



A Meeting of the Care Inspectorate Board is to take place from
10.30 am – 12.45 pm on Thursday 25 September 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 5 June 2025 (paper attached)	
5.	Action Record of Meeting held 5 June 2025 (paper attached)	
6.	Matters Arising	
7.	Chair's Report – Report No: B-11-2025/26	10.40 am
8.	Chief Executive's Report – Report No: B-12-2025/26	10.45 am
	STRATEGY AND POLICY	
9.	Corporate Plan 2026-2031 - Report No: B-13-2025/26	10.50 am
10.	Strategic Risk Register Monitoring 2025/26 - Report No: B-14-2025/26	11:10 am
	MONITORING AND GOVERNANCE	
11.	Monitoring our Performance 2025/26 Quarter 1 Report – Report No: B-15-2025/26	11.20 am
12.	Budget Monitoring Summary Report – Report No: B-16-2025/26	11.30 am
13.	Finance and Resources Committee Update to the Board – Report No: B-17-2025/26	11.35 am

14.	Audit and Risk Committee Update to the Board – Report No: B-18-2025/26	11.45 am
B R E A K		11.55 am
15.	Complaints About Care Services in Scotland 2019/20 to 2024/25: Annual Statistical Bulletin – Report No: B-19-2025/26	12.05 pm
16.	Children’s Rights, Care Experience And Corporate Parenting Plan 2024-2027 – Annual Update – Report No: B-20-2025/26	12:15 pm
17.	Delivery Reference Group (DRG) 17.1 Update from Chief Executive and Chair of the DRG 17.2 Extension of the Delivery Reference Group- Report No: B-21-2025/26	12.25 pm
OPERATIONAL		
18.	Board and Committee 2026/27 Cycle: Proposed Dates – Report No: B-22-2025/26	12.35 pm
STANDING ITEMS		
19.	Strategic Risk Register Monitoring (taken under item 10 above)	
20.	Board Schedule of Business (paper attached)	
21.	Any Other Competent Business 21.1 Partnership Agreement between Care Inspectorate and Scottish Social Services Council	12.40 pm
22.	Close of Public Meeting and Date of Next Board Meeting: Thursday 11 December 2025 at 10.30 am at Compass House, Dundee (in person)	12:45 pm



BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments Completed
Actions from 15 August 2024					
10.0	COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2019/20 TO 2023/24: A STATISTICAL BULLETIN - REPORT NO: B-19-2024/25	Consider thematic analysis of the variation in rate and number of complaints received across Scotland's local authority areas relating to care homes for older people. Consider if this might be useful information to provide to COSLA.	Intelligence and Analysis Manager	For the next Complaints About Care Services annual report – due September 2025	Completed
Actions from Public Meeting on 13 February 2025					
9.0	CORPORATE PLAN 2026 ONWARDS REPORT NO: B-42-2024/25	Additional time to be built into the analysing of the consultation responses in the autumn.	HoCPC	In accordance with timeline	Work ongoing Update: Report to September Board

19.0	PLANNING FOR BOARD DEVELOPMENT EVENT PROGRAMME 2025/26 - REPORT NO: B-50-2024/25	Updated programme to be circulated via e-mail to members for Board approval.	ECCSM		<p>Updated programme added to agenda for BDE being held on 24 April 2025</p> <p>Status at 28/5/25 Awaiting approval/feedback on redrafted programme</p> <p>Status as at 6/8/25 Agreement of final programme made by Chair and CE. Emailed to members.</p> <p>Completed</p>
Actions from Public Board held 5 June 2025					
4.0	MINUTES OF MEETING HELD 13 FEBRUARY 2025	Bullet point to be added under item 10 (details as outlined in the minutes)	ECSM	Immediate	Completed
5.0	ACTION RECORD	Action under item 10 of the meeting held on 15 August, to be recorded as complete, following update provided by the CE.	ECSM	Immediate	Completed

8.0	CHIEF EXECUTIVE'S REPORT - REPORT NO: B-02-2025/26	<p>Care Inspectorate's response to the consultation run by the Scottish Social Services Council on proposals to expand its register to be circulated to the Board.</p> <p>Learning Review of the Care Inspectorate's response to the Covid-19 Pandemic – consider how this might be scheduled within the current BDE programme, which is still to be confirmed by the Board.</p>	<p>HoCPC/ECSM</p> <p>Chair/CE/ECSM</p>	<p>Immediate</p> <p>Discussion date to be confirmed</p>	<p>Emailed to Board on 5/6/25 Completed</p> <p>With agreement from Chair and CE, topic added to BDE programme Completed</p>
9.0	MONITORING OUR PERFORMANCE 2024/25: QUARTER 3 REPORT - REPORT NO: B-03-2025/26	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.	CE		
11.0	COMPLAINTS ABOUT THE CARE INSPECTORATE: ANNUAL REPORT 2024/25 - REPORT NO: B-05-2025/26	<p>Further consideration, as part of the discussion on the new corporate plan, to include a key performance indicator related to complaints about the Care Inspectorate. To be considered at the Board Strategic Event in September.</p> <p>Any further questions on the report to be channelled through the Chair by email.</p>	<p>HoCPC</p> <p>Board members</p>	<p>As part of planning timeline for BDE on 25/9/25</p> <p>Immediate</p>	<p>Completed</p> <p>No further comments received. Completed</p>

13.0	FINANCE AND RESOURCES COMMITTEE UPDATE TO THE BOARD (MEETING HELD 13 MAY 2025) – REPORT NO: B-07-2025/26	Learning session on the process of establishing appeals sub-committees to be added to the Board Development Event programme for 2025/26. Discussion required between Chair/CE/ECSM/HoHR regarding event schedule.	Chair/CE/ECSM/HoHR		Added to BDE programme Completed
14.0	DELIVERY REFERENCE GROUP – MEETING HELD 21 MAY 2025	Notes of the meeting held 21 May 1015 to be provided by the Group Chair and thereafter circulated to Board members, along with the agreed terms of reference.	P Gray/ECSM	Immediate	Emailed to Board on 6/6/25 Completed
15.0	UPDATE ON NEW STRUCTURE	Sufficient coverage of this item through the Board committees, therefore remove from Board agenda	ECSM	Immediate	Completed
19.0	ANY OTHER COMPETENT BUSINESS	In relation to the Monitoring our Performance report under item 9, consider obtaining information on the numbers of inspection volunteers involved in each type of care service area, ie adults, children and young people, etc. Redevelopment of CI website – link to survey to be circulated to the Board.	I&AM HoCPC/ECSM	Pending collation of the information. Immediate	Information emailed to Board members on 18/6/25 Completed Link emailed on 11/6/25 Completed

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 25 SEPTEMBER 2025

Agenda item 7
Report No: B-10-2025/26



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

EXECUTIVE SUMMARY

This Chair's update will sum up some of my activities since the public Board meeting held on 5 June 2025.

The Board is invited to:

- Note the information contained in this report.

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

Equality Impact Assessment

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

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input checked="" type="checkbox"/> Reason: There are no data considerations or no sensitive data is being processed.
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BOARD MEETING 25 SEPTEMBER 2025

Agenda item 7
Report No: B-10-2025/26

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

Reason for Confidentiality/Private Report:

Not applicable - this is a public board report.

Reasons for Exclusion	
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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 REPORT**1.0 FINANCE AND RESOURCES COMMITTEE**

Our Finance and Resources Committee continues to make good progress with a wide range of topics actively discussed and assessed by all involved, not least of which is enhancing our understanding of the core relationships between our people and financial resources. As the Committee becomes increasingly embedded within the organisational culture across both Board and Executive teams, it will continue to evolve and deliver increasing value. Looking ahead, the Committee is expected to navigate several complex challenges where a delicate balance must be struck between financial priorities and the needs of our workforce. I am looking to this Committee to focus heavily in this space and to keep the wider Board well informed and risk aware, highlighting not only emerging risks and challenges, but also the considerable number of opportunities.

2.0 MEETING WITH MINISTER FOR SOCIAL CARE AND MENTAL WELLBEING

I was delighted to meet our new Minister, Tom Arthur, who replaces Maree Todd. It was reassuring to hear the Minister's commitment to social care and support for the diversity of work we perform within the Care Inspectorate across Scotland. I look forward to further meetings with the Minister, developing a wider understanding of his, and Scottish Government's priorities and the direction of travel for the sector in the months and years ahead.

3.0 JOINT CARE INSPECTORATE/SCOTTISH SOCIAL SERVICES COUNCIL MEETINGS

Our Chief Executive and I continue to meet regularly with Peter Murray (Convener) and Maree Allison (Chief Executive) to discuss a broad range of topics and issues where commonality and shared understanding and support are tantamount to how both organisations operate and function.

These sessions often result in the sharing of best practice and sharing of insights which each of us have gleaned from across the sector. Moreover, we are starting to progress how we can share data to better understand what is happening in the sector across Scotland and how this might shape the work we do independently, or collaboratively. Further outputs from this will be shared across both organisations in due course. I look forward to further exciting developments that will continue to emerge from these meetings.

4.0 HEALTHCARE IMPROVEMENT SCOTLAND PRIDE NETWORK STEERING GROUP

In July, I was delighted to be invited to attend the Healthcare Improvement Scotland (HIS) Pride Network Steering Group. This was broadly attended by various HIS team members alongside Evelyn McPhail (Chair of HIS) and myself. It was an open event which I felt privileged to sit in on and contribute to. The

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group shared plans for a series of events throughout the year, open to all, and spoke at length on how they aim to strengthen their presence across HIS.

I continue to learn more about the group and gain valuable insights about their ambitions, passions and challenges, all of which resonated and reinforced my commitment, along with the HIS Chair, to supporting and advancing the work they are doing. I was particularly interested in exploring how the group's efforts might align with and complement the work currently underway within the Care Inspectorate in this space.

I look forward to joining future events with the HIS team in due course and further attending similar within the Care Inspectorate too.

5.0 DELIVERY REFERENCE GROUP (DRG)

I was delighted earlier this year that Paul Gray (Board Member) agreed to be Chair of the DRG which includes a small number of Board members and Executive and Management Group members, with co-optees as and when required.

The group primarily focusses on understanding the opportunities and challenges the Care Inspectorate faces in the Inspection space. The DRG will provide additional focus and attention to this area, considering the risks, finances and people related factors that underpin inspection activity.

Furthermore, the DRG will bring a vast range of expertise, talent and industry experience, encouraging innovative thinking and fresh ideas. The group will also explore how technology and existing talent can be harnessed to further enhance our inspection processes and the achievement of targets in this area.

DRG will report to the Audit and Risk Committee in the first instance, and I along with the wider Board look forward to seeing the outcomes of their work and the value they will bring in due course.

6.0 JOINT CARE INSPECTORATE/HIS MEETINGS

The Chief Executive and I recently met with the HIS Chair and Robbie Pearson, the HIS Chief Executive. Our agendas cover a broad range of topics and common themes we value discussing. For example, in August we included the Section 23 Care Reform Act, the involvement of HIS within Care Inspectorate inspections and opportunities for collaboration in this space.

Within the regulatory space we also reviewed Independent Healthcare Regulation and received an update on HIS Inspections including maternity services and Child and Adolescent Mental Health Services. In addition, we explored common best practices in leadership development and emerging opportunities in that area.

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Shared challenges, mutual support and the exchange of outcomes and learning are always central to our discussions. These conversations consistently bring out opportunities and perspectives that one or another of us may not have previously considered.

I always look forward to these meetings and the valuable insights they bring.

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Agenda item 8
Report No: B-12-2025/26



Title:	CHIEF EXECUTIVE'S REPORT
Author:	Jackie Irvine, Chief Executive
Responsible Director:	N/A
Consultation:	Not applicable
Resource Implications:	None

EXECUTIVE SUMMARY

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

The Board is invited to:

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| 1. | Note the information contained in the report and please contact the Chief Executive by email if you require any further information on any item. |
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Links	Corporate Plan Outcome (Number/s)	All	Risk Register (Yes/No)	No
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For Noting	X	For Discussion		For Assurance		For Decision	
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Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Data Protection Impact Assessment Screening		
Yes <input style="margin-left: 10px;" type="checkbox"/>	Not Yet <input style="margin-left: 10px;" type="checkbox"/>	No <input checked="" style="margin-left: 10px;" type="checkbox"/>

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

Reason for Confidentiality/Private Report: <i>(see Reasons for Exclusion)</i>
Disclosure after:

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
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Agenda item 8
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CHIEF EXECUTIVE'S REPORT**1.0 INTRODUCTION**

- 1.1** Along with the Chair and the Executive Directors, I had an introductory meeting with the new Minister for Social Care and Mental Wellbeing, Tom Arthur, on 24 June shortly after his appointment.

It was an opportunity to give the Minister an overview of the work of the Care Inspectorate and discuss some current and emerging issues. The Minister said he was keen to build on the strong relationship that we had with his predecessor and work together in the interests of everyone who experiences care in Scotland. We committed to keeping the Minister updated on our work alongside our regular meetings with him.

- 1.2** I was pleased to be invited to speak at Holyrood Insight's Adult Social Care Reform Scotland Conference on 24 June. It was an opportunity to engage with other sector leaders about developments in the adult social care sector.

My contribution focused on the recent passing of the Care Reform (Scotland) Bill and what this means for Anne's law. I was able to highlight the breadth of our meaningful connection work, the development and implementation of the new health and social care standards on visiting, and our forthcoming meaningful connection guidance

- 1.3** With comprehensive Policy support, the two Executive Directors of Assurance and Improvement, and I provided oral evidence to the Health, Social Care and Sport Committee at the Scottish Parliament.

The session was part of the Committee's routine scrutiny of bodies that sit within the remit of the Cabinet Secretary for Health and Social Care. It presented an opportunity to highlight to the Committee and its MSPs the breadth of the work that we undertake and the impact that we have on those experiencing care across Scotland. Our evidence covered a range of topics, including:

- The scope of the Care Inspectorate since it was established and our key priorities
- The move towards a risk-based approach to inspection
- Self-evaluation and how it feeds into the scrutiny process
- The complaints process
- Our Corporate Plan and any barriers to achieving our vision
- The improvement process
- Lessons learned from the pandemic
- The changing relationship with (Artificial Intelligence) AI and digital technology
- The Care Reform (Scotland) Bill and related provisions.

2.0 CERTIFICATION OF URGENT, NECESSARY AND EXPEDIENT EXPENDITURE ACTION

- 2.1** I certify my approval of extending the scope of the Stage 2 Transformation Project to include registration and complaints at a fixed cost of £0.720m was urgent, necessary and expedient to protect the interests of the Care Inspectorate.

I approved extending the scope of the Stage 2 Transformation Project after consulting with the Chair and the Digital Assurance Group.

Subsequent to my approval, a Health Check Review was conducted by the Scottish Government Digital Assurance Directorate. This review included the finding:

“we fully support the rationale as providing a long-term solution, better value for money and less disruption to the CI operation, as well as preventing the risk of downstream change and disruption were a shorter-term option such as use of the Registrations App adopted. In that sense we endorse the decision as a sound “spend to save” approach”.

The Reservation of Powers and Scheme of Delegation provides me with authority to make urgent, necessary and expedient decisions to protect or preserve the interest of the Care Inspectorate provided this action is subsequently reported to the Board. The Board is therefore requested to accept this certification of my decision to approve extending the scope of the Stage 2 Transformation Project.

Please see progress on the Stage 2 Transformation Project below at section 6.3.

