



Minutes

Meeting:	Finance and Resources Committee
Date:	12 August 2025
Time:	10.30 am to 1.00 pm
Venue:	By TEAMS
Committee members present:	Audrey Cowie, Convener Rognvald Johnson Ed McGrachan Naghat Ahmed Jenny Marshall (from item 8)
In Attendance:	Jackie Irvine, Chief Executive Jackie Mackenzie, Executive Director of Corporate Services (EDCS) Kenny Dick, Head of Finance and Corporate Governance (HoFCG) Lucy Finn, Head of HR (HoHR) Kirstine Rankin, Head of Organisation and Workforce Development (HoOWD) Fiona McKeand, Executive and Committee, and Corporate Support Manager (ECCSM) Donna Laing, Co-Chair Partnership Forum Carole Kennedy, Estates, Health and Safety Manager (EH&SM) Rosie Moore, Board member (item 10 only)
Apologies:	Charlotte Armitage, Board/Committee member Edith Macintosh, Executive Director of Assurance and Improvement (EDAI-EM) Gordon Mackie, Executive Director of Digital and Data (EDDD) Kevin Mitchell, Executive Director of Assurance and Improvement (EDAI-KM)

Item	Action
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PART A

(all Committee members and those In Attendance)

1.0 WELCOME

The Convener welcomed everyone to the meeting.

Version: 1_0	Status: Approved 11.11.2025	Date: 21.08.2025
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2.0 APOLOGIES

Apologies were as noted above.

3.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

4.0 MINUTES OF MEETING HELD 13 MAY 2025

The Committee **approved** the minutes of the meeting held on 13 May 2025 as an accurate record. These would be placed on the website for information.

ECSM

5.0 ACTION RECORD

The Committee reviewed the action record. It was noted that there were two actions from the previous meeting which had not been listed, however, these had since been dealt with through information provided in recent reports to the committee.

The Committee also noted that an action around hearings of appeals sub-committees would be covered under item 11 on the agenda and that the action record would be updated to reflect this.

ECCSM

It was also agreed to update the timescale of the action under item 6.1 of the meeting held on 30 January 2025.

6.0 MATTERS ARISING

There were no matters arising from the previous minutes.

FINANCE

7.0 BUDGET MONITORING AND STAFFING UPDATE – REPORT NO: FRC-09-2025/26

The Executive Director of Corporate Services introduced the report, which provided the quarterly information to the Committee on the projected 2025/26 financial position (based on the general ledger as at 30 June 2025) and incorporated an update on the staffing position.

The Committee was invited to consider the projected financial position and the risks that might affect that position, and to also note the financial position on the Stage 2 Digital Transformation project, which was outlined in the appendix to the report.

The Head of Finance and Corporate Governance drew members' attention in particular to staff costs where these were currently projected to be over budget by the end of the financial year. This

would be impacted by the acceleration of inspector recruitment but offset by vacancies throughout the year.

The Chief Executive explained that talks had been held with the Sponsor department around staffing, all efforts would be made to ensure that the Care Inspectorate end the year on budget in this area.

The Committee was given assurance that this was having the full attention of the Executive Team, and in discussion with Scottish Government Health Finance.

The Committee was assured that budget monitoring was being carefully managed and that concerted efforts were being made to maximise funding.

Having considered the information outlined in the report, the Committee had no further questions and noted the projected financial position and staffing update.

7.1 Agreement of points to be included in Budget Monitoring Summary Report to the Board

The Committee agreed that the summary report to Board should highlight the need to maximise funding and reduce the risk of overspend.

HoFCG

RESOURCES/PEOPLE

8.0 HR QUARTERLY REPORT - REPORT NO: FRC-10-2025/26

The Executive Director of Corporate Services introduced the report which provided the Committee with the quarterly update on HR activity undertaken in quarter one of 2025/26 and gave details of key HR metrics and workforce data. The Committee was invited to note the details and provide feedback on any other relevant information to be included in future reports.

