandatory or discretionary grounds for exclusion were applied.

Our standard terms and conditions allow us to end a contract if the contractor or subcontractor fails to keep to their legal duties in the areas of environmental, social or employment law when delivering the contract.

### **3.2.6 Other sustainability benefits**

We maintain a sustainability tracking tool where we capture sustainability benefits in our procurement activity. For 2024/25 the Care Inspectorate awarded six contracts and 32 call-off agreements where the following social, environmental and economic benefits were realised:

Environmental Benefits	<ul style="list-style-type: none"><li>• Vehicle emission reduction</li><li>• Carbon and energy consumption reduction</li><li>• Waste &amp; efficient resource consumption</li><li>• Carbon in production reduction</li></ul>
Socio-economic benefits	<ul style="list-style-type: none"><li>• Fair work first principles</li><li>• Fairly &amp; ethically traded goods</li><li>• Employment, skills and training</li><li>• Awards and subcontracting to SMEs &amp; micro businesses</li><li>• Communities</li><li>• Equalities within the workforce.</li></ul>

These benefits relate to regulated and lower value contracts and include the following:

1. All web based and proprietary client devices are produced in accordance with all International Labour Organisations (ILO) conventions.
2. Many of our contracts include the delivery of services remotely, reducing the carbon emissions and providing a cost benefit from the reduction in travel time and cost. Where services are delivered face to face, we encourage this to be locally based and to use public transport where possible.
3. The provider of our Service Design and Business/Data Architecture Services are a corporate partner with Scotland Against Modern Slavery (SAMS).
4. All confidential waste is either bailed, recycled or incinerated.
5. Recycling of used parts and toner cartridges relating to our Multi Functional Device.
6. Old tiles and packing of new tiles were in our carpet replacement programme.
7. Minimised waste through principles of sustainably sourced materials
8. Innovative packaging

Other sustainability benefits we continue to receive include:

- delivery of carbon neutral services
- emission reductions with the use of hybrid and electric vehicles for the delivery of onsite services

- supply of paper from sustainable chains and active promotion of carbon capture
- closed loop recycling preventing the use of single use plastic in the supply chain.
- energy consumption from certified renewable sources
- removal and recycling of packaging.

We have increased our purchase of green general office supplies by 24% in 2024/25 in comparison to 2023/24.

Additionally, we are working with our suppliers to capture carbon efficiencies for reporting in 2025/26.

### **3.3 Raise the level of procurement knowledge, skills and expertise**

We remain committed to staff development by equipping our staff with the relevant tools and practical experience to support the effective and efficient delivery of procurement responsibilities.

The Procurement Team maintain a central register of procurement training. Key activities undertaken during the year included:

- Team level training delivery sessions were delivered, making sure the training was meaningful and relevant.
- Our procurement team attended several external courses to maintain their up to date knowledge and share this with colleagues involved in procurement activities.
- Contract managers are appointed for all relevant contracts, with regular meetings held for key contract managers to monitor performance and ensure value for money.
- E-learning modules on contract and supplier management training are available on the Care Inspectorate's Learning Management System (LMS). This is complemented by a contract management handbook.
- Scotland Excel provided evaluation training for key staff involved in a high value, high risk procurement.
- Staff with delegated procurement responsibility are encouraged to complete climate literacy e-learning.
- Contract management information is collated bi-annually and maintained in a central register linked to the contract register.

Additionally, the Procurement Team has a key role in supporting staff to undertake lessons learned reviews to capture insights and inform future procurement activity. These are shared with the wider internal procurement community.

### **3.4 Provide timely performance information**

The Procurement Development Group (PDG) provides an opportunity for key procurers within the Care Inspectorate and SSSC to discuss best practice, new



developments and procurement plans with a specific aim of developing and improving procurement capability, and the effectiveness of our internal processes. The PDG informs the development of our internal procedures and reporting requirements, both internally and to Scottish Government.

A set of agreed performance measures are reported to this group bi-annually where progress against targets is reviewed, and solutions are sought for further improvement.