3.0 POLICY AND STRATEGIC DEVELOPMENT

3.1 Key Policy Updates

The majority of the last quarter coincided with parliamentary recess but we continued to analyse, advise on and engage with a number of other key policy developments, including:

- The Care Reform (Scotland) Bill (formerly the National Care Service (Scotland) Bill), which was passed by MSPs
- A new Minister for Social Care
- The introduction of the Children (Care, Care Experience and Services Planning) (Scotland) Bill, on which we will be providing oral evidence in October on top of our written submission
- Plans for future legislation on human rights, including a policy discussion paper
- The Education (Scotland) Bill, which was passed by MSPs

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- The continued progress of the Criminal Justice Modernisation and Abusive Domestic Behaviour Reviews (Scotland) Bill and the Restraint and Seclusion in Schools (Scotland) Bill
- Key publications and developments relating to other areas of policy, including: the Scottish Government's response to the Reimagining Secure Care report, a new Public Services Reform Strategy, the Health and Social Care Renewal Framework, and an update on IRISR recommendations.

We submitted responses to consultations on:

- Restraint and Seclusion in Schools (Scotland) Bill
- Children (Care, Care Experience and Services Planning) (Scotland) Bill
- Commissioner for Older People (Scotland) Bill
- Wellbeing and Sustainable Development (Scotland) Bill
- Good Food Nation Proposed National Plan

3.2 Protection Guidance Review

A Group has been brought together consisting of Chief Inspectors, relevant Service Manager's and Heads of Service to review our Protection Concerns Guidance and Procedures. This includes consulting on and developing the guidance. As part of this work meetings have been held with other regulators in the UK and extensive staff consultation has been completed.

3.3 Care Reform Bill – Anne's Law

The Adults team has supported Scottish Government through the process to enact Annes Law. This included giving views on proposed amendments from other political parties to gain cross party support for the legislation.

Guidance for the sector on meaningful connections which includes the new legislation has been developed. It is being published this month and includes a Ministerial foreword. We are also providing a leaflet, poster and letter to every care home in Scotland and publicising this through our Provider Update.

3.4 Inspection Methodology Development

We began testing a new, proportionate inspection approach for the best performing care homes for children and young people. The "Promise Assurance" inspection continues to focus on the voices and experiences of children and young people, adhering to the principles of the Promise alongside a targeted examination of core assurances. Early feedback has been positive and the pilot has been extended.

BOARD MEETING 25 SEPTEMBER 2025**Agenda item 8****Report No: B-12-2025/26****3.5 Early Learning and Childcare (ELC) Quality Improvement Framework**

Following successful pilot of our Early Learning Childcare Quality Improvement Framework, sector engagement sessions took place in May and September. These were designed to support familiarisation and to prepare for the launch on Thursday 18 September. The framework will be in use for inspections from Monday 22 September 2025. Publicity across our social media channels is ongoing to support the introduction of the framework as our methodology.

Our Quality Improvement Framework team designed and delivered two staff development days in August to develop knowledge in use of the framework. This included a shared development day with Education Scotland colleagues, focusing on our shared approaches to inspection and use of the framework. The team have also created inspection materials and guidance for staff.

3.6 School Age Childcare Feasibility Study

Following a Feasibility Study carried out jointly by Care Inspectorate ELC staff and Scottish Government, an options appraisal was presented to Ministers to outline possible changes to the school age childcare regulatory framework. Three potential models were presented to the Minister, with further work being outlined to take forward an option which introduces a separate definition for school age childcare.

4.0 COLLABORATIVE/PARTNERSHIP WORKING**4.1 Strengthening Collaboration and Shared Learning Across UK Regulators**

As part of our ongoing commitment to sector-wide improvement, we continue to share learning with and from UK regulators and improvement bodies. Recently, the Head of Quality Improvement and Participation, and a Quality Improvement Manager, delivered two sessions to colleagues at Care Inspectorate Wales and Social Care Wales. These inputs demonstrated how we align quality improvement activities with scrutiny work, and how we build capacity for sustainable quality improvement across the social care sector. Using examples from the Early Learning and Childcare Improvement Programme and the Care Home Improvement Programme (CHIP), illustrated how participating services directly connect their QI projects to key themes from scrutiny with measurable impact.

In parallel, we have also engaged with colleagues from the Care Quality Commission (CQC) to explore the GoVocal participation forum. This promising platform is being considered by the Participation and Equalities team for testing in the coming months, with a view to enhancing how we capture and amplify the voices of people who experience care.

4.2 Adult Volunteers – Progress Amid a National Decline in People Volunteering

Ten potential adult volunteers have successfully progressed to the induction stage of the volunteer programme. If all participants complete the induction and shadowing phases, our adult volunteer cohort will grow to a total of 28. This is an outstanding achievement, considering the national decline in volunteer participation. This trend is highlighted in [Volunteer Scotland's 2025 report](#), which reveals that volunteering in Scotland is facing a crisis, with participation rates falling to their lowest recorded levels.

4.3 Young Volunteer Programme – Strategic Transition to Full External Delivery

In July 2025, we reached a pivotal milestone in the evolution of our Young Volunteer Programme with the publication of a procurement tender for its ongoing delivery and associated support to young people involved. This marks the formal transition toward outsourcing the programme; an approach we have been steadily working toward over the past four years. This strategic shift reflects our strong commitment to keeping The Promise and Corporate Parenting responsibilities, by enhancing the support available to young people.

4.4 Stress and Distress Improvement Programme

Activity is now underway with cohorts three and four of the Dementia Improvement Programme, jointly led by a Senior Improvement Advisor (Dementia) from the Health and Social Care Improvement Team (HSCIT), in collaboration with Healthcare Improvement Scotland (HIS) and NHS Education for Scotland (NES). With the inclusion of these new cohorts, a total of 55 teams will have participated in the programme.

The 12-week improvement cycle delivered to cohorts one and two has already demonstrated strong outcomes, with high levels of engagement in learning sessions. Notably, 100% of participating teams completed the self-evaluation tool, and 14 out of 15 teams are actively testing change ideas aimed at enhancing dementia care.

4.5 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 care.

Rooted in the principles of the Scottish Approach to Service Design, the initiative aligns closely with the Scottish Government's Dementia Strategy, its associated Delivery Plan, and the latest guidance from the Scottish Intercollegiate Guidelines Network (SIGN).

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A funding proposal submitted to the Scottish Government to complete the design phase of the platform has now been approved. This marks a significant milestone in the project's development, enabling continued progress toward equipping social care staff with practical, evidence-informed resources that enhance outcomes for people living with dementia.

4.6 Keeping Children Safe (SIMOA)

We are continuing to promote our [Keeping children safe](#) campaign and our [Safe staffing programme for ELC services](#) across all our channels to ensure children are safe and accounted for at all times. This has included social media activity, Provider Updates, the promotion of a webinar on 17 June 2025 attended by 370 practitioners, and an article in the Early Years Scotland magazine. We are planning to promote further webinars across September, October and November 2025. They will cover a range of topics including the importance of learning from incidents, the notification process, our approach to complaints and a feature on our latest practice note [Me my family and my childcare setting](#).

4.7 Care Service Questionnaires (CSQ) Uptake Campaign

A campaign to raise awareness with the public, people who experience care, and their families and carers about value in completing CSQs has been undertaken to try to encourage more uptake in the completion of these to help inform our activity.

4.8 Care Experience Improvement Model (CEIM) – Update

The Quality Improvement Support Team (QIST) continues to collaborate closely with colleagues from Healthcare Improvement Scotland (HIS), National Education for Scotland (NES), and the Scottish Social Services Council (SSSC) to deliver the CEIM programme. We are delighted to share that Cohort six of the programme has successfully concluded, with 15 participants from across health and social care settings. The programme received a 91% positivity rating, reflecting its impact and value to those involved.

To support ongoing learning and implementation, a peer network has now been established for all CEIM graduates. The strategic oversight group, represented by the Head of Quality Improvement and Participation, is actively exploring future options to ensure the programme continues to evolve and meet the needs of health and social care across Scotland.

4.9 National Overview of the Appropriate Adult Sector Published

Between March and May 2025, the Appropriate Adult Improvement Advisor from the Quality Improvement Support Team (QIST), in collaboration with the Community Justice Strategic Service Manager, conducted a comprehensive review of Core Assurance responses across the appropriate adult sector. This initiative achieved a 100% response rate, marking a significant milestone by delivering the first national overview of the sector. The findings offer valuable insights into current practices, highlighting both overarching strengths and key areas for improvement.

The summary report highlighting overarching strengths and areas for improvement was published in July 2025 - [Appropriate adult services: summary of national self-evaluation](#).

4.10 Launch of National Induction Framework

We have worked with SSSC and NES to support the launch of the National Induction Framework, including the Service Manager adults providing sessions for providers and Care Inspectorate staff promoting the framework.

4.11 Scottish Child Abuse Inquiry

The Care Inspectorate continues to participate in this Inquiry which is currently considering the provision of residential care in establishments for children and young people with long term healthcare needs, additional support needs and disabilities. On 20 August 2025, The Inquiry published its findings relating to the provision of residential care in boarding schools at Keil School, Dumbarton between 1959 and 2000 (a period which pre-dates the existence of both the Care Inspectorate and its statutory predecessor, the Care Commission).

4.12 Scottish and UK Covid-19 Inquiries

The Care Inspectorate continues to have significant engagement with both of these public Inquiries, providing substantial quantities of information to them. This is extremely onerous, especially given that these Inquiries routinely seek information by way of lengthy and detailed witness statements from individual senior managers, supported by extensive documentation.

The Executive Director of Assurance and Improvement gave evidence in person in Module 6 (Care Sector) of the UK Covid-19 Inquiry on 8 July 2025. The recording of his evidence and the transcript of it may be accessed [here](#). The evidential hearings relating to Module 6 of the UK Inquiry have now concluded. The Scottish Covid-19 Inquiry has heard some evidence relating to the care sector as part of its initial consideration of the impact of Covid-19, but has not yet embarked on a more wide-ranging examination of the care sector in the context of the pandemic.

4.13 Joint Work with the Mental Welfare Commission

We have successfully undertaken the first two inspections of our 2025-26 joint scrutiny programme of secure accommodation services with the Mental Welfare Commission. The comprehensive and collaborative preparatory work between both organisations enabled a consistent and shared evaluation of each service's use of restrictive practices.

4.14 OSCR Finance Shared Service

We received a letter of recognition from the Chief Executive of OSCR for the shared service provision we provide, particularly during the 2024/25 external audit. This is testament to the ongoing great work undertaken.

5.0 WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM ENGAGEMENT**5.1 Equally Safe (Pilot) – Ongoing Work to Achieve Development Tier**

Since August 2024, we have been actively promoting Equally Safe at Work, an employer accreditation programme developed by Close the Gap; Scotland's expert policy and advocacy organisation focused on women's labour market equality.

The programme helps employers to improve workplace practices to advance gender equality and prevent violence against women (as it is linked). As Chief Executive I stipulated this should be a priority area of work. We are continuing to develop work to achieve the development tier status, such as piloting two e-learning modules for managers.

5.2 Internal Communications and Engagement

Following the success of our new format for the Executive Team staff webinar earlier this year, we hosted a second session in June. It was a lively and engaging event, with plenty of insightful questions from colleagues and responses from the Executive Team.

It's also nearly a year since we launched Shout Outs – our initiative to recognise individuals, teams, and projects for their outstanding contributions. We've received 66 nominations so far, and where possible, we've encouraged nominees to link their recognition to our organisational values. This helps us continue embedding our values into our everyday work.

Our monthly Executive Team blogs are continuing, alternating between updates from the Chief Executive and Executive Directors. Each blog has been well received, averaging around 300 views – a great sign of ongoing staff engagement.

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5.3 Recruitment

We have shortlisted an unprecedented amount of applications for the role of Inspector, followed by extensive interviewing which ran into this quarter. We are welcoming and inducting 34.5 new Inspectors through September and October.

5.4 Pay Remit

We have been engaging with Partnership Forum staff side on pay settlement discussions for 2025-2026. We agreed not to submit any proposal to Pay Policy until the Scottish Government had progressed their own pay remit. We submitted a proposal towards the end of August which outlines a three-year deal and, if approved, we are hopeful that staff side will agree to ballot members on this.

5.5 Onboarding

We are now using a digital platform for new starts which streamlines the onboarding process, offering a more consistent and efficient experience. Key benefits include:

- Immediate access to essential welcome information and documents
- Greater visibility for recruiting/line managers
- A more professional and engaging welcome for new staff

The platform supports our wider goals of modernising internal processes and enhancing the employee experience from day one.

6.0 ORGANISATIONAL TRANSFORMATION**6.1 The Safe Staffing Programme (SSP) – progress update**

The Care Inspectorate's Safe Staffing Programme (SSP) continues to make constant progress toward achieving its four strategic objectives by 31 March 2026. In collaboration with the Health Care Staffing Act (HCSA) Implementation Team at the Scottish Government, the SSP is supporting local authorities and Health and Social Care Partnerships to fulfil their reporting obligations under the Health and Care (Staffing) (Scotland) Act 2019.

Following nine months of collaboration with a range of internal and external stakeholders, a five-part podcast series was released exploring the HCSA and its implementation. These podcasts offer valuable insights into the Act's purpose and practical implications to consider. More information can be found using this link, <https://careinspectorate.podbean.com/season/4>

6.2 Website replacement project

The project to replace our current websites with a single, improved and accessible website remains on schedule, with some key milestones already achieved. We have successfully completed the hosting transition for The Hub

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and are now preparing to migrate the main website to our new supplier. An internal oversight group has been established to ensure effective governance and alignment with our business needs.

Over the summer, we conducted a comprehensive programme of stakeholder engagement. This included user research that generated over 1,000 survey responses, alongside feedback gathered from 80 participants through focus groups and one-to-one interviews. These insights are now being analysed and will directly inform the design, development, and content of the new website.

6.3 Stage 2 Digital Transformation Project

The Stage 2 digital transformation project continues to make good progress. In July 2025, the project underwent its 6th external assurance review in the form of a Health Check at the request of the Senior Responsible Officer (SRO). The team were pleased with the overall review and the delivery confidence rating of Amber/Green from the reviewers, which was the best outcome at this point in the project delivery.

The review also commented that it felt the project was well placed to proceed from the Alpha phase (design) to the Beta Phase (build) which is planned for late September. There has been an issue around the Change Management resource, but this was raised through our governance processes and the team now confirm that this issue has decreased with the appointment of external change management partners after a successful procurement exercise.

The project has continued to report upwards as part of its Governance arrangements through Digital Assurance & Advisory Group (DAAG) and the Audit & Risk Committee. It should also be noted that the project team had a recent meeting with the Care Quality Commission digital team in sharing lessons learned on both sides.

6.4 Enforcement

Work on enforcement has increased with Improvement Notices being issued in this quarter. Most have been met, however, some have required further time to achieve improvements, we continue to closely monitor these services. We have continued to allocate resources on greatest needs which are those services at enforcement.

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Title:	CORPORATE PLAN 2026-2031	
Author:	Lisa Rooke, Head of Corporate Policy and Communications	
Responsible Director:	Edith Macintosh, Executive Director of Assurance and Improvement	
Appendices:	1.	Draft of Corporate Plan 2026-2031
	2.	Key themes arising from the consultation events and surveys
	3.	Overview of corporate plan consultation survey respondents and engagement session attendees
Consultation:	Consultation has taken place internally and externally via a survey and online engagement sessions. The feedback from this engagement was analysed and a draft was developed. The draft has been consulted upon with the Corporate Plan consultative group, the Strategic Management Group (SMG), and the Executive Team with amendments made based on the feedback provided.	
Resource Implications:	An annual business plan is being developed and will aligned with the resources that we receive.	

EXECUTIVE SUMMARY

Our current corporate plan covers the period 2022-2025. A new plan is being developed this year involving engagement and consultation with the Board, our staff and volunteers, and our external stakeholders. The new plan will cover the five-year period from March 2026 to 2031.

Consultation has taken place over the past six months, internally and externally. An overview of the key themes and those consulted is provided in Appendix 2.

A draft of the corporate plan has been developed based on the engagement that has taken place. The draft is presented to the Board for its consideration. There will also be a Board Strategic Event on 25 September 2025 to begin the development of the Key Performance Indicators/Key Outcome Indicators (KPIs/KOIs) that will measure performance against the corporate plan.