At the meeting held in May, the Committee had noted its concern and support around the capacity issues being experienced by the HR team, and members were provided with an update on the position. Staff had returned from illness, a temporary HR adviser had also been brought in, and the recruitment team resource had been increased on a temporary basis. The Committee was advised that staffing levels had been addressed and it was anticipated that the balance was now more manageable.

The report provided details on the high level of complex case work being undertaken, as well as an update on recruitment.

The members had no further questions but the Convener asked if there was any indication of the reasons for sickness absence being

higher during May and June than the same time the previous year. The Head of HR explained that some other organisations had reported similarly and that there did appear to be an external trend.

The Committee expressed concern about the potential impact that workload pressures might be having on staff, with fewer resources, and the resulting levels of sickness absence. It was noted that the HR team had been involved in the processing of 150 consultations involving staff affected by office closures. The Chief Executive also added that pressures on staff, including senior leaders involved in the operational modelling, filtered down on top of individual's day jobs. The Strategic Management Group (SMG) had identified that Chief Inspectors and their staff needed more clarity on the Myview system around managing absence. This would assist them to access details in order to monitor sickness levels and the Head of Finance and Corporate Governance was looking at how Myview could provide improved management information in this area.

There followed discussion around worker stress, which was covered under the mental health category in the sickness absence reporting, and which the Committee had raised concerns with previously. It was recognised that this category was wide-ranging and included bereavement or stress caused by other personal circumstances, diagnosed cases and non-diagnosed cases, and was therefore very specific to each individual and often required input from HR to advise and support. The Committee was reassured by the supporting action being taken and that its concerns were being addressed.

By way of further information for future reports, the Committee requested that directorate sickness absence levels also be shown as a percentage of the total number within each directorate.

HoHR

The Committee was also advised that staff affected by the closure of the Paisley, Hamilton and Stirling offices had been supported through the individual consultation process, whereby they had been able to identify and accommodate any concerns raised. Some staff had been referred to occupational health to provide them with more support in relocating office base.

The Convener referred to the training for managers on managing absence and asked if there was potential to include guidance on exit interviews as part of this training, or through a separate session. There was also the question on how to encourage staff who were leaving the organisation to complete the exit interview questionnaire. The Head of HR explained that managers were prompted about exit interviews and leavers' individual letters included information about the exit questionnaire and options to complete this with or without their line manager. A new leavers protocol underpinning information and technology, and security and governance had just been signed off by the SMG and this would be widely communicated to all staff.

The Co-Chair of the Partnership Forum welcomed the more detailed communication to staff on the protocol and agreed that exit interviews were valuable to the organisation and therefore staff should be encouraged to complete the questionnaire. The Convener suggested there was perhaps a role for the trade unions to enhance staff understanding of the importance of this process. The PF Co-Chair agreed that this was something that trade unions already did and, if the staff member was a union member, with their agreement a copy would be provided to the Co-Chair as well. The Head of HR also explained that staff were always advised that the information they provided in the questionnaire was confidential and, should they not wish to have an exit interview with their line manager, there was the option of talking with HR instead.

The Committee noted the report and requested the additional information outlined above for future reports.

9.0 PEOPLE MANAGEMENT POLICY SCHEDULE – REPORT NO: FRC-11-2025/26

The Executive Director of Corporate Services introduced the report which provided the Committee with information on progress with the people management policy schedule for 2025-2026. It included:

- a summary of the current status of policies;
- an overview of how the HR team were managing policy updates over 2025-2026;
- details of the stage that each policy review was at, including Red/Amber/Green (RAG) coding as requested by the Committee; and
- additional information about which policies were contractual and needed to be approved by the Partnership Forum.

The Committee was invited to note the details and provide feedback on any further information that they deemed relevant for future reports.

The Head of HR provided more detail on the major policies which had seen good progress being made and these would be communicated to staff during August. It was noted that significant work was ongoing to ensure that policies were kept up to date with best practice and legislation.

There were no further questions from the members, but the Convener referred to the RAG coding presented in the appendix and recommended that this also be used to show progress across each of the columns, so that members could see if the whole process had been completed or not, i.e. if review was completed (green) but there was still work to be done on publication and / or training (amber / red).

HoHR

With this change agreed, the Committee noted the report.