This report on annual performance is presented to our Senior Management Group, Finance and Resources Committee and our Board. We will incorporate feedback from this into the 2025/26 procurement action plan where required.

Outwith the above, we liaise with the relevant managers to address any areas of concern.

### **3.5 Demonstrate a continuous improvement approach to our practice**

The public procurement landscape and the economic environment is constantly evolving.

Our delivery of best value is supported by our continued relationships with Central Government Procurement Shared Service (CGPSS) and our Cluster Group. These relationships encourage partnership working through the sharing of knowledge and best practice. We also have a working relationship with Scotland Excel for the provision of procurement services in relation to support for the Care Inspectorate's digital transformation project.

### **3.6 Deliver inclusive procurement**

We remain committed to delivering procurement services that are equitable, fair, inclusive and accessible to everyone. Our approach makes sure our procurement is open to a diverse range of suppliers including small and medium sized enterprises (SMEs), the third sector, supported businesses and not for profit organisations.

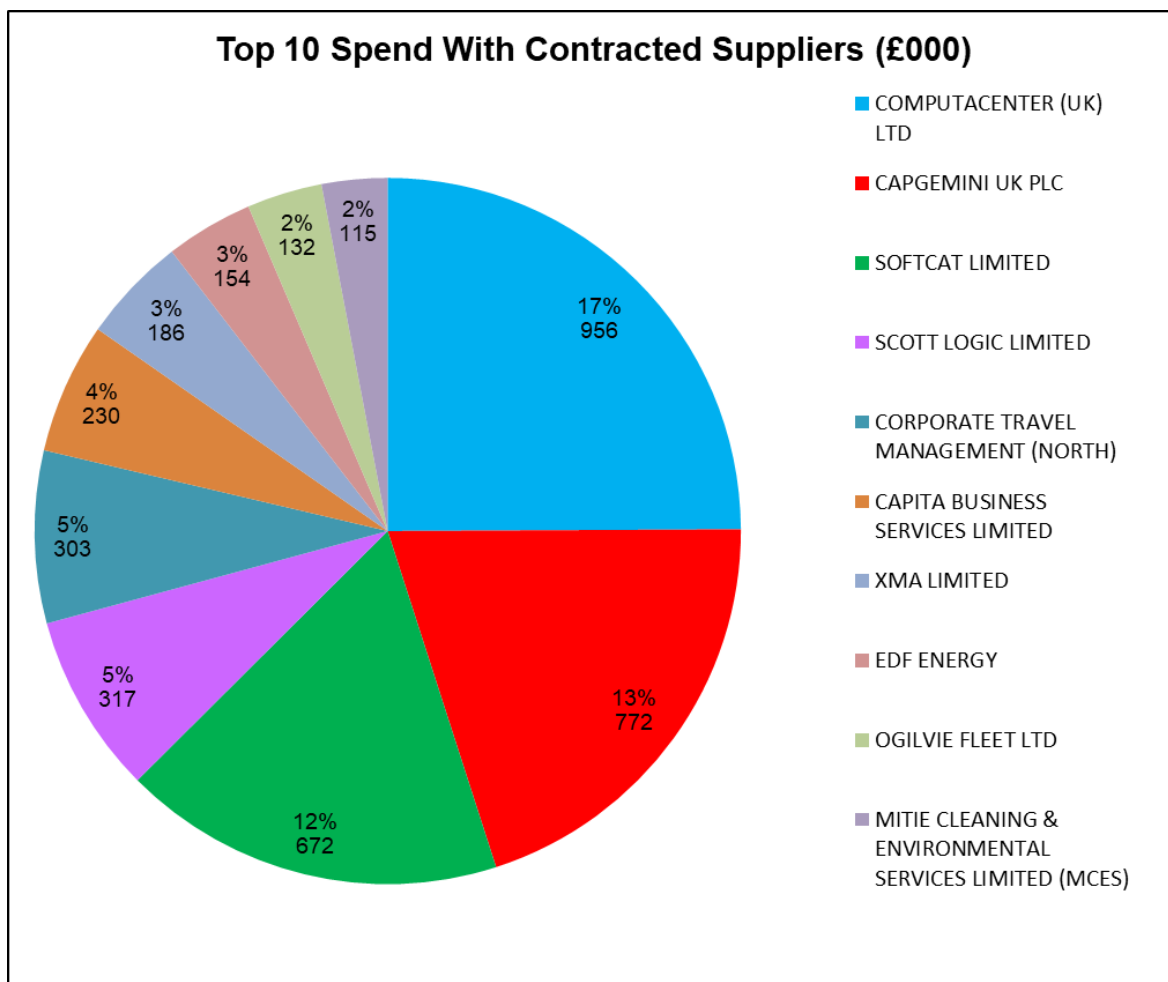
Tender opportunities greater than £10,000 are publicly advertised and our two-year forward procurement plan gives early visibility of upcoming contract opportunities..