Alongside the corporate plan and KPIs/KOIs, consideration is being given to the development of:

- a separate but associated document that sets out who we are and what we do in more detail, including case studies/spotlights on specific areas of work. This is to reduce the size of the corporate plan itself and focus it on the vision, mission, strategic outcomes and associated priorities;

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- an annual business plan to highlight key activities under each strategic outcome; and
- an annual progress report related to the annual business plan.

The current draft of the new corporate plan is included in Appendix 1. The Board is invited to review the draft and provide feedback.

The Board is invited to:

1. Discuss the current draft of the corporate plan and provide feedback on it.

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

Equality Impact Assessment

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

Yes <input checked="" type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input type="checkbox"/> Reason below:
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If the report is marked Private/Confidential please complete section below to comply with the Data Protection Act 2018 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report: *(see Reasons for Exclusion)*

Not applicable – this is public Board report.

Disclosure after: N/A

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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.

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CORPORATE PLAN 2026-2031**1.0 INTRODUCTION**

Our current corporate plan covers the period 2022-25. A new plan is being developed this year involving engagement and consultation with the Board, our staff and volunteers, and our external stakeholders. The new plan will cover the five-year period from March 2026 to 2031.

The draft is presented to the Board for its consideration. An initial session will take place to begin the development of the KPIs/KOIs that will measure the performance of the corporate plan.

Alongside the corporate plan and KPIs/KOIs, consideration is being given to the development of:

- A separate but associated document that sets out who we are and what we do in more detail, including case studies/spotlights on work. This is to reduce the size of the corporate plan itself and focus it on the vision, mission and strategic outcomes.
- An annual business plan to highlight key activities under each strategic outcome; and
- An annual progress report related to the annual business plan.

The current draft of the new corporate plan is included in Appendix 1.

1.1 CORPORATE PLAN CONSULTATIVE GROUP

A corporate plan consultative group was established in April 2025 and meets approximately every two months. The group consists of two Board Members, Bill Maxwell and Charlotte Armitage, and representatives from across the organisation. It was set up to provide input on the development of the corporate plan and advise on engaging as widely as possible both internally and externally. The group will continue to meet until the plan is finalised and will act as the consultative group and be involved in the development of the KPIs and KOIs.

2.0 CONSULTATION PROCESS

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

Following this session, in April and May 2025, we held a series of virtual consultation events with a range of different stakeholders to seek their views on the development of our new corporate plan. This included consultation with our staff, volunteers and external stakeholders from various sectors. In total we hosted six internal events, two external events, joined one quality conversation,

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and held one session with inspection volunteers. Around 300 people (150 internal, 150 external) participated in the events.

Two surveys were also conducted with internal and external audiences. A total of 44 staff members responded to the internal survey and 52 people responded to the external survey.

The key themes arising from the consultation events and surveys are summarised in Appendix 2. Wider analysis documents are available upon request. Appendix 3 provides an overview of the survey respondents and engagement session attendees.

Following the consultation sessions, the feedback has been analysed and incorporated into a new draft of the Corporate Plan. This was presented to the Corporate Plan Consultative Group and revised further based on the feedback provided. A new draft was circulated to the Executive Team, SMG, and consultative group for further input.

Appendix 1 is the new draft incorporating as many comments received as possible.

Further consultation will take place with the Scottish Government and stakeholder groups in the autumn with a particular focus on those experiencing care.

3.0 KEY THEMES FROM THE CONSULTATION

The key themes arising from the consultation events and surveys are summarised in Appendix 2.

4.0 PERFORMANCE MEASURES

The strategic outcomes will be aligned to performance measures, which will be monitored and reported through quarterly reports to the Board.

The performance measures will be developed and aligned with the new corporate plan through the consultative group with Board member representation as the corporate plan begins to evolve. This will be led by the Digital and Data directorate. An initial session with the Board is taking place on 25 September 2025 and the initial draft of performance measures will be presented to the Board for further discussion and refinement.

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS

5.1 Resources

Our existing resources will be used to develop the corporate plan in 2025/26, and input will be sought from as wide a range of stakeholders as possible. The new

corporate plan and annual business plan will align with our resource planning across the organisation.

5.2 Sustainability

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

5.3 Policy

The Corporate Plan should be considered within the context of a range of policy developments and their possible implications for the Care Inspectorate over the next five years. With the Scottish Parliament election taking place in 2026, it is difficult to predict the policy landscape at the time of the Corporate Plan's publication, but several ongoing policy developments will remain relevant.

The Care Reform (Scotland) Act was passed in 2025 and we are involved in various working groups taking forward its provisions, such as a National Social Work Agency and the legal implementation of Anne's Law. Plans for a National Care Service remain prominent in policy discussions and we will continue to provide our professional advice and guidance as the Scottish Government takes this forward.

We continue to engage and work with the Scottish Government and partners on the respective reviews of care service definitions and the Health and Social Care Standards as priority workstreams from the Independent Review of Inspection, Scrutiny and Regulation.

We will continue to demonstrate our commitment to keeping The Promise to Scotland's children and young people, and fulfil our role as a Corporate Parent as we take account of the Plan 24-30, which sets out a route map for the coming years. We are involved in providing crucial evidence as part of the Children (Care, Care Experience and Services Planning) Bill as it begins its parliamentary journey. It is also important to recognise that while the Covid-19 pandemic is no longer the subject of major policy discussion, its impact remains significant and continues to be reflected on through the ongoing Scottish and UK public inquiries.

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

- ongoing discussions on proposals for legislation in relation to human rights and learning disabilities, and autism and neurodivergence respectively
- education reform, as it relates to the work we do in ELC and how we work collaboratively with the new Chief Inspector of Education
- the continued expansion of ELC for two-year-olds and school-aged childcare
- consultation on the future of secure care and capacity within the estate

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- the planned review of the National Performance Framework and related outcomes
- the implementation of the Scottish Government's public service reform strategy and discussions regarding the regulatory landscape more generally
- implementation of recently enacted legislation, including provisions in the Health and Care (Staffing) (Scotland) Act 2019 and the Children (Care and Justice) (Scotland) Act 2024.

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

It is imperative that the Care Inspectorate's core purpose of scrutiny, assurance and improvement support is set out clearly though a corporate plan which is easily understood and accessible to people experiencing care services, our partners and all who we work with. In developing our new corporate plan, it will ensure our work is carried out in a way that focuses on people's outcomes, experiences and rights, paying particular attention to the overall health and well-being of people experiencing care. It is also essential that we seek the views of those who experience care when we develop the corporate plan to ensure that it is relevant to and understood by this important stakeholder group. Focus will be given to this group in Autumn 2025 once we have a draft to present and take feedback on.

5.5 Customers (Internal and/or External)

The new corporate plan is being developed through a consultative process which will include internal colleagues, external partners and people experiencing care.

6.0 CONCLUSIONS/NEXT STEPS

The Board is invited to review the draft and provide feedback. This feedback will be used to inform the next iteration of the plan and the development of the KPIs and KOIs. An updated draft of the plan will be shared with the Board in December 2025 and final sign off will take place in March 2026 ahead of publication.

Care Inspectorate's Corporate Plan 2026 – 2031 and associated document

Corporate plan 2026-31

The proposed structure of the new corporate plan is as follows:

- **Introduction**
- **Vision**
- **Mission**
- **Strategic outcomes:**
 - Assure and improve
 - Involve and inform
 - Uphold and champion rights

[KPIs and KOs will be developed for each strategic outcome]

- **Maximising impact [these are key areas which underpin all our work]:**
 - Maximising impact through our workforce
 - Maximising our impact through digital and data

[KPIs and KOs will be developed for each key area]

- **Glossary of definitions**
- **Link to National Performance Framework**
- **Links to other plans and strategies that will support corporate plan**

Associated document

A separate document will be developed to sit alongside the corporate plan to provide more detailed information on our role and provide spotlights/case studies on particular areas of work. This will include:

1. Who we are
2. What we do
 - Registrations
 - Inspections of regulated services
 - Complaints
 - Improvement / quality improvement
 - Joint/strategic inspections

3. The services we regulate
4. How we regulate
5. Resources – budget and staff
6. Legislative underpinning
7. Sustainability section
8. Get in touch with us

Spotlights/case studies to include:

- Our volunteers
- The Promise
- Mainstreaming human rights and equalities (what this means for people through our assurance and improvement work/celebrating life across all sectors/incorporating into the narrative of care)
- Meaningful connection/Anne's Law
- Early learning and childcare

Proposed draft of the Care Inspectorate's Corporate Plan 2026 – 2031

Introduction

The Care Inspectorate is the scrutiny and improvement support body for social care and social work services in Scotland. This means that:

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

Our activity is risk-based, proportionate and evidence-led. This ensures it is targeted where it is needed most while undertaking our statutory responsibilities. It is informed by the needs of those experiencing care.

We work to understand and reflect the different contexts that services operate within. We are committed to working with services to support the highest possible standards of care for those experiencing it.

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

Vision

The Care Inspectorate's vision is that everyone in Scotland experiences high-quality care, support and learning, which upholds their rights, needs and wishes.

Mission

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

- Ensure those who experience care are at the heart of all that we do.
- Register, inspect and resolve complaints about social care services to help them improve.
- Ensure experiences and outcomes promote and uphold individual rights.
- Promote and support self evaluation and continuous quality improvement.
- Act where we see people's outcomes not being met.
- Keep the public informed about the quality and availability of care across Scotland.

Strategic outcome 1 - Assure and improve

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

Over the next five years, we will prioritise:

- Improving the way we use our data, plan our work and deploy the resources we receive to fulfil our statutory duties and meet the greatest need.
- Developing new models to scrutinise and support services, local authorities and partnerships, working with other scrutiny bodies.
- Targeting quality improvement interventions to improve the wellbeing and health of those experiencing care.
- Enabling the sector to carry out high-quality self-evaluation to support quality improvement.

Strategic outcome 2 – Involve and inform

We will be an authoritative source of information and guidance on the quality and availability of care, and enable the voices of those experiencing care to be heard.

Over the next five years, we will prioritise:

- Using and sharing our data and information more effectively to inform understanding of the care sector and our interventions and actions.
- Developing new, inclusive and accessible ways to meaningfully involve people who experience care and those closest to them in our work.
- Sharing good practice to develop an understanding of high-quality care and how to achieve it.
- Proactively strengthening our impact on policy and practice using the information and expertise that we hold.

Strategic outcome 3: Upholding and championing rights

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

Over the next five years, we will prioritise:

- Collaborating across the social work and social care sector to promote and uphold rights.
- Promoting an understanding of what those experiencing care have a right to expect.
- Embedding a trauma-informed and trauma-responsive approach.
- Further strengthening an equalities and rights-based approach into all our work and interactions.

[Corporate parenting, The Promise, UNCRC, GIRFEC, GIRFEE, Meaningful connections graphics will be used on this page when the document is laid out.]

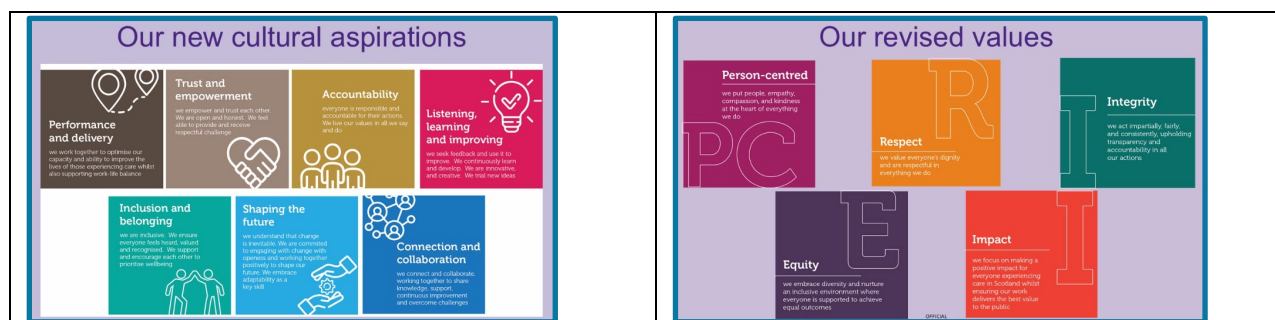
Maximising our impact

[these are the key areas that underpin all our strategic outcomes and will have associated KPIs/KOIs]

Our workforce, processes and systems underpin everything that we do. Investing in these will ensure that we are an efficient, effective and collaborative organisation, delivering for the people of Scotland.

Key area 1: Maximising our impact through our workforce

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



Over the next five years, we will prioritise:

- Improving our resource planning to support our workforce, make the best use of our resources and maximise our impact.
- Embracing a positive and inclusive environment where we listen to, empower and develop our staff and volunteers.
- Strengthening how we collaborate – internally and externally – to support the sector with expertise, information and guidance.
- Continually listening, learning, and improving what we do in a trauma-informed way.

Key area 2: Maximising our impact through digital and data

Digital transformation is essential to delivering high-quality care and improving outcomes for all. We are modernising our ways of working with a new accessible and efficient digital platform that supports our core functions – including registration, complaints, notifications, and inspections.

Our digital transformation is about changing how we work and collaborate with those experiencing care and with the sector.

We are also investing in modern data infrastructure and governance to ensure that information is accurate, timely, and used responsibly.

Over the next five years we will prioritise:

- Supporting the delivery of strategic outcomes, including improved quality of care and better experiences for people across Scotland.
- Empowering service providers with tools that allow them to securely access, update, and share vital information.
- Enhancing public engagement, giving people experiencing care, their families, and the wider public more opportunities to share their views directly with us.
- Provide stronger public assurance through transparent and data-driven reporting.

Longer-term investment in digital and data

This transformation marks the beginning of a sustained, long-term strategic investment in our digital capabilities. We are building an organisation that can adapt to evolving needs, harness emerging technologies, and continuously improve how we deliver services.

Together, we are building a more efficient, secure, and sustainable future for care in Scotland - one that puts people first and ensures that every voice is heard.

Glossary of definitions

Scrutiny:

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

Strategic scrutiny/joint inspections:

The [Care Inspectorate website](#) describes joint inspections as those “undertaken by the...strategic inspection team”. Strategic scrutiny is explained as: “We focus on the scrutiny, assurance and improvement of services provided by local authority social work services and partnerships. We look at services for children and families, adults and older people and people involved with the justice system. We explore how adults’ and children’s rights are promoted and upheld, the extent to which they are enabled to exercise choice and control in how their support is provided, and the outcomes they experience.”

Please also note the legal definition of joint inspections is detailed in [section 56 of the Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#). We have referenced this definition in some joint inspection reports on adult services as follows: “The Care Inspectorate and Healthcare Improvement Scotland have joint statutory responsibility to inspect and support improvement in the strategic planning and delivery of health and social care services by integration authorities under Sections 54 and 55 of the Act.” Additional information on the 2019 Ministerial Strategic Group report is also included.

Social care:

Social care supports people with daily living so they can be as independent as possible. It can also help people who look after a family member or loved one, like an unpaid carer. ([Scottish Government – Social care policy page](#))

Social care support services are about providing people with the support and assistance they need to lead a full and active life...Social care support is delivered in a variety of settings, including people’s own homes, their local communities and care homes, by a mixed economy of public sector and independent services. Social care support is one part of a wider system, that includes Social Work Services, Housing, Third Sector, Children’s Services, Early Learning and Childcare provision and Community Health. ([Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland final report \(2023\)](#))

Social care covers all aspects of personal and practical support and services for children, young people and adults. Helping to support their independence, improve their quality of life and ensure they have the necessary assistance in their daily lives to stay at home or to be in a homely setting. This support and services provide care tailored to meet the needs of the individual that is provided in a person’s own home or community setting to help them keep their independence for as long as it is safe to do so. ([Public Health Scotland, What is social care? overview \(2024\)](#))

Social work:

The International Federation of Social Workers' [global definition](#) of social work is “a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work.” This definition was referenced in a 2022 Scottish Government contextual paper on social work, prepared as part of National Care Service development.