Version: 1_0	Status: Approved 11.11.2025	Date: 21.08.2025
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10.0 UPDATE ON WHISTLEBLOWING POLICY/GUIDANCE – REPORT NO: FRC-12-2025/26

The Executive Director of Corporate Services introduced the report which provided the Committee with an update on the status of the Whistleblowing Policy/Guidance at the Care Inspectorate. It explained how this related to internal processes and how the policy/guidance linked to the updated Code of Conduct. The Committee was asked to note this update.

The report outlined how whistleblowing against care services would be set out as **guidance** whilst for internal whistleblowing, this would be set out in a **policy** to expand comprehensively on the guidance and make things clearer for staff, both in terms of content and status of the document. The policy would also make clear the role of the Board level Whistleblowing Champion. Within the revised Code of Conduct there would be reference to the whistleblowing policy, with a hyperlink to the document itself.

The Board whistleblowing champion raised a point regarding communication of the policy to staff, including through posters and sign-posting to the Board champion and the need to ensure that staff had a full understanding of what constituted whistleblowing. The Committee was assured that communication around the policy would be both supported and formally launched by the Communications team.

The Convener also requested that, under section 2.1, referring to the updated Code of Conduct, this should also include reference to 'non-compliance with professional codes of practice', as a reason for raising a concern, as this was different to 'malpractice'. This was agreed and also that details of the role of the Board whistleblowing champion should be included within the policy.

HoHR

With these additional points agreed, the Committee noted the report.

11.0 PROPOSALS FOR REPORTING ON OUTCOMES AND LEARNING FROM APPEALS SUB-COMMITTEES – REPORT NO: FRC-13-2025/26

The Executive Director of Corporate Services introduced the report which invited the Committee to consider a proposal on how best to capture outcomes and learning from appeals heard by a Board sub-committee and how assurance could be provided that panel recommendations were being acted upon.

The report provided an overview of the sub-committee arrangements currently in place and how many appeals had taken place over recent years. The proposal for the presentation of information was based on a template used by the organisation's internal auditors and its aim was to provide high level reporting to

the Committee, whilst observing confidentiality of individuals concerned.

There was some discussion on what balance could be struck between confidentiality and high level reporting, and having sufficient detail from which to derive learning. The Head of HR explained that, where there was operational learning on processes, for example, this could be reported to the Committee and recorded what actions were being taken in order to give a level of assurance to members. The Committee welcomed this and requested that the heading in the first column of the table under section 3 of the report be changed to read "System Level Recommendation".

HoHR

The Committee recognised the need to exclude any confidential information but where, for example, short-comings in the use or availability of processes and procedures or communication were apparent, that these be highlighted as lessons learned and an action plan agreed.

The PF Co-Chair agreed that retaining confidentiality was crucial but hoped that there would be an overview by the Committee to identify any trends regarding the types of issues resulting in appeals being lodged.

Following further discussion, the Committee agreed that an annual report, as outlined in the proposal, was too long a reporting timeframe. Instead, a report should be submitted to each meeting to inform members of the number of appeals sub-committee hearings during each quarter and the lessons learned with actions planned to address. This would ensure that the Committee had good oversight. In addition, an annual report should be submitted to enable a review of how the arrangements were working in practise. These new reports would be added to the Committee's schedule of business.

ECCSM

The Chief Executive also explained that time was built into the conclusion of each appeal hearing to enable Board members on the panel to determine what learning they considered had been gained.

In summary, the Committee did not approve the proposal as presented in the report but requested that a revised version be circulated for approval by email, with the inclusion of suggestions made and quarterly and annual reporting arrangements.

HoHR/
ECCSM

12.0 PROPOSALS FOR STAFF GOVERNANCE FRAMEWORK – REPORT NO: FRC-14-2025/26

The Executive Director of Corporate Services presented the report which explored the potential for a staff governance framework in the Care Inspectorate, based on good practice learning from the NHS and their staff governance framework. The paper had been developed in response to feedback from the Committee and invited

members to consider and give feedback on the proposals for the framework.