We review the procurement business processes on a cyclical basis to make sure they are aligned with current legislation and meet the needs of the users. Business processes are amended to reflect the changing procurement landscape.

Service delivery is informed by the Scottish Government's procurement capability assessment, with the most recent being carried out in October 2024 where a green RAG status was received for all subject matter covered. We report on agreed performance measures and review our service delivery from internal feedback. This feedback informs continuous improvement help making sure that we deliver the right level and quality of service.

#### 4.0 TOP 10 CONTRACTED SUPPLIERS

Together, the top 10 suppliers account for 66% (2023/24: 62%) of our total procurement spend, and 67% (2023/24: 63%) of our contracted spend.



The top 10 contracted suppliers provide goods and services across the following categories of expenditure:

Spend category	Spend value £000
Information systems	2,094
Professional Services	795
Transport costs	435
Property costs	269
Telephones	174
Training & Development	46

Adv, publicity, subs & pubs	24
<b>Total</b>	<b>3,837</b>

## **5.0 SUPPLIER ACTIVITY**

Active suppliers are reviewed quarterly to make sure that only those we do regular business with are on our creditors' ledger. Suppliers not used for a period of 13 months are inactivated. Any requests to re-engage an inactive supplier requires completion of a procurement template to confirm compliance with procurement procedures. New suppliers are only created, or inactive suppliers reactivated, once this process is completed. This approach maintains compliant procurement practice to mitigate the risk of purchasing or supplier fraud.

The number of active suppliers as at 31 March 2025 was 198 (2023/24: 202).

## **6.0 CONCLUSION**

The Care Inspectorate continues to make good progress in delivering it's published procurement priorities. The procurement action plan, which underpins the procurement strategy, is updated to reflect organisational needs and strategic objectives. It's ongoing implementation will support continuous improvement and further development of procurement practice.

## Glossary

Term	Description
Call-off	Either mini competition or direct call-off from a collaborative framework using framework conditions.
CGPSS	Scottish Government Central Government Procurement Shared Service.
Collaborative Frameworks	A collaborative framework is a framework which has been awarded to meet the needs of a number of public sector organisations.
Community Benefits	Contractual requirements which deliver a wider social benefit in addition to the core purpose of the contract.
Contract spend	Spend which is compliant with Care Inspectorate procurement governance.
Dynamic Purchasing System (DPS)	An electronic process of pre-qualified suppliers for commonly used purchases which are generally available on the market, from which the Scottish public sector could invite tenders. As a procurement tool, it has some aspects that are similar to a framework agreement, however, it is a fully electronic process, and new suppliers can apply to join at any time.
GPA	Government Procurement Agreement. Applies to procurement of minimum estimated value equal to or exceeding certain specified financial value thresholds.
Living Wage	National minimum wage for workers aged over 25.
Non contracted	Spend not linked to a formal contract which is recorded on the contract register.
Own contracts	Contracts advertised and awarded by the Care Inspectorate.
Procurement Cluster Group	Group of Scottish Public Sector bodies of differing sizes who meet to discuss best practice, new developments and procurement plans. This facilitates the development of procurement capability within the Scottish Public sector.
Procurement spend	Spend which is influenced by Procurement governance arrangements.
Public Contracts Scotland (PCS)	Public procurement advertising portal where contract notices and awards are published.
RAG	Red, amber, green – visual indicator used to communicate the status of projects, tasks, performance
Regulated procurement	Procurement seeking offers in relation to a contract with a value of £50,000 or over.
Real Living Wage	Living wage calculated to be sufficient to provide the necessities and comforts essential to an acceptable standard of living. Applies to all workers over the age of 18.
SME	The usual definition of small and medium sized enterprises (SMEs) is any business with fewer than 250 employees.