A Scottish Parliament Information Centre (SPICe) [briefing](#) on social work in Scotland defines social work as “a varied profession which provides a wide range of services. These include care services for adults, services for children and families and criminal justice services, including the supervision and rehabilitation of offenders”.

Please note below the definition of “social work services” in the Public Services Reform (Scotland) Act 2010.

Outcomes-focused:

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

Person-centred:

Person-centred care is about ensuring the people who use services are at the centre of everything we do. It is delivered when health and social care professionals work together with people, to tailor services to support what matters to them. It ensures that care is personalised, co-ordinated and enabling so that people can make choices, manage their own health and live independent lives, where possible. ([NHS Education for Scotland \(page updated July 2025\)](#))

High quality health and care means it is person centred and personalised – providing care that responds to individual needs and preferences, ensuring individuals are partners in its planning and delivery. (Healthcare Improvement Scotland: Our Strategy 2023-2028)

Putting the person at the centre, identifying what is important in their life, ensuring that everyone is working together to achieve the same purpose of maximising the person’s independence and quality of life. ([Iriss: Reshaping care and support planning for outcomes](#))

Services:

Part 5 of the [Public Services Reform \(Scotland\) Act 2010](#) includes key definitions for care services and social work services:

47 Care services

- (1) In this Part, a “care service” is any of the following—
- (a) a support service,
 - (b) a care home service,
 - (c) a school care accommodation service,
 - (d) a nurse agency,
 - (e) a child care agency,
 - (f) a secure accommodation service,
 - (g) an offender accommodation service,
 - (h) an adoption service,
 - (i) a fostering service,
 - (j) an adult placement service,
 - (k) child minding,
 - (l) day care of children,
 - (m) a housing support service.

48 Social work services

In this Part—

- “social work services” means—
- (a) services which are provided by a local authority in the exercise of any of its social work services functions, or
 - (b) services which are provided by another person pursuant to arrangements made by a local authority in the exercise of its social work services functions;

People who experience care:

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

Scotland:

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

Quality improvement:

The Care Inspectorate supports quality improvement across social care, social work, local health and social care partnerships and early learning and childcare. We take a whole-system, collaborative approach to quality improvement – this involves identifying themes and trends from our scrutiny activities and responding to these with a targeted approach to quality improvement.

Quality improvement is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated

approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement. Source - [Quality improvement made simple](#)

Rights-based:

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

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

Mainstreaming equalities:

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

Link to National Performance Framework

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

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

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

Corporate Plan consultation – Summary of Analysis

In April and May 2025, we held a series of consultation events on Microsoft Teams with a range of different stakeholders, including our own staff and external stakeholders from various sectors. In total we hosted six internal events, two external and one with inspection volunteers. Around 300 people (150 internal, 150 external) participated in the events.

Two surveys were also conducted with internal and external audiences. A total of 44 staff members responded to the internal survey and 52 people responded to the external survey.

The summary below is focused on key themes arising from the consultation events and surveys.

Corporate Plan

Language and accessibility

- The main recurring theme of discussions in the internal and external sessions was accessibility, and ensuring the language we use is plain English and user-friendly.
- Comments were made on the term “world class” in all of the internal and external sessions, with many questioning how measurable a metric this could be. However, a number of participants felt it was important to be aspirational in the corporate plan.
- The use of a glossary of definitions was recommended as many people reading the corporate plan may not know what certain terms and phrases mean.
- Many questioned the inclusion of “infants, children, young people, adults and older people” and whether we this could be covered by “people” or “people experiencing care”.
- Some discussion focused on the use of “driving improvement” with some suggesting this could be changed to “enabling”, “encouraging” or “nurturing” to reflect the collaborative nature of improvement work. Other responses suggested active language was needed throughout the corporate plan as a whole.
- With reference to the proposed strategic outcome 4, internal respondents generally agreed that our values should be incorporated. Other comments suggested more focus was needed on training and development, valuing our people and clarity over who the outcome was about (i.e. Care Inspectorate staff).

Reflecting the current context

- Many felt it was important to acknowledge the wider context in which services were working. Discussions on this mainly focused on the current financial

pressures facing the sector, with participants noting these were wider problems outwith our remit but ultimately having an impact on the provision of care.

- Those involved in the external sessions also raised this issue, with one suggesting the vision and mission don't take into consideration the economic climate and the financial constraints currently experienced by many care services.
- Some participants felt it was important to keep a commitment to challenging policy and the use of data in this work.
- The wider context and challenges facing the sector were referenced in the internal and external surveys in response to questions on the Care Inspectorate's current corporate plan.
- In terms of the financial context, a number of external respondents felt we should play a role in supporting efforts to invest in the sector or "provide lobbying support to finance upskilling of individuals to meaningful engagement to drive change".

Collaboration

- The current policy context and its emphasis on joint working was raised as some participants felt this was missing from the current vision and mission. Some felt more emphasis on partnership working, and making it clearer who we work with, would future proof the corporate plan.
- In terms of sectors we work in, many participants shared views on which sectors are specifically named in the vision and mission (e.g. ELC) and whether this was necessary, especially given other comments on keeping this part concise.

Rights

- Participants wanted the vision and mission to emphasise that we put the individual at the heart of everything we do. It was also suggested that the Care Inspectorate doesn't simply promote rights, but protects, enables and safeguards the rights of people experiencing care.
- It was mentioned in a number of sessions and responses that the corporate plan should be trauma-informed.
- The inclusion of rights was welcomed but external respondents felt individuals' wishes did not always align with capacity available in the system.

Future proofing

- The five-year lifespan of the corporate plan was raised, as this would take us up to 2031 and we would need to know what role we want to play in the wider public sector (in terms of data and digital) by that stage.
- The inclusion of individual workstreams in Strategic Outcome 2 was queried, given our involvement in many other workstreams and national projects. Another comment suggested the naming of specific plans currently under

development could quickly date the corporate plan especially if covering a five year period.

Interactions with the Care Inspectorate

During our sessions with external stakeholders, we asked for comments on their own interactions with the Care Inspectorate. Participants shared a mix of positive and negative experiences.

- A number of discussions took place on how apprehension around inspections could be reduced through communication, preparation and building relationships.
- The issue of context came up in these discussions also, for example those working in the care home sector highlighted restrictions that they had no control over.
- Consistency between inspections was raised in several of the external discussions with some noting variation in inspections in different parts of the country, even if the services were provided by the same organisation.

Understanding our role and purpose

The surveys included questions on how people understand the Care Inspectorate's role and purpose, if they believe we are delivering on these, and how we are viewed by internal and external audiences.

- There was a general feeling that the regulatory and inspection side of our role is better understood than the improvement function. Some respondents recognised improvement as a primary function of the Care Inspectorate and recognised the importance of working with other organisations to deliver quality improvement programmes.
- Some respondents felt we needed to improve the sharing of good practice in order to foster a better understanding of what continuous quality improvement means.
- Some suggested there may still be work to do in embedding a clear corporate identity.
- Respondents described our involvement function positively and recognised how we gather and listen to views through inspections and the national complaints team. However, almost all responses touched on there being room for improvement in various areas.
- Internal respondents raised the frequency of inspections, as well as accessibility and availability of inspection reports on our website, and the role these can play in providing assurance on service quality.
- Consistency was a common theme in the external survey, both in terms of grading across similar environments and continuity of support to services.
- Respondents were in agreement that enforcement was a challenging area for inspectors, and they should be fully supported. It was also agreed that enforcement must remain a last resort.

- Internal respondents were negative about the current website. External respondents were slightly more positive, welcome the information and guidance available, but comments were made on how challenging it could be to find these.
- On improvement, internal comments were positive about our role. Some felt the work of the improvement team could be clarified for those working in other parts of the organisation.
- Across the internal and external survey, respondents were unclear about how embedded the self-evaluation process is, how widely it is used or how effective it is.
- The overwhelming majority of internal responses stated that our scrutiny functions should collaborate and work closely together. External responses to this question touched on the importance of feedback, listening and collaboration with people experiencing care.

The future of the Care Inspectorate







In the surveys, we asked what the next five years should look like for the Care Inspectorate and what we should do more/less of.

- The most common responses in the internal survey focused on better and more efficient systems, a proven track record of amplifying the voices of people experiencing care and investment in our own people.
- People felt we should really promote the range of our remit, including being more vocal about social work responsibilities. This was supported in the external survey, specifically the importance of ensuring family and friends of people experiencing care are aware of our remit.
- Respondents felt we were good at collaborating, looking for opportunities to improve and grow, and supporting staff to have a good work-life balance and that these should continue.
- The majority of external respondents recommended continuing to listen, through questionnaires, focus groups and face to face events.
- The need to drive improvement separately from just inspection came across in the majority of external survey comments.

Summary of corporate plan consultation - survey respondents and engagement session attendees

Surveys

A total of 52 people responded to our external survey. The breakdown is as follows:

Someone who owns, runs or works in a care service		54.90%
Someone who uses a care service		0.00%
Someone who cares for a loved one who uses a care service		3.92%
An interested member of the public		3.92%
Someone with a professional interest in care		11.76%
Someone who represents a partnership (health and social care; community planning; community justice, local authority)		13.73%
Other (including partnership organisations and advocacy groups):		11.76%

A total of 44 people responded to our internal survey. The breakdown from directorates is as follows:

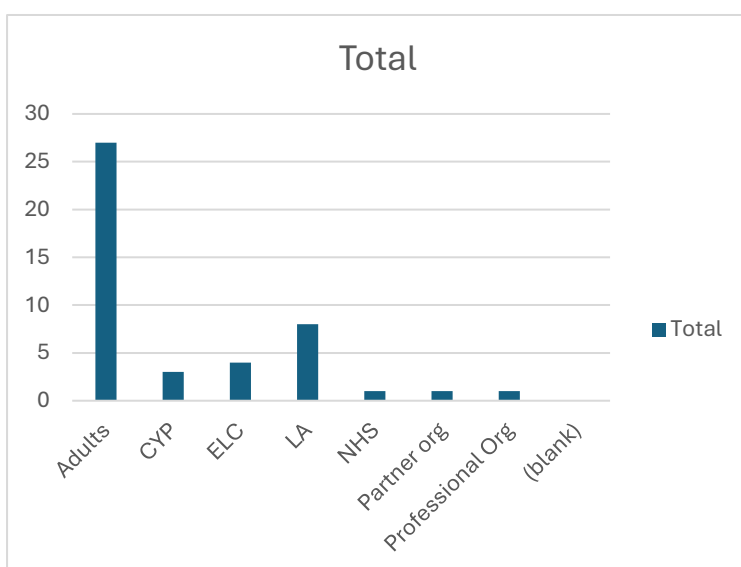
- Assurance and Improvement: 35
- Data and Digital: 4
- Corporate Services: 5

Engagement sessions

Internal engagement sessions

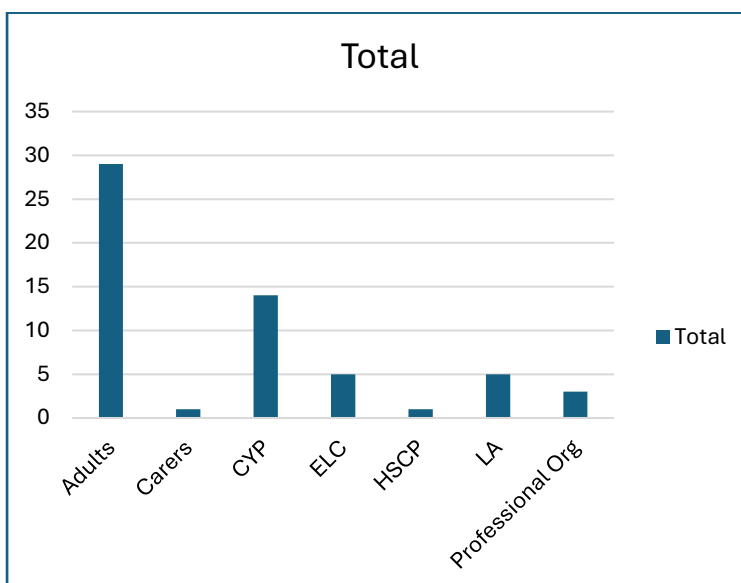
Assurance and improvement (two sessions)	58 attendees
Corporate and customer services	48 attendees
Open session (all staff)	40 attendees
Digital and Data Directorate	14 attendees
Volunteers	2 attendees
Total	162

External engagement session 1: 8 May 2025



Adults	27
CYP	3
ELC	4
LA	8
NHS	1
Partner org	1
Professional Org	1
Total	45

External engagement session 2: 19 May 2025



Adults	29
Carers	1
CYP	14
ELC	5
HSCP	1
LA	5
Professional Org	3
Total	58

A session on the corporate plan was also held at the Strategic Quality Conversation and individual sessions have been held with organisations at their request.

Further consultation on the new draft will take place in Autumn with a focus on those who experience care, their families and friends, and representative organisations.

BOARD MEETING 25 SEPTEMBER 2025

Agenda item 10
Report No: B-14-2025/26



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

EXECUTIVE SUMMARY

The Strategic Risk Register monitoring position is presented for the Board's consideration. The Audit and Risk Committee reviewed the position at its meeting of 4 September 2025.

The Board is invited to:

1. Approve the Risk Policy (Appendix 1)
2. Approve the Risk Appetite Statement (Appendix 2)
3. Consider the current risk monitoring position (Appendix 4).

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

Equality Impact Assessment

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

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

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

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

STRATEGIC RISK REGISTER MONITORING REPORT**1.0 INTRODUCTION**

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

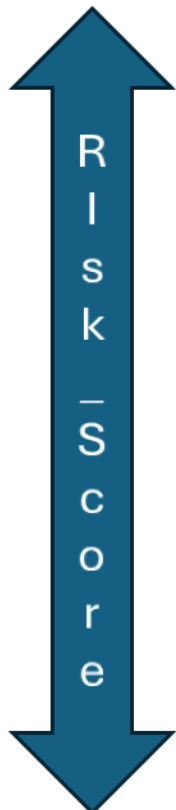
The Board had its annual review of risk at a Board Development on 5 June 2025. This was informed by an internal audit on Risk Management.

2.0 CHANGES TO RISK MANAGEMENT FRAMEWORK

As a result of the Board Development Event and internal audit report the following changes have been made to our risk management framework:

- Risk appetite has been linked to risk scores to better track movement in risk (see figure below). The Audit and Risk Committee have requested this be revisited and examples provided of how this relates to risk scoring.
- Risk targets and risk tolerance has been reviewed for each strategic risk. Where appropriate a timescale has been added to tolerance levels.

The Risk Policy (Appendix 1) and Risk Appetite Statement (Appendix 2) were considered at the Board Development Event and no substantive changes were proposed. The Audit and Risk Committee reviewed these documents at its meeting of 4 September 2025 and is recommending the Board approve these documents.



Risk Score	Risk Grade	Appetite
20 - 25	Very High	EAGER
12 - 19	High	RECEPTIVE
6 - 11	Medium	CAUTIOUS
3 - 5	Low	MINIMALIST
1 - 2	Very Low	AVERSE

3.0 2025/26 STRATEGIC RISK REGISTER

3.1 Strategic Risk 1 - Financial Sustainability (our continuing ability to fund our core activities)

Risk Owner – Executive Director of Corporate Services

The residual risk score has reduced from 8 (medium) to 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.

This risk is at its target level.

3.2 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 16 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.

3.3 Strategic Risk 3 – IT Data Access & Cyber Security
Risk Owner – Executive Director of Digital and Data

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

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

The target level for this risk is 6 (medium) and our tolerance has been set at 12 (high). This risk has been above its target level for 43 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.