The Convener expressed support for the framework in existence relating to people governance but recommended that there should be an appendix added to demonstrate how the Care Inspectorate's arrangements mapped against the NHS Scotland Staff Governance Standard. It was also agreed that the proposal should cover how compliance would be audited and that the Committee should have further discussion around that. There were no further questions from the Committee.

HoHR/HoOWD

In summary, the Committee welcomed the proposals for a staff governance framework but indicated the need for the noted adjustments to be made and brought to the November meeting for further discussion.

The Chief Executive also highlighted, where there was reference to the NHS Boards being responsible for demonstrating that staff were involved in decisions, that for the Care Inspectorate the wording should read "involved in decisions that affect them". It was important that the right staff should be involved in decision-making and for there to be clarity around relevance to their roles. It was noted that the revised proposal would be considered by the SMG in advance of the next Committee meeting, as well as going to the Partnership Forum.

13.0 HEALTH AND SAFETY ANNUAL REPORT 2024/25 – REPORT NO: FRC-15-2025/26

The Executive Director of Corporate Services introduced the report which provided an overview of the organisation's health and safety performance for 2024/25. It also summarised the Health and Safety plans for 2025/26. The Committee was invited to note the information.

One of the areas highlighted by the Estates, Health and Safety Manager was the reduction in the number of Display Screen Equipment (DSE) assessments that had been undertaken, although the completion rate for the mandatory online training was high. The Committee was advised that DSE assessments would be a priority for 2025/26.

In response to a question from the Committee about health and safety arrangements in shared office space in the new Glasgow location, members were advised that the Care Inspectorate did carry out its own office risk assessments. Individual staff had also been consulted in the lead-up to office moves about any health and safety concerns they wished to raise. The Care Inspectorate's Health, Safety and Wellbeing Committee (HS&WC), which included staff and trade union representatives, also provided a good operational level overview.

There was some discussion around specific risk assessments, specifically those involving stress and mental health, where it was explained to the Committee that only cases of stress which were directly related to work would undergo a specific risk assessment covering this condition. There were, however, other routes available to staff instead of completing a risk assessment, including referral to occupational health and the Employee Assistance Programme. As Chair of the HS&WC, the Executive Director of Corporate Services explained that this issue had been discussed with members of that committee previously but that it could be added as a matter for further discussion at the next HS&WC meeting.

EDCS

There was also some discussion on individual reasonable adjustments and if this might be an area that could be reported on in more detail. The Estates, Health and Safety Manager explained that this was reported on to the HS&WC and if the Finance and Resources Committee felt it would be of added value to the annual report, then this information could be included. The Executive Director agreed that this would give further assurance to the Committee of the extent of support being provided to staff through implementing health and safety-related reasonable adjustments.

EH&SM

The Committee welcomed this, and noted the comprehensive report.

STANDING ITEMS

14.0 UPDATE ON NEW STRUCTURE (VERBAL)

The Chief Executive advised the Committee that there was nothing significant to report. A meeting with the Sponsor department the following week would discuss the arrangements for a meeting with the Chief Nursing Officer, as a follow-up to a previous meeting, which had been reported to the Committee.

The Committee noted this update and had no further questions.

15.0 IDENTIFICATION OF RISK

The Committee agreed that there were no new risks arising from the business discussed.

16.0 FINANCE AND RESOURCES COMMITTEE HIGHLIGHTS FOR THE BOARD

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

Convener/
ECCSM

- Budget monitoring (through the summary report to Board)
- The Committee's consideration of the HR quarterly data and the People Management Policy Schedule
- The update on whistleblowing policy development
- The proposals for learning from appeals sub-committee hearings and presentation of information through quarterly reports
- The proposals for a staff governance framework, with further discussion
- Noting of the annual health and safety report

17.0 SCHEDULE OF COMMITTEE BUSINESS 2025/26

The Committee reviewed and noted the schedule of business.

18.0 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

PART B (for specific excluded items)

There were no excluded items for this meeting.

19.0 CLOSE OF MEETING AND DATE OF NEXT MEETING

The Convener closed the meeting, thanked everyone for their contributions and noted the next meeting would be held on Tuesday 11 November 2025 at 10.30 am by TEAMS.

Audrey Cowie
Convener