Term	Description
Supported Business	A supported business' primary aim is the social and professional integration of disabled or disadvantaged persons. At least 30 per cent of the employees of those businesses should be disabled or disadvantaged.
Third Sector	Term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

## BOARD MEETING 11 DECEMBER 2025

Agenda item 16  
Report No: B-30-2025/26



<b>Title:</b>	<b>STRATEGIC RISK REGISTER MONITORING 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>Summary Strategic Risk Register</b>	
	<b>2.</b>	<b>Strategic Risk Register Monitoring Statement</b>	
<b>Consultation:</b>	<b>None</b>		
<b>Resource Implications:</b>	<b>No</b>		

**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 13 November 2025.

**The Board is invited to:**

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

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

**Equality Impact Assessment**

<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"/> <b>Reason:</b> No sensitive data is being processed
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**BOARD MEETING 11 DECEMBER 2025**

**Agenda item 16**  
**Report No: B-30-2025/26**

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

**Reason for Confidentiality/Private Report: N/A**

*(see Reasons for Exclusion)*

**Disclosure after: N/A**

<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 REPORT****1.0 INTRODUCTION/BACKGROUND**

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

**2.0 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. There has been early engagement with Health Finance over the 2026/27 budget. However, this position is still within the context of tight public funding and other competing priorities within the Health portfolio. We will continue to work with Sponsor and Health Finance towards increasing our assurance and improvement resource over 2025/26 and 2026/27.

The Sponsor has confirmed we will not receive details of or an indication of our 2026/27 funding until after the Scottish Government budget is announced on 13 January 2026.

This risk is at its target level.

**2.2 Strategic Risk 2 - Workforce Capacity**

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

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

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.

This risk exceeds its target level and has now done so for 19 months. The residual risk score is at the tolerance level (12 (High)). This tolerance level reflects there are no immediate mitigating actions that can be taken to reduce this risk. The risk tolerance will be reviewed again after 31 December 2025 by which time we should have increased our scrutiny capacity.



**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 46 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 33 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 20 months but is now 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 11 December 2025)**

No.	Risk Area	Corporate Plan	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Initial Residual Grade	Current Residual Grade
1	Financial Sustainability	SO 1,2,3,4	EDCS	16	High	6	Medium 9	Medium 6
2	Workforce Capacity	SO 4	EDCS	16	High	12	Medium 9	High 12
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
		<b>IMPACT</b>				

<b>Risk Score</b>	<b>Risk Grade</b>
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 11 December 2025														
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></p> <p>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></p> <p>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></p> <p>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	4	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 2025/26 and 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><li>vi.</li></ul>	<p>Appetite: cautious</p> <p>Target: <b>medium (6)</b></p> <p>Tolerance: <b>medium (10)</b></p> <p>Risk at target level</p> <div>Rating: <b>Green</b></div> <div>Response: <b>Accept</b></div>	EDCS
2	<p><b>Workforce Capacity</b></p> <p><b>What is the Potential Situation?</b></p> <p>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></p> <p>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</p>	4	4	16	H	4	3	12	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></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</li></ul>	<p>Appetite: cautious</p> <p>Target: <b>medium (6)</b></p> <p>Tolerance: <b>high (12)</b></p> <p>Review 31/12/25</p> <p>Above target but at tolerance level</p> <div>Rating: <b>Green</b></div>	EDCS