3.4 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).

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

This risk has been above its target level for 30 months.

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

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

The residual risk score has reduced from 15 (high) to 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 17 months but is now within the tolerance level.

4.0 RESIDUAL RISK TOLERANCE RATING

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

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

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

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS

5.1 Resources

There are no resource implications associated with this report.

5.2 Sustainability

There are no sustainability implications associated with this report.

5.3 Policy

There are no policy implications associated with this report.

5.4 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.

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5.5 Customers (Internal and/or External)

There are no direct customer implications or benefits.

6.0 CONCLUSIONS/NEXT STEPS

6.1 The Board is requested to review the Strategic Risk Register.

Care Inspectorate Risk Policy

Table of Contents

- 1.0 Introduction
- 2.0 Corporate Statement on Risk
- 3.0 Risk Identification
- 4.0 Risk Escalation Procedures
- 5.0 Roles & Responsibilities
- 6.0 Risk Management as part of the system of internal control
- 7.0 Risk Appetite
- 8.0 Types of risk and response
- 9.0 Risk Management Processes

Approved by Board: 25 September 2025 (provisional)

POLICY REVIEW DATE: April 2027

1.0 Introduction

This Risk Management Policy forms part of the Care Inspectorate's internal control and corporate governance arrangements. Separate operational documentation exists for risks relating to the inspection process.

This policy sets out how and why the Care Inspectorate carries out risk management, explaining the underlying approach to risk management, documenting the roles and responsibilities of the Board, senior management and other key parties.

2.0 Corporate Statement on Risk

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards. We also carry out joint inspections with other regulators to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards. We provide independent assurance and protection for people who use services, their families and carers and the wider public. In addition, we play a significant role in supporting improvements in the quality of services for people in Scotland.

The Board takes a positive and pro-active approach to managing risk and regards effective risk management as an essential tool in ensuring the successful delivery of the Corporate Plan outcomes.

The Care Inspectorate has adopted the "3 Lines of Defence" model for summarising its governance of risk. The First Line of Defence is the effective day to day management of risk ensuring application of controls and prompt escalation of any issues. The Second Line of Defence is the risk framework, including, financial controls, quality and compliance. The Third Line of defence is Internal and External Audit assurance.

The following principles outline the Care Inspectorate's approach to risk management and internal control:

- The Board has responsibility for overseeing risk management and delegates certain aspects to the Audit and Risk Committee. In carrying out this responsibility, the Board is clear about its appetite for risk and adopts an open and receptive approach to solving risk problems and addressing risk implications.
- The Chief Executive and senior managers support, advise on and implement policies approved by the Board, providing conservative and prudent recognition and disclosure of financial and non-financial implications of risks.
- Managers are responsible for encouraging good risk management practice within their functional areas.

- Key risk indicators will be identified and closely monitored on a regular basis with changes in assessed risk regularly reported to the Strategic Management Group, Audit and Risk Committee or Board as appropriate.

3.0 Risk Identification

A formal risk identification and review exercise is carried out annually by the Board. Risks can also be identified at any time by the Board, the Audit and Risk Committee, Finance and Resources Committee or management.

4.0 Risk Escalation Procedures

Risks will be escalated in cases where:

- the controls are not effective in managing a risk to the tolerance level
- the controls are not reflecting the risk velocity

Escalation of Strategic Risks – these will be reviewed periodically by the Strategic Management Group (SMG) who will decide what to escalate to the Board.

Escalation of Directorate Risks – an Executive Director should escalate risks to the Strategic Management Group when it is of corporate significance or is outside his/her agreed tolerances. This can require an action plan to be developed to mitigate any identified risks. The Strategic Management Group will consider any escalated risks for treatment as a strategic risk under Strategic Management Group scrutiny.

Escalation of Team Risks – any high graded team risks will be escalated to the Directorate Management Team. It is the Executive Director's role to manage the risk, acknowledging his / her greater level of delegated authority, greater strategic perspective of risk tolerance and ability to flex resources under his/her control. Directors will determine the correct treatment for an escalated risk following discussion with the Directorate Management Team before empowering the Head of Service/Chief Inspector to take action or tolerate an increased level of risk that would not normally be within their discretion.

Escalation of Programme / Project Risks – Programme and Project Risks will be identified by the Programme / Project Manager who will present and review these as appropriate with the Strategic Management Group. The Strategic Management group will keep under review the need to escalate any Programme / Project risks for review as a potential strategic risk.

5.0 Roles and Responsibilities

5.1 Role of the Board

The Board has a fundamental role to play in setting the tone and influencing the culture of risk management within the Care Inspectorate. The Board also holds the

Chief Executive to account for the effective management of risk. The Board's role includes :-

- Determining the appropriate risk appetite or level of exposure for the Care Inspectorate
- Setting the standards and expectations of staff with respect to conduct and probity
- Approving major decisions affecting the Care Inspectorate's risk profile or exposure
- Monitoring the management of significant risks to reduce their likelihood
- Satisfying itself that risk management is appropriately practiced and embedded throughout the Care Inspectorate
- Through the Audit and Risk Committee, ensuring strategic risk is effectively monitored and appropriate responses are made to changes in assessed levels of risk
- Through the Audit and Risk Committee, annually reviewing the Care Inspectorate's approach to risk management and subsequently approving changes or improvements to key elements of its processes and procedures

5.2 Role of the Chief Executive

The Chief Executive, as Accountable Officer, is required to ensure there are sound and effective arrangements for internal control and risk management.

5.3 Role of Senior Management

Key roles of the Care Inspectorate's senior managers are to:

- Implement policies on risk management and internal control
- Identify, monitor and evaluate the strategic risks faced by the Care Inspectorate for consideration by the Board
- Provide adequate information in a timely manner to the Board and its Committees on the status of risks and controls
- Undertake an annual review of effectiveness of the system of internal control and provide a report to the Audit and Risk Committee and Board
- Ensure operational risks in their areas of responsibility are identified, monitored and controlled, taking appropriate action to mitigate risks and escalating issues as appropriate.
- Carry out a quarterly review of the strategic risks and report at least biannually to the Audit and Risk Committee

6.0 Risk Management as part of the system of internal control

The system of internal control incorporates risk management. This system encompasses a number of elements that together facilitate an effective and efficient operation, enabling the Care Inspectorate to respond to a variety of operational and financial risks. These elements include:

a) Policies and Procedures

Attached to significant risks are a series of policies that underpin the internal control procedures. The policies are set by the Board and implemented and communicated by senior management to staff. Written procedures support the policies where appropriate. Training for staff and Board members is sourced and delivered as required.

b) Regular Reporting

Regular reporting is designed to monitor key risks and their controls. Decisions to rectify problems are made at regular meetings of the Strategic Management Group (and also the Audit and Risk Committee, Finance and Resources Committee and Board if appropriate).

c) Corporate Planning and Budgeting

The planning and budgeting process is used to set objectives, agree action plans and allocate resources. Progress towards meeting objectives is monitored regularly.

d) Strategic Risk Review (significant risks only)

A formal annual strategic risk review helps to facilitate the identification, assessment and ongoing monitoring of risks that are of strategic significance to the Care Inspectorate. The risk register is formally appraised annually but emerging risks are assessed and added as required. Risk indicators are monitored regularly to detect changes to risk profile. Improvement actions or risk mitigation actions are taken as appropriate. A similar approach is carried out for operational risks at a Directorate level.

e) Audit and Risk Committee

The Audit and Risk Committee's remit includes responsibility to evaluate the organisation's risk management and to consider and make recommendations to the Board on the risk register and the measures identified to manage risk. The Audit and Risk Committee is required to report to the Board on internal controls and alert the Board members to any emerging issues. In addition, the Committee oversees internal audit, external audit and management as required in its review of internal controls. The Committee is therefore well placed to provide advice to the Board on the effectiveness of the internal control system, including the Care Inspectorate's system for managing risk.

f) Internal Audit Programme

Internal audit is an important element of the internal control process. Apart from its normal programme of work, which is regularly aligned to the strategic risks, internal audit is responsible for aspects of the annual review of the effectiveness of the internal control system within the Care Inspectorate.

g) External Audit

External audit provides feedback to the Audit and Risk Committee on the operation of the internal financial controls reviewed as part of the external audit as well as reviewing corporate governance and best value arrangements.

h) Third Party Reports

From time to time, the use of external consultants will be necessary in areas such as health and safety and human resources. The use of independent third parties for consulting and reporting can augment the reliability of the internal control system.

7.0 Risk Appetite

Why do we need to determine our risk appetite?

If managers are running the organisation with insufficient guidance on the levels of risk that are legitimate for them to take or are not seizing opportunities due to a perception that taking on additional risk is discouraged then organisational performance will not be maximised and business opportunities will not be taken. At the other end of the scale, an organisation constantly erring on the side of caution, or one that has a risk averse culture, is one that will stifle creativity, not necessarily encourage innovation or exploit opportunities.

Organisations that have not made a formal statement on risk appetite therefore have a control problem. Without such a statement, managers have insufficient guidance on the levels of risk they are permitted to take.

The Board has reviewed and approved a Risk Appetite Statement and this will be kept under annual review as a minimum. The Strategic Management Group is responsible for developing Risk Tolerance Statements for individual risks in support of the overall Risk Appetite Statement.

8.0 Types of Risk and Response

8.1 Types of Risk

There are four broad classifications of risk as follows:

- a) Internal Risk – these are risks over which the organisation has some control, ie risks that can be managed through internal controls and mitigating actions. Examples include fraud, health and safety, capacity and capability and data security.
- b) External Risk – this category focussed on big external events and then considers how to make the organisation more resilient. Risks in this category have a very low likelihood but overall, the chance of one out of the many occurring is not low. Examples include cyber attacks, extreme

weather, building fire or flood. A tried and tested approach to such risks is through developing a resilience framework or business continuity plan.

- c) Strategic Risk – this category focusses on the organisation's raison d'être and key objectives (as set out in the corporate plan) identifying the principal risks to the achievement of those objectives within a set timeframe. Examples include immediate impact risks such as a sudden loss of case service data as well as slower burning risks that grow and eventually prevent delivery of objectives such as staff turnover or loss of leadership capability.
- d) Major Projects – this category focusses on the major projects that need to be considered at Board level in their own right. There is no standard reporting format for this category. Risks could involve shifting requirements, failure to deliver or slippage in delivery timeframes of a major digital project.

8.2 Types of Response

There are four types of responses to risks:

- a) tolerate – for unavoidable risks, or those so mild or remote as to make avoidance action disproportionate or unattractive
- b) treat – for risks that can be reduced or eliminated by prevention or other control action
- c) transfer – where another party can take on some or all of the risk more economically or more effectively e.g. sharing risk with a contractor
- d) terminate – for intolerable risks, but only where it is possible for the organisation to exit

9.0 Risk Management Processes

9.1 Identification of New Risks

New Risks can be identified by the Strategic Management Group, the Audit and Risk Committee, Finance and Resources Committee or the Board and will be documented using the established pro-forma that captures risk data including : risk owner, situation description, cause and consequences, scoring of raw risk, risk velocity, control measures, scoring of residual risk, further action required, risk appetite, risk target and risk tolerance .

For a new risk, it is the Raw Risk score that determines how significant a risk is and whether it requires to be included on the Board Strategic Risk Register.

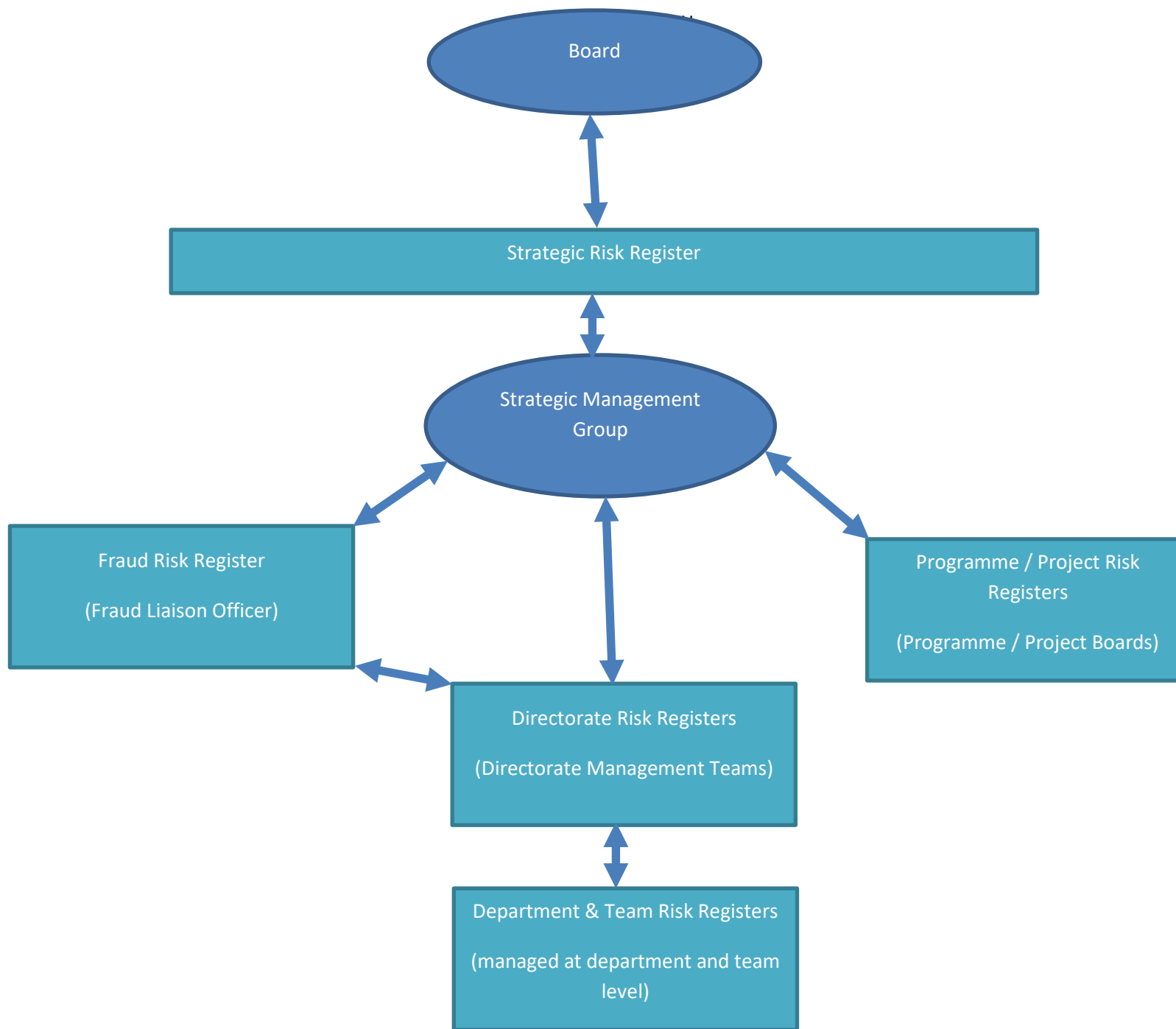
9.2 Review of Risks and Planning and Implementing Actions

The Board, through the Audit and Risk Committee, is responsible for reviewing the effectiveness of internal control of the Care Inspectorate, based on information provided by senior management. Risk is a standing item on the Audit and Risk Committee agenda as well as being a standing item on the Board agenda.

The Audit and Risk Committee hosts a Board Development event annually to review the Strategic Risk Register. This includes examination of the Care Inspectorate's track record on risk management and internal control. In addition, the Board considers the internal and external risk profile for the coming year and considers if current internal control arrangements are likely to be effective.

During the year, the Strategic Management Group will consider and update in-year changes to the residual risk scores and update the Audit and Risk Committee accordingly. The Audit and Risk Committee receives an update on the Risk Register at each of its meetings.

The diagram below shows the Care Inspectorate's Risk Management Framework:



CARE INSPECTORATE RISK APPETITE STATEMENT

As a scrutiny body that supports improvement, we manage risk on a day-to-day basis. Through use of evidence and intelligence, we monitor and assess whether providers, community planning partners and health and social care partners are managing the different risks for people who experience care and their carers to deliver positive outcomes that meet the needs, rights and choices of individuals. We use this risk-based intelligence to inform how we best deploy our finite resources to scrutinise and support improvement across care services and the broader care sector.

As a regulator, we must ensure that we are managing the risks to our organisation in a highly effective way and set the standard that we expect of others. We need to do this in a way that balances safeguarding public protection and providing assurance on the quality of care with supporting the need for innovation in the way that services are planned, commissioned and delivered.

Risk Appetite Definitions

We classify our risk appetite using the table below:

Classification	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimalist	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.

Receptive	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

Risk Categories

We consider our risk appetite across the risk categories described in the table below. When considering the risk associated with our activities, we use these risk categories to inform our risk appetite, risk target and risk tolerance.

Risk Category	Category Descriptor	Risk Appetite - Statement	Risk Appetite Descriptor
Strategy	Risks arising from identifying and pursuing a strategy, which is poorly defined, is based on flawed or inaccurate data or fails to support the delivery of commitments, plans or objectives due to a changing macro-environment (e.g., political, economic, social, technological, environment and legislative change)	We strive to ensure the strategies we identify and pursue are well defined and based on the best available information, but it is recognised that perfect information is not available and changes to the macro environment tend to be out with our control and can occur at a rapid rate. There is a balance to be struck between the perfect strategy and the need to deliver the intended outcome within an appropriate time scale. We will take risks in an informed, deliberate and thoughtful way with quantitative and qualitative evaluation being an inherent part of our approach.	Receptive

Risk Category	Category Descriptor	Risk Appetite - Statement	Risk Appetite Descriptor
Governance	Risks arising from unclear plans, priorities, authorities and accountabilities, and/or ineffective or disproportionate oversight of decision-making and/or performance	We strive to be an organisation that is recognised for excellent governance	Cautious
Operations Risks	Risks arising from inadequate, poorly designed or ineffective/inefficient internal processes resulting in fraud, error, impaired customer service (quality and/or quantity of service), non-compliance and/or poor value for money.	We are willing to consider all potential delivery options and choose one that is most likely to result in successful delivery while also providing an acceptable level of reward (best value, stakeholder satisfaction etc.). Rather than avoiding innovation, we are open to innovation if there are commensurate quality assurance processes, evaluation and robust internal controls. Efficiency is a very high priority to maximise our ability to pursue our strategic goals and achieve sustainability. Furthermore, efficiency is within our control and should be a focus for all business activities. We therefore have a receptive risk appetite for exploring best value / efficiency initiatives	Receptive

Risk Category	Category Descriptor	Risk Appetite - Statement	Risk Appetite Descriptor
Legal	Risks arising from a defective transaction, a claim being made (including a defence to a claim or a counterclaim) or some other legal event occurring that results in a liability or other loss, or a failure to take appropriate measures to meet legal or regulatory requirements or to protect assets (for example, intellectual property).	We aim to reduce our risk of failing to meet our legal obligations to a managed position of being 'as low as reasonably practicable'. The tolerance for risk taking is generally minimalist and is limited to those events where there is little chance of any significant repercussion for the Care Inspectorate should there be a compliance failure	Minimalist
Property	Risks arising from property deficiencies or poorly designed or ineffective/ inefficient safety management resulting in non-compliance and/or harm and suffering to employees, contractors, service users or the public.	We strive to have well maintained properties that are fit for purpose. The safety of our staff, contractors, service users or other visitors to our properties is of high importance.	Minimalist
Financial	Risks arising from not managing finances in accordance with requirements and financial constraints resulting in poor returns from investments, failure to manage assets/liabilities or to obtain value for money from the resources deployed, and/or non-compliant financial reporting.	We operate within a tightly controlled and audited financial regime. We generally maintain a cautious risk appetite and our preference is for a relatively conservative approach. We are also willing to consider the benefits of any proposed course of action and in doing so, are prepared to accept the possibility of some limited financial loss.	Cautious

Risk Category	Category Descriptor	Risk Appetite - Statement	Risk Appetite Descriptor
Commercial	Risks arising from weaknesses in the management of commercial partnerships, supply chains and contractual requirements, resulting in poor performance, inefficiency, poor value for money, fraud, and /or failure to meet business requirements/objectives.	We have established procurement strategy, policy and procedures. We also participate in a procurement and a counter fraud, bribery and corruption shared service. Within this context we are willing to take an element of risk to ensure Best Value from our commercial arrangements.	Cautious
People	Risks arising from ineffective leadership and engagement, suboptimal culture, inappropriate behaviours, the unavailability of sufficient capacity and capability, industrial action and/or non-compliance with relevant employment legislation/HR policies resulting in negative impact on performance.	We recognise that our staff are critical to the achievement of our strategic priorities. The support of our staff is key to making the Care inspectorate an inspiring and safe place to work.	Cautious
Technology	Risks arising from technology not delivering the expected services due to inadequate or deficient system/process development and performance or inadequate resilience.	We are currently engaged in a programme of digital transformation designed to improve the technology our staff rely on. However, we do still have legacy systems in operation. We are willing to consider options for improving our technology and progress the option most likely to deliver success and the most valuable benefits. In doing so we are willing to accept a higher level of risk	Receptive

Risk Category	Category Descriptor	Risk Appetite - Statement	Risk Appetite Descriptor
Information	Risks arising from a failure to produce robust, suitable and appropriate data/information and to exploit data/information to its full potential.	We are striving to become more intelligence led and ensure we fully exploit the data / information available to us. In pursuit of this aim we are willing to accept a higher level of risk	Receptive
Security	Risks arising from a failure to prevent unauthorised and/or inappropriate access to the estate and information, including cyber security and non-compliance with General Data Protection Regulation requirements.	The tolerance for risk taking is generally minimalist and is limited to those initiatives or events where there is little chance of any significant repercussion for the Care Inspectorate should there be a security failure	Minimalist
Project / Programme	Risks that change programmes and projects are not aligned with strategic priorities and do not successfully and safely deliver requirements and intended benefits to time, cost and quality	We are concerned that our projects and programmes are and remain aligned to our strategic priorities throughout the project / programme lifecycle. We do recognise that projects and programmes may be complex and realising benefits to time cost and quality is not a given, but we do expect robust governance that manages this risk	Minimalist

Risk Category	Category Descriptor	Risk Appetite - Statement	Risk Appetite Descriptor
Reputational	Risks arising from adverse events, including ethical violations, a lack of sustainability, systemic or repeated failures or poor quality or a lack of innovation, leading to damages to reputation and or destruction of trust and relations.	We understand that reputational risk is of critical importance to the work we do. We therefore aim to be open, transparent and proportionate in our scrutiny and improvement work as issues arise. This is of significance across all our regulatory activities and the use of evidence and professional judgement and evaluation must be underpinned by sound and consistent approaches to risk assessment and quality assurance. The Care Inspectorate's risk appetite allows for decisions to be taken that have the potential to expose the Care Inspectorate to additional scrutiny from e.g., Government or media but only where appropriate steps have been taken to minimise any adverse exposure	Cautious

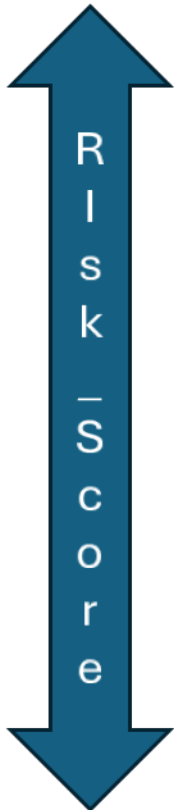
SUMMARY STRATEGIC RISK REGISTER: 2025/26 (as at 25 September 2025)

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

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

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



Risk Score	Risk Grade	Appetite
20 - 25	Very High	EAGER
12 - 19	High	RECEPTIVE
6 - 11	Medium	CAUTIOUS
3 - 5	Low	MINIMALIST
1 - 2	Very Low	AVERSE

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 25 September 2025															
Risk																
				</												

	<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>What would the consequences be?</p> <ul style="list-style-type: none">• Inability to provide the desired level of scrutiny, assurance and improvement support• Inability to deliver good governance and provide reliable internal corporate services to support the efficient and effective running of the organisation• Reduction in the quality of care and protection for vulnerable people across Scotland• Reputational damage with reduced public and political confidence• Possible reduced SG funding• Lack of ability and credibility to positively influence change such as SG policy development and to drive innovation• Significant delays for new services applying to register becoming operational (may become a barrier to registering new services)• Extended periods of time between planned inspections reducing scrutiny and assurance effectiveness and reducing the credibility and reliability of our grading system• Inability to investigate and deal with complaints within a reasonable timescale placing people who use care services at greater risk.											<div>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 & 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>IT Data Access & Cyber Security</p> <p>What is the Potential Situation?</p> <p>Our systems or data are compromised due to cyber security attack.</p> <p>What could cause this to arise?</p> <p>Low overall maturity in security policy, procedure and controls. Lack of security awareness training, failure to invest in the controls and infrastructure to limit, detect and respond quickly to threats.</p> <p>What would the consequences be?</p> <p>Serious disruption to business and operational activities, we are held to ransom or face significant fines, potential loss of intelligence, impact on public / political confidence, loss of reputation, additional recovery costs, increased risk of fraud, additional scrutiny overhead.</p>	5	4	20	VH	3	4	12	H	High	↔	<div>In Place:</div> <div>i. IT security compliance monitoring and reporting to evidence the controls.</div> <div>ii. IT staff trained on security products in use, with dedicated security resource to develop plans</div> <div>iii. Active security controls aligned with NCSC guidelines Disaster Recovery plans in place to support data and system recovery</div> <div>iv. Cyber Security assessments (including Cyber Essentials+) maintained annually</div> <div>v. Routine security testing of internal and externally facing systems</div> <div>vi. Cyber Security Maturity baselined to a Defined/Managed level, with an improvement plan to develop towards a uniform Managed state</div> <div>vii. Information Security and Governance Working Group to</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: medium (6)</div> <div>Tolerance: high (12)</div> <div>Review 31/03/26</div> <div>Has exceeded tolerance for 43 months. The Residual Risk Score is expected to reduce once the ISMS is in place and the improvement project can evidence the target state of Managed for Cyber Security Maturity and custom bespoke applications are removed from the estate.</div> <div>Rating: Green</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 3rd 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>Legacy Business Applications What is the Potential Situation? 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	H	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>3rd 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 3rd 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: medium (6)</div><div>Tolerance: medium (10)</div><div>Above target and tolerance level for 30 months. Risk profile is expected to reduce when there is evidence that the 3rd party support partner is able to provide support for issues and changes, via the new managed service arrangement, or the legacy system is replaced.</div><div>Rating: Red</div></div>	EDDD

	fail prior to the replacement system being in place and the incumbent team are unable restore the system to support continuity of business operations.												partner, to support knowledge transfer and demonstrate a reduced dependency.	Response: Treat	
	<p>What could cause this to arise? Loss of key personnel, and domain knowledge that is critical to maintaining continuity of service that are dependent upon legacy systems.</p> <p>What would the consequences be?</p> <ul style="list-style-type: none"> • Ever increasing likelihood of service outage, degradation, and unresolved errors, resulting in information becoming inaccessible or inaccurate. • Legacy applications cannot be enhanced to meet internal and external stakeholder needs. • No capability to support NCS and evolving needs of government and partner organisations. • Unable to meet statutory requirements and to produce accurate reports on time. • Staff resort to cumbersome and inefficient workarounds, decreasing efficiency and increasing operational costs. This could result in missed reporting deadlines, staff frustration, provider frustration and ultimately reputational risk. • Increasing operational costs required to maintain a basic level of service. 														
5	<p>Capacity Diverted to Inquiries and Operation Koper</p> <p>What is the Potential Situation? Our staff are required to devote a significant proportion of their available capacity towards responding effectively to the demands of Operation Koper, the UK Covid Inquiry, the Scottish Covid Inquiry and the Historical Abuse Inquiry. This is at the expense of our core scrutiny and quality improvement work.</p> <p>What could cause this to arise? The Inquiries and Operation Koper are important and in order to make an effective, timely and competent contribution significant time is required of our Inspectors, Team Managers, Service Managers, Chief Inspectors, our legal team, Improvement Advisers, business support and the Executive Director of Scrutiny and Assurance to provide the information demanded, prepare witness statements and otherwise support the demands of the inquiries / Koper. This is at a point in time when our workforce capacity is already under pressure.</p> <p>What would the consequences be? 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"> i. Modelled time commitment for Operation Koper activity ii. Sponsor informed of this risk iii. Staff involved recording time spent on Inquiry / Koper work iv. Close monitoring of highest priority / risk scrutiny activity to ensure still undertaken 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Improve our ability to report on impact on planned scrutiny activity ii. Review risk as impact has switched away from Inspector capacity towards leadership capacity 	<p>Appetite: cautious Target: medium (6) Tolerance: medium (10)</p> <p>Above target and tolerance level for 14 months</p> <p>Rating: Green</p> <p>Response: Treat</p>	EDAI (ad) EDAI (ch)



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

EXECUTIVE SUMMARY

This report presents the Q1 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 Q1 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.

Every year, we review our targets to ensure they remain relevant. We have updated one target for KPI-6 (staff absence) as a result.

The Board is invited to:

1. Discuss and note the report.

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

Data Protection Impact Assessment Screening		
Yes <input checked="" type="checkbox"/>	Not Yet <input type="checkbox"/>	No <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.

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

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

MONITORING OUR PERFORMANCE 2025/26 - QUARTER 1 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.

Updates to benchmark

Every year, we review our targets to ensure they remain relevant. We have updated one target for KPI-6 (staff absence) as a result. The new target for staff absence is between 2.2% and 4.5% in line with public sector benchmarks.

Summary of performance

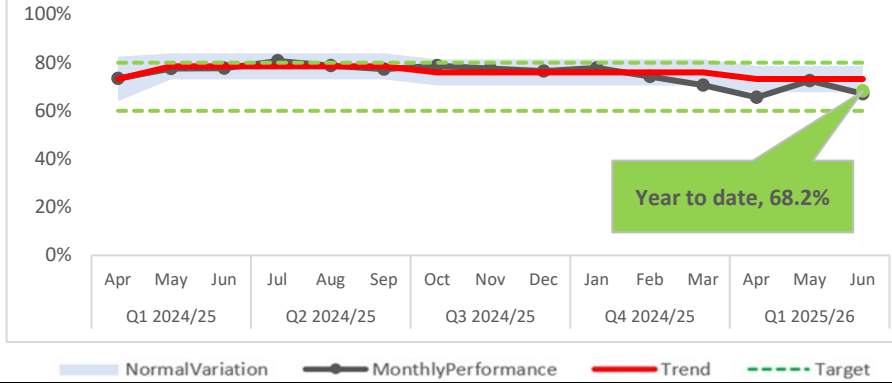
This table shows a summary of performance for the **year to date** for each KPI.

Strategic outcome: High-quality care for all	Strategic outcome: Improving outcomes for all	Strategic outcome: Our people are skilled, confident and well supported to carry out their roles
KPI-1: % of people telling us that our scrutiny will improve care 96.4% [Target: 90%]	KPI-4: % of people telling us that our quality improvement support will improve care 97.2% [Target: 90%]	KPI-5: % staff completing core learning 75.7% [Target: 95%]
KPI-2: % scrutiny hours spent in high and medium risk services 68.2% [Target: 60-80%]		KPI-6: % staff sickness absence 6.0% [Target: 2.2%-4.5%]
KPI-3: % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) 90.3% [Target: 80%]		KPI-7: % staff turnover 5.2% [Target: <10%]
		KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work 26.5 days [Target: 30 days per month]
Colour code: Target achieved, Slightly below target, Significantly below target.		