	<p>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 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>											<div>vi. Regular salary benchmarking</div> <div>vii. Partnership working agreement</div> <div>viii. Strategic Workforce Plan 2023 -26 and associated action plan agreed by Board</div> <div>ix. Triennial staff survey with PULSE surveys in between</div> <div>x. Dedicated recruitment team</div> <div>xi. Sponsor have awareness of the impact of inquiry workload demands</div> <div>xii. Completed a review of Inspector resource requirement and capacity</div>	<div>information (efficiency &amp; effectiveness)</div> <div>iv. Review of inspection frequency</div> <div>v. SQIAG developing holistic performance and resources monitoring approach across our scrutiny, assurance and quality improvement functions</div> <div>vi. Introduction of new performance monitoring dashboards</div> <div>vii. Recruitment of additional Inspectors to increase capacity</div>	<div>Response:</div> <div>Treat</div>	
3	<p><b>IT Data Access &amp; Cyber Security</b></p> <p><b>What is the Potential Situation?</b></p> <p>Our systems or data are compromised due to cyber security attack.</p> <p><b>What could cause this to arise?</b></p> <p>Low overall maturity in security policy, procedure and controls. Lack of security awareness training, failure to invest in the controls and infrastructure to limit, detect and respond quickly to threats.</p> <p><b>What would the consequences be?</b></p> <p>Serious disruption to business and operational activities, we are held to ransom or face significant fines, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud, additional scrutiny overhead.</p>	5	4	20	VH	3	4	12	H	High	↔	<div>In Place:</div> <div>i. IT security compliance monitoring and reporting to evidence the controls.</div> <div>ii. IT staff trained on security products in use, with dedicated security resource to develop plans</div> <div>iii. Active security controls aligned with NCSC guidelines Disaster Recovery plans in place to support data and system recovery</div> <div>iv. Cyber Security assessments (including Cyber Essentials+) maintained annually</div> <div>v. Routine security testing of internal and externally facing systems</div> <div>vi. Cyber Security Maturity baselined to a Defined/Managed level, with an improvement plan to develop towards a uniform Managed state</div> <div>vii. Information Security and Governance Working Group to</div>	<div>Further Actions:</div> <div>i. Phase 2 of the Cyber Security improvement plan, to develop security maturity towards a Managed state in 2025.</div> <div>ii. Develop IT staff cyber security awareness and technical training</div> <div>iii. Develop additional security controls and reporting capabilities</div> <div>iv. Managers versed on supporting a security incident response.</div> <div>v. Implement an Information Security Management System to evidence that all policy and controls in place are being actively managed.</div> <div>vi. Establish formal Security Objectives, Roles</div>	<div>Appetite: cautious</div> <div>Target: <b>medium (6)</b></div> <div>Tolerance: <b>high (12)</b></div> <div>Review 31/03/26</div> <div>Above target but at tolerance level.</div> <div>The Residual Risk Score is expected to reduce once the ISMS is in place and the improvement project can evidence the target state of Managed for Cyber Security Maturity and custom bespoke applications are removed from the estate.</div> <div>Rating: <b>Green</b></div> <div>Response: Treat</div>	EDDD

												<div><div>viii.</div><div>support org-wide security consultation Regular updates to Leadership teams and the ARC to provide assurance on Cyber Security improvements</div><div>ix.</div><div>Security awareness, engagement and training plans operate continuously across the year, with KPI compliance maintained</div><div>x.</div><div>A Managed Detection and Response service with 3<sup>rd</sup> party security partners, to support early detection.</div><div>xiv.</div><div>Cyber Champion role sponsorship for Cyber initiatives at Board level.</div><div>xi.</div><div>Application and Network infrastructure maintained to a supportable state.</div><div>xii.</div><div>Cyber Security Strategy developed to support the creation of an Information Security Management System.</div><div>xiii.</div><div>End-user (client) hardware managed to an agreed refresh cycle.</div></div>	<div><div>vii.</div><div>and Responsibilities across the wider organisation Projects established to improve Cyber Security of existing Cloud infrastructure.</div><div>viii.</div><div>Stage 2 project extended to replace all custom bespoke applications.</div><div>ix.</div><div>Project established to support the transition to the Public Sector Cyber Resilience Framework (PSCRF) as the standard measure of cyber maturity.</div><div>x.</div><div>Project established to support the maturing of the security controls used in Microsoft cloud infrastructure services.</div></div>		
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	↔	<div><div>In Place:</div><div>i.</div><div>Secondary RMS Platform for DR and Security Testing</div><div>ii.</div><div>RMS and eForms hosted on a supported cloud infrastructure platform</div><div>iii.</div><div>3<sup>rd</sup> party managed service contract in place to provide additional capacity and reduce the dependency on incumbent resource.</div></div>	<div><div>Further Actions:</div><div>i.</div><div>Provide a capability to provide access to data if legacy systems fail</div><div>ii.</div><div>Define procedures for the recovery of the legacy systems</div><div>iii.</div><div>Enhance legacy system testing.</div><div>iv.</div><div>Develop DR capability with 3<sup>rd</sup> party partners.</div><div>v.</div><div>Develop changes to bespoke system with new managed service</div></div>	<div><div>Appetite: Cautious</div><div>Target: <b>medium (6)</b></div><div>Tolerance: <b>medium (10)</b></div><div>Above target and tolerance level for 33 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.</div><div>Rating: <b>Red</b></div></div>	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>												partner, to support knowledge transfer and demonstrate a reduced dependency.	<div>Response:</div> <div>Treat</div>	
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> <ul style="list-style-type: none"> <li>i. Modelled time commitment for Operation Koper activity</li> <li>ii. Sponsor informed of this risk</li> <li>iii. Staff involved recording time spent on Inquiry / Koper work</li> <li>iv. Close monitoring of highest priority / risk scrutiny activity to ensure still undertaken</li> </ul>	<p>Further Actions:</p> <ul style="list-style-type: none"> <li>i. Improve our ability to report on impact on planned scrutiny activity</li> <li>ii. Review risk as impact has switched away from Inspector capacity towards leadership capacity</li> </ul>	<p>Appetite: cautious Target: <b>medium (6)</b> Tolerance: <b>medium (10)</b></p> <p>Above target but below tolerance level.</p> <div>Rating: <b>Green</b></div> <div>Response: <b>Accept</b></div>	<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

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



# BOARD

## DRAFT Schedule of Business 2025/26

BUSINESS TOPIC	5 June 2025	25 Sept 2025	11 Dec 2025	5 March 2026	26 March 2026 Private meeting for Budget
Chair's Report (quarterly)	✓	✓	✓	✓	
Chief Executive Report (quarterly)	✓	✓	✓	✓	
<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 (3 year cycle, next due 2026-29, to last meeting of Board cycle)</li> </ul>					
Strategic Workforce Plan 2023-2026: Annual Progress Report	✓				
Draft Corporate Plan 2026-Onwards (for comment)		✓			

BUSINESS TOPIC	5 June 2025	25 Sept 2025	11 Dec 2025	5 March 2026	26 March 2026 Private meeting for Budget
Draft Corporate Plan and performance measure ( <i>verbal update on progress</i> )			✓		
Final Corporate Plan (for approval)				✓	
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)	✓ (approval to extend tbc)	
Annual Procurement Performance Report			✓		
Equality Duty Reporting – Annual Progress Report				✓	
Annual Review of the CI's Financial Regs				✓	
<b>OPERATIONAL ITEMS</b>					
Estates Annual report ( <i>post-FRC meeting</i> )	✓				

BUSINESS TOPIC	5 June 2025	25 Sept 2025	11 Dec 2025	5 March 2026	26 March 2026 Private meeting for Budget
Partnership Agreement between CI and SSSC (for approval) Approval by correspondence but to be formally recorded at September 2025 public meeting.		✓			
Board and Committee Cycle 2026/27: meeting dates		✓			
Update on Capacity Planning Operational Dashboard (quarterly)			✓ (presentation)	✓	
Planning for BDE Programme 2026-27				✓	
Approval of Pay Remit for submission to Scottish Government (tbc)					
Approval of Compensation Payments (when required)					
<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 (taken to private meeting on xx/11/25)			
Draft 2026/27 Budget and Indicative Budgets					✓

Extra Private Meetings Added to Schedule:	Item(s)
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
12 February 2026	Inspection 2026/27