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 30 JUNE 2025

Strategic outcome: High-quality care for all

KPI-1: % of people telling us that our scrutiny will improve care			Ex Dir. Assurance and Improvement
Q1 year to date (Target 90%)	96.4% (167 responses)		
KPI/KOI links:	KPI-4		
<p>Analysis:</p> <ul style="list-style-type: none"> Target met. 96.4% of respondents agreed our scrutiny will improve care in 2025/26, which is a slight improvement compared to 94.4% in Q1 2024-25. The highest proportion of responses were Inspection Satisfaction Questionnaire (ISQ) responses from staff & managers (145 of the 167 responses). ISQ responses from people who use services, relatives and visitors remains low (2 of the 167 responses). We received 20 Registration Experience Applicant Feedback Survey responses in Q1, which is a response rate of 13% in relation to the number of registrations completed. <p>Actions:</p> <ul style="list-style-type: none"> Increase response rates: <ul style="list-style-type: none"> We continue to issue regular reminders to inspection staff to give out surveys to people who use care services, relatives and visitors whilst on the inspection visit. There was a decrease in ISQ responses for staff & managers following the introduction of the new online questionnaire that was implemented in October 2024. From 1 July 2025 we changed the process for sharing the questionnaire link to make it more prominent, easier to share, and ultimately to improve the response rate of these questionnaires. We will continue to closely monitor the response rates following this change. 			

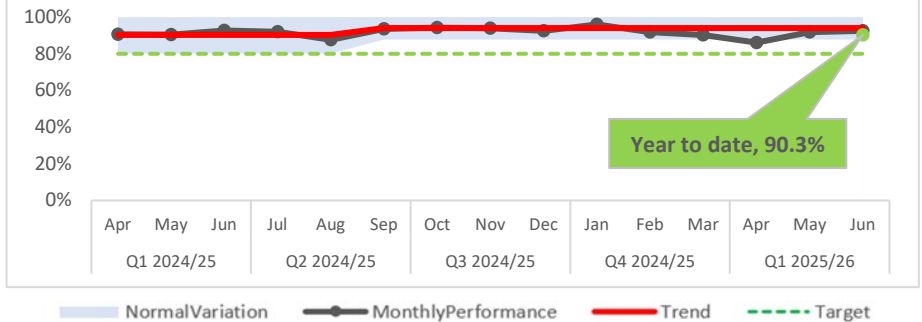
KPI-2: % scrutiny hours spent in high and medium risk services		Ex Dir. Assurance and Improvement																																
Q1 year to date (Target 60-80%)	68.2% (37,562 of 55,093 hours)	<div><table border="1"><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Apr Q1 2024/25</td><td>72.0</td></tr><tr><td>May Q1 2024/25</td><td>76.0</td></tr><tr><td>Jun Q1 2024/25</td><td>76.0</td></tr><tr><td>Jul Q2 2024/25</td><td>80.0</td></tr><tr><td>Aug Q2 2024/25</td><td>78.0</td></tr><tr><td>Sep Q2 2024/25</td><td>76.0</td></tr><tr><td>Oct Q3 2024/25</td><td>78.0</td></tr><tr><td>Nov Q3 2024/25</td><td>76.0</td></tr><tr><td>Dec Q3 2024/25</td><td>76.0</td></tr><tr><td>Jan Q4 2024/25</td><td>78.0</td></tr><tr><td>Feb Q4 2024/25</td><td>74.0</td></tr><tr><td>Mar Q4 2024/25</td><td>70.0</td></tr><tr><td>Apr Q1 2025/26</td><td>65.0</td></tr><tr><td>May Q1 2025/26</td><td>72.0</td></tr><tr><td>Jun Q1 2025/26</td><td>68.2</td></tr></tbody></table><p>Normal Variation Monthly Performance Trend Target</p></div>	Month	Performance (%)	Apr Q1 2024/25	72.0	May Q1 2024/25	76.0	Jun Q1 2024/25	76.0	Jul Q2 2024/25	80.0	Aug Q2 2024/25	78.0	Sep Q2 2024/25	76.0	Oct Q3 2024/25	78.0	Nov Q3 2024/25	76.0	Dec Q3 2024/25	76.0	Jan Q4 2024/25	78.0	Feb Q4 2024/25	74.0	Mar Q4 2024/25	70.0	Apr Q1 2025/26	65.0	May Q1 2025/26	72.0	Jun Q1 2025/26	68.2
Month	Performance (%)																																	
Apr Q1 2024/25	72.0																																	
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Apr Q1 2025/26	65.0																																	
May Q1 2025/26	72.0																																	
Jun Q1 2025/26	68.2																																	
KPI/KOI links:	KOI-1, KOI-3																																	
Analysis: <ul style="list-style-type: none">Performance remains within target range and normal limits.Time spent in high risk services during Q1 is lower compared with the same period last year (76.2%). This pattern was evident across a number of the larger groups of service types, including care homes for older people, adults and children and young people; housing support services; daycare of children and childminders. This reflects our inspection priorities for 2025/26. It can also be considered in the context of increasing quality evaluations of these service types (see KOI-1) and decreasing number of services with poor quality evaluations – 205 services with grades of less than adequate at 30 June 24 compared with 150 at 30 June 25 (KOI-3).																																		
Actions: <ul style="list-style-type: none">We will continue to deliver our scrutiny plan and monitor our performance.																																		

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

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

**Q1
year to date
(Target 80%)**

**90.3%
(542 of 600
complaints)**



KPI/KOI links KPI-2, KPI-6

Analysis:

- At the end of Q1, performance was above target and within normal limits, maintaining the high level of complaints resolved within timescales.

Actions:

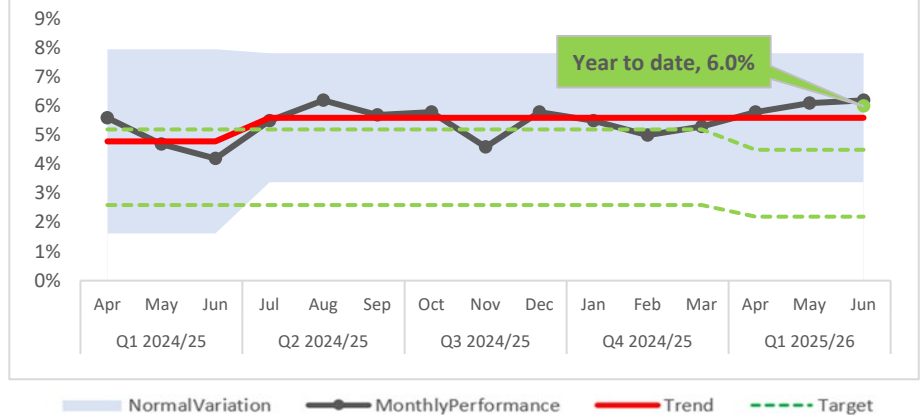
- We continue to support people to raise concerns and assess all concerns and complaints to ensure they are dealt with appropriately.
- We continue to encourage people to raise complaints confidentially opposed to anonymously, meaning that we are able to verify information and progress the complaint via one of our resolution pathways to ensure any identified issues are resolved.
- 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.

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)
Q1 year to date (Target 90%)	97.2% (137 of 141 responses)	
KPI/KOI links:	KPI-1	
Analysis: <ul style="list-style-type: none">The shift towards more targeted quality improvement (QI) interventions continues to influence the consistency of KPI-4 reporting. While we remain committed to submitting regular data, the evolving delivery approach means this may not always be achievable, e.g. targeted programmes such as Care Home Improvement Programme is in planning phase for cohort 3 and 4.<p>In April and May 2025 we recorded no responses. This may also be the case in the coming months due to the nature of targeted QI interventions. Creating bespoke QI interventions means running fewer generic programmes for wider groups of services and practitioners. This refined approach has enabled us to better support improvements aligned with findings from inspections, enforcement actions, and complaints, delivering measurable impact.</p>Recent publications have demonstrated the impact of our respective work and can be accessed through the following links.<p>Health and Social Care team highlights report 2024/25 PainChekpilot - Phase two of the PainChek pilot project is now complete and available to read. Reducing the use and misuse of psychoactive medication Care Home improvement programme cohort 2 report</p>QI consultancy (where we do not collect data for this KPI) remains a priority. This ensures we respond quickly to requests internally and externally. We complete on average around 65 per month.		
Actions: <ul style="list-style-type: none">We will continue to monitor performance at a monthly frequency and will explore alternative measures for the future to ensure we have a mechanism to consistently and continually measure the impact 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
Q1 year to date (Target 95%)	75.7%	
KPI/KOI links:	KPI-6	
Analysis: <ul style="list-style-type: none">Performance remains below target at 75.7%, which is higher compared to Q1 2024/25 at 65.3%, but slightly lower than at the end of Q4 2024/25 at 78.1%.This measure only includes staff who have completed the required core learning across all five modules by the end of Q1. 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.One of the core learning modules met the target of 95%: Cyber Security at 96 %. Completion rates increase in two modules since last quarter: Equalities has improved from 90% to 92% and Data Protection has improved from 89% to 90%. Protection remained at a similar completion rate of 86%. Completion of the Health and Safety module decreased from 90% to 85%.		
Actions: <ul style="list-style-type: none">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.Core learning topics continue to be highlighted through a regular update to all staff.We continue to work with subject area experts to ensure core learning modules for staff are appropriate and reflective of legislation. We have started work to create a bespoke equalities core learning module for inspectors and this is now ready for testing. This module is due to launch at the beginning of August 2025.A performance dashboard is shared with heads of service and executive directors each month to monitor performance across their areas of responsibility.Targeted emails are issued to remind staff to complete core learning modules where the learning is close to expiry or overdue. This month’s focus is on Health and Safety, reflecting a recent decline in compliance.		

KPI-6: % staff absence**Ex Dir. Corporate Services****Q1
year to date
(Target 2.2%-
4.5%)****6.0%****KPI/KOI links:** KPI-2, KPI-3, KPI-5, KPI-7**Analysis:**

- Sickness absence was above the target range at 6.0%, and has continued to increase during the quarter.
- The target for KPI-6 has been updated in line with the benchmark for public sector organisations. It has changed to 2.2% - 4.5% (previously 2.6% - 5.2%).
- 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>Q1 year to date (Target <10%)</div></div>	<div><div>5.2%</div></div>	<div><div><div><div><div>14%</div><div>12%</div><div>10%</div><div>8%</div><div>6%</div><div>4%</div><div>2%</div><div>0%</div></div><div><div>Apr</div><div>May</div><div>Jun</div><div>Jul</div><div>Aug</div><div>Sep</div><div>Oct</div><div>Nov</div><div>Dec</div><div>Jan</div><div>Feb</div><div>Mar</div><div>Apr</div><div>May</div><div>Jun</div></div><div><div>Q1 2024/25</div><div>Q2 2024/25</div><div>Q3 2024/25</div><div>Q4 2024/25</div><div>Q1 2025/26</div></div></div><div><div>NormalVariation</div><div>MonthlyPerformance</div><div>Trend</div><div>Target</div></div><div><div>Year to date, 5.2%</div></div></div></div>
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>• During Q1 2025/26, 6 staff left the organisation, of which: 3 retired, 1 left voluntarily and 2 staff left as their temporary contract ended.</div><div>• This is lower than in Q1 last year (9 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)
Q1 year to date (Target 30 days per month)	26.5 days	
KPI/KOI links:	N/A	
Analysis: <ul style="list-style-type: none">• Year to date performance is below target of 30 days per month.• Staff absence in the involvement & equalities team has affected, and will continue to affect, the days we can support volunteers.• During Q1, inspection volunteers (including young inspection volunteers) were involved in inspection activity on 40.5 days and other involvement activities on 39 days.• 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.• Our volunteers continue to be involved in a range of work across the Care Inspectorate. During Q1:<ul style="list-style-type: none">- Young volunteers continue to be actively involved in on-site strategic inspections and thematic reviews.		

- As part of the development of our new corporate parenting plan the young volunteers participated in a consultation development session.
- We celebrated two individuals who are moving onto paid employment and other volunteering opportunities.
- Interviews for both adult and young volunteers have been completed, and we are in the process of moving to stage 2 of recruitment.
- Adult volunteers have been consulted on and gave feedback to the registration team on the Design of Care Homes.
- Adult volunteers have been involved in the Professional Development Award (PDA) of an inspector who was looking at the involvement of volunteers in the complaints process.

Actions:

- Finalise the tender exercise for the framework of the provision of support for young volunteers.
- Support the successful volunteers who have passed the interview stage to the next stage of recruitment.
- There is ongoing work to enhance the debrief with inspection volunteers following inspections, ensuring that we capture feedback to improve volunteer experiences.

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:

1. Discuss and note the report.
2. Note and approve the use of revised public sector sickness absence benchmarks for 2025/26.

Key Outcome Indicators (KOIs) and Scrutiny and Assurance activities

Strategic outcome: High-quality care for all

KOI-1: % services with good or better grades (across all KQs)			Ex Dir. Assurance and Improvement																																	
Q1 year to date	87.5%	<div><table><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Apr 2024</td><td>85.4</td></tr><tr><td>May 2024</td><td>85.5</td></tr><tr><td>Jun 2024</td><td>85.6</td></tr><tr><td>Jul 2024</td><td>85.7</td></tr><tr><td>Aug 2024</td><td>85.8</td></tr><tr><td>Sep 2024</td><td>85.9</td></tr><tr><td>Oct 2024</td><td>86.0</td></tr><tr><td>Nov 2024</td><td>86.1</td></tr><tr><td>Dec 2024</td><td>86.2</td></tr><tr><td>Jan 2025</td><td>86.3</td></tr><tr><td>Feb 2025</td><td>86.4</td></tr><tr><td>Mar 2025</td><td>86.5</td></tr><tr><td>Apr 2025</td><td>86.6</td></tr><tr><td>May 2025</td><td>86.7</td></tr><tr><td>Jun 2025</td><td>87.5</td></tr></tbody></table></div> <div>Year to date, 87.5%</div>			Month	Performance (%)	Apr 2024	85.4	May 2024	85.5	Jun 2024	85.6	Jul 2024	85.7	Aug 2024	85.8	Sep 2024	85.9	Oct 2024	86.0	Nov 2024	86.1	Dec 2024	86.2	Jan 2025	86.3	Feb 2025	86.4	Mar 2025	86.5	Apr 2025	86.6	May 2025	86.7	Jun 2025	87.5
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KPI/KOI links:	KPI-2, KOI-3, KOI-4, KOI-5, KOI-6																																			
Analysis: <ul style="list-style-type: none">87.5% of registered services had grades of good or better at the end of Q1 2025/26. This is higher compared to the same time last year when 85.4% of services had grades of good or better at the end of Q1 2024/25. The proportion of services with grades of good or better has been increasing month on month. We will continue to monitor this trend closely.There is variation by type of service: adult daycare (93%), childminding (93%) and daycare of children (89%) are all statistically significantly above the average while care homes for older people (68%), care homes for adults (83%), care at home services (85%) as well as fostering services (63%) and adoption services (62%) are statistically significantly below average.Compared to Q1 2024/25 care homes for older people with good or better grades have increased by 6 percentage points and care homes for adults by 8 percentage points. While fostering services have decreased by 11 percentage points and adoption services by 8 percentage points.																																				
Actions: <ul style="list-style-type: none">Our focus this year is to carry out statutory and risk based inspections and for Early Learning and Childcare services to carry out inspections based on risk & frequency (i.e. where we have not inspected a service for a longer period of time).																																				

Appendix

KOI-4: % of services with expected grades or better		Ex Dir. Assurance and Improvement
Q1 year to date	98.7% (296 of 300 inspections)	
KPI/KOI links:	KPI-2, KOI-1, KOI-3	
Analysis: <ul style="list-style-type: none">• Performance remained high up to the end of Q1 with 98.7% of services getting expected grades or better.• The continued high performance in this measure provides assurance that good quality services are not declining while we continue to focus scrutiny on high risk services.		
Actions: <ul style="list-style-type: none">• Continue to monitor this measure.		

Scrutiny and assurance activity

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

Registered care services

	Q1 Year to Date 2024/25	Q1 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
Inspections completed	1,085	1,074	-1%
Serious concern letters issued	8	6	-25%
Improvement notice enforcements	12	7	-42%
Notice to cancel enforcements	1	2	*
Condition notice (incl emergency condition notice)	0	2	N/A
Total complaints resolved (not inc. concerns logged as intelligence)	547	600	+10%
New registrations completed	122	157	+29%
Number of variations completed (not inc. typographical changes)	461	411	-11%

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 *.

Overall, the number of inspections completed remains on a par with the number completed over the same period last year. The numbers of enforcement notices and letters of serious concern issued remained low during the quarter. We resolved an additional 53 complaints and completed an additional 35 registrations compared with the same period last year.

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

During our most recent recruitment campaign 34.5 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

	Q1 Year to Date 2024/25	Q1 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
Inspections completed (published)	6	2	*
Total staff survey responses received	662	1,301	+97%
Total people experiencing care engaged with	51	145	+184%
Total number of case files read	150	150	0%
Number of serious incident reviews received	19	26	+37%
Learning reviews received (those that have proceeded to a learning review)	2	13	*
Learning review notifications received (notifications we have received that have not proceeded to a learning review)	12	21	+75%
Other review reports received	2	1	*

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

In the first quarter of 2025/26 we carried out work for the Glasgow children at risk of harm inspection. This was an additional inspection that was not in the original footprint, therefore the number of staff survey responses and the number receiving care who were engaged with are higher than for the same quarter last year. The report for this additional inspection is yet to be published.

In the first 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.

There has been a recent review of the learning review data, particularly in 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. Going forward we are confident with the new data collection tools in place, any 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
Q1 year to date	92.5% (406 of 439 services, from 7,058 responses in total)	
KPI/KOI links:	KOI-7	
Analysis: <ul style="list-style-type: none">Up to the end of Q1, 92.5% of services had 90% or more respondents telling us they were happy with the quality of care and support they receive.The satisfaction with the care and support received has increased slightly compared to Q1 2024/25 (91.1%).		
Actions: <ul style="list-style-type: none">We have continued our work to develop questionnaires, including in a wider range of formats.Surveys for people who use services are available in paper and online formats, while surveys for relatives, staff and other professionals are available as online versions only.The easy read questionnaire has been finalised and is ready to be published on our website. The participation and equalities team manager will arrange this with colleagues in the external communications team.		

Improvement support and external communications summary year to date

	Q1 Year to Date 2024/25	Q1 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
External improvement support events	30	24	-20%
Internal improvement support events	1	7	*
Number of unique services engaged	50	46	-8%
Number of individuals engaged	931	1,032	+11%
Website page views – Total	Available from Q2	949,534	N/A
Hub page views – Total	82,422	50,256	-39%

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

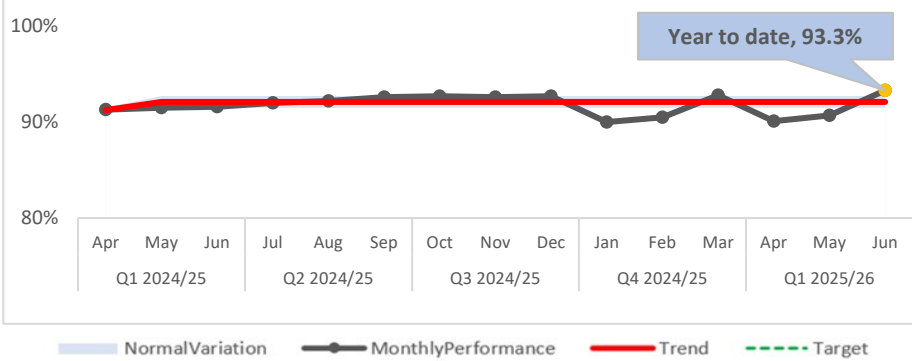
Over the last 18 months, we have worked with inspection and complaints colleagues and heavily invested in large scale national targeted QI programmes, such as the Care Home Improvement

Programme, Stress and Distress programme and reducing the misuse of psychoactive medication in care homes.

In the same timeframe, we have also developed intensive QI interventions at enforcement stage and 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																																						
Q1 year to date	93.3%	<div><p>Year to date, 93.3%</p><table><thead><tr><th>Quarter</th><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td rowspan="3">Q1 2024/25</td><td>Apr</td><td>91.6</td></tr><tr><td>May</td><td>91.8</td></tr><tr><td>Jun</td><td>92.0</td></tr><tr><td rowspan="3">Q2 2024/25</td><td>Jul</td><td>92.2</td></tr><tr><td>Aug</td><td>92.4</td></tr><tr><td>Sep</td><td>92.6</td></tr><tr><td rowspan="3">Q3 2024/25</td><td>Oct</td><td>92.8</td></tr><tr><td>Nov</td><td>93.0</td></tr><tr><td>Dec</td><td>93.2</td></tr><tr><td rowspan="3">Q4 2024/25</td><td>Jan</td><td>93.4</td></tr><tr><td>Feb</td><td>93.6</td></tr><tr><td>Mar</td><td>93.8</td></tr><tr><td rowspan="3">Q1 2025/26</td><td>Apr</td><td>94.0</td></tr><tr><td>May</td><td>94.2</td></tr><tr><td>Jun</td><td>94.4</td></tr></tbody></table><p>NormalVariation MonthlyPerformance Trend Target</p></div>	Quarter	Month	Performance (%)	Q1 2024/25	Apr	91.6	May	91.8	Jun	92.0	Q2 2024/25	Jul	92.2	Aug	92.4	Sep	92.6	Q3 2024/25	Oct	92.8	Nov	93.0	Dec	93.2	Q4 2024/25	Jan	93.4	Feb	93.6	Mar	93.8	Q1 2025/26	Apr	94.0	May	94.2	Jun	94.4
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KPI/KOI links:	KOI-1, KPI-2, KOI-3, KOI-4, KOI-5																																							
Analysis: <ul style="list-style-type: none">The overall increase in performance reported over the last year was sustained in Q1 2025/26, although there has been more variation monthly over the last two quarters than previously.Similar to KOI-1, performance has sustained improvement and 93.3% of services are graded as good or better for 'How well do we support people’s wellbeing' at the end of Q1 2025/26 compared to 91.6% of services at the end of Q1 2024/25.																																								
Actions: <ul style="list-style-type: none">Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches.																																								

KOI-7: % of services with >90% of people telling us they make decisions about their own care		Ex Dir. Assurance and Improvement
Q1 year to date	89.7% (401 of 447 services, from 6,790 responses in total)	
KPI/KOI links:	KOI-5	
Analysis: <ul style="list-style-type: none">89.7% of services had 90% or more respondents telling us they make decisions about their own care.Performance remained within normal limits.The proportion of respondents who tell us that they make decisions about their care increased compared to Q1 2024/25 (84.3%). Actions: <ul style="list-style-type: none">We have continued our work to develop questionnaires, including in a wider range of formats. See KOI-5 for further detail.		

Technical Notes

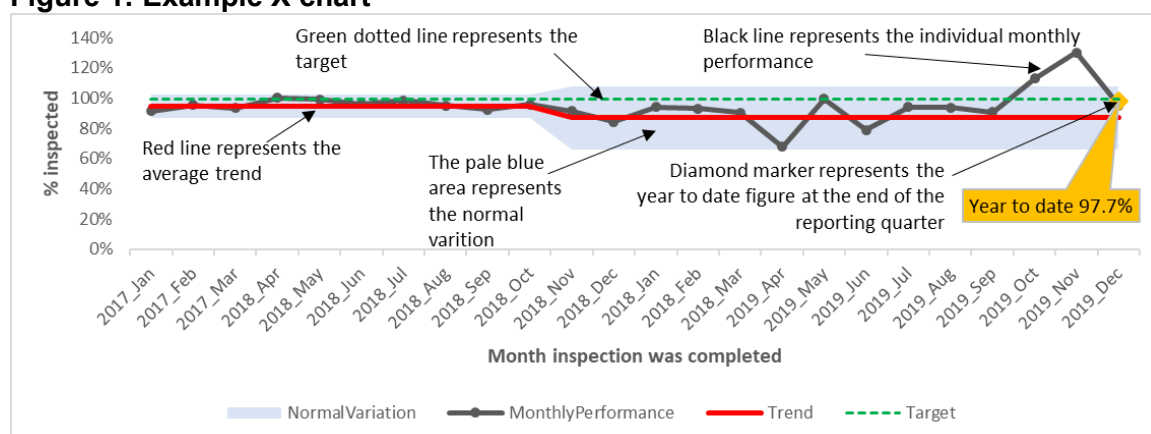
Data updates

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 25 SEPTEMBER 2025

Agenda item 12
Report No: B-16-2025/26



Title:	BUDGET MONITORING SUMMARY REPORT	
Author:	Kenny Dick, Head of Finance and Corporate Governance	
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate Services	
Appendices:	1	Projected Financial Position
	2	Stage 2 Digital Transformation project summary position
Consultation:	Meetings with budget holders, considered by the Strategic Management Group (SMG) on 27 August 2025 and Finance and Resources Committee on 12 August 2025.	
Resource Implications:	No	

EXECUTIVE SUMMARY

The Finance and Resources Committee considered a detailed report on the Care Inspectorate budget monitoring at its meeting of 12 August 2025. At the point the Committee considered this report an overspend of £0.690m was projected and the projected general reserve balance was close to the midpoint of the target range. Based on the balance of risks set out in the report the overspend was expected to reduce and the projected closing general reserve balance increase.

SMG considered a subsequent report where the projected overspend was £0.432m and the projected closing general reserve balance was £0.108m above the maximum of the target range. However, the risk of the 2025/26 pay award exceeding the budget assumption has increased meaning the balance of risk is more finely balanced.

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 but at this early stage of the financial year staff slippage (cost savings due to the delay between employees leaving and the vacant post being filled by a new start) has had limited time to take effect.
- 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 at or near the maximum of the target range.

BOARD MEETING 25 SEPTEMBER 2025

Agenda item 12
Report No: B-16-2025/26

The general reserve balance (subject to audit confirmation) is £0.333m greater than was anticipated when the 2025/26 budget was set. £0.331m of this relates to core activity and £0.002m is Stage 2 transformation project funding.

Appendix 1 sets out the projected financial position based on the ledger to 31 July 2025.

The financial position regarding the Stage 2 Digital Transformation project is within expectations for this stage of the project and is still on course to be delivered within the total available funding of £8.626m. Appendix 2 provides an overview.

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

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

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input checked="" type="checkbox"/> Reason below: There are no data considerations in this report.
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BOARD MEETING 25 SEPTEMBER 2025

Agenda item 12
Report No: B-16-2025/26

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

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

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

	Revised 2025/26 Budget £m	Core Activity Projected Expenditure £m	Stage 2 Projected Expenditure £m	Variance £m
Staff costs	42.702	43.181		0.479
Other core costs	7.764	7.782		0.018
Stage 2 projected expenditure	3.591		3.659	0.068
Stage 2 contingency	0.407		0.339	(0.068)
Total gross expenditure	54.464	50.963	3.998	0.497
Fee income	(12.100)	(12.100)		0.000
Other income	(1.753)	(1.818)		(0.065)
Total net expenditure	40.611	37.045	3.998	0.432
Grant in Aid	(39.141)	(36.194)	(2.947)	0.000
Projected deficit / (surplus)	1.470	0.851	1.051	0.432
General Reserve:				
Opening	2.436	1.716	1.053	0.333
Less surplus / (deficit)	(1.470)	(0.851)	(1.051)	(0.432)
Accelerated Inspector Recruitment	(0.209)			0.209
Closing Balance	0.757	0.865	0.002	0.110
Target range minimum	0.505	0.505		
Target range maximum	0.757	0.757		
Available reserve	0.000	0.108		
Stage 2 Contingency c/fwd to 26/27 (if not needed in 25/26)			0.339	
Stage 2 Reserve per Appendix 2			0.341	

2025/26 Position			
	Revised 2025/26 Budget £m	Projected Expenditure £m	Variance £m
Transformation costs:			
Staff costs	0.707	0.523	(0.184)
Other costs	2.566	2.821	0.255
Total transformation costs	3.273	3.344	0.071
Stage 1 Support costs	0.318	0.315	(0.003)
Projected expenditure	3.591	3.659	0.068
Contingency allowance	0.407	0.339	(0.068)
Expenditure & contingency	3.998	3.998	0.000

PROJECT POSITION					
	Actual 2023/24 £m	Actual 2024/25 £m	Projection 2025/26 £m	Projection 2026/27 £m	Project Total £m
Funding Profile					
General reserve	(0.922)	(0.025)	(0.712)	(0.341)	(2.000)
SG Grant	0.000	(2.222)	(2.947)	(1.457)	(6.626)
Total funding	(0.922)	(2.247)	(3.659)	(1.798)	(8.626)
Budgeted expenditure (excluding contingency)	0.922	2.247	3.659	1.798	8.626
Current variance	0.000	0.000	0.000	0.000	0.000

BOARD MEETING 25 SEPTEMBER 2025

Agenda item 13
Report No: B-17-2025/26



Title:	FINANCE AND RESOURCES COMMITTEE UPDATE TO THE BOARD	
Author:	Audrey Cowie, Committee Convener Fiona McKeand, Executive and Committee, and Corporate Support Manager	
Responsible Director:	Not Applicable	
Appendices:	1.	Quarterly Update to the Board on business undertaken by the Finance and Resources Committee
	2.	Draft Minute of Finance and Resources Committee of 12 August 2025
Consultation:	Not Applicable	
Resource Implications:	None	

EXECUTIVE SUMMARY

This report provides the Board with a summary of the business undertaken by the Finance and Resources Committee at its meeting on 12 August 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 12 August 2025. |
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Links	Corporate Plan Outcome (Number/s)	N/A	Risk Register (Yes/No)	No
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For Noting	x	For Discussion		For Assurance	x	For Decision	
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BOARD MEETING 25 SEPTEMBER 2025

Agenda item 13
Report No: B-17-2025/26

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

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

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

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

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
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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.
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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 12 August 2025. The Convener wishes the Board to note the detailed discussions held on the undernoted items.

Key issues discussed at the meeting

- The Committee was assured that budget monitoring is being carefully managed and that concerted efforts are being made to maximise funding, having the full attention of the Executive Team, and in discussion with Scottish Government Health Finance.
- Following concerns raised by the Committee at the May meeting around capacity and resource issues facing the HR team, the Committee received assurance that staffing is now at a more manageable level and pressures alleviated.
- Under the quarterly HR report, there was good discussion on sickness absence data, particularly in relation to stress, and the Committee received assurance and was pleased to learn of the range of measures in place to support staff. The Committee has also requested that future presentation of the directorates' sickness absence levels be shown as a percentage of the total number of staff within each directorate.
- In its review of the People Management Policy Schedule, the Committee has requested that the Red/Amber/Green coding, which was provided for the August meeting, should be applied across each of the headed columns in the schedule, so that members are able to see that each part of the process, including review, publication and training, has been completed or not.
- The Committee received an update on development of the Care Inspectorate's internal Whistleblowing Policy and how this will hyper-link from the Code of Conduct. The Convener has also made clear the need to include information on the role of the Board's Whistleblowing Champion within the policy.
- The Committee considered a proposal for reporting on appeals sub-committee hearings and agreed that the timeframe would require to be shorter, i.e. quarterly, before it could agree to the proposal. Therefore, a modified version will be circulated to members for approval, with the inclusion of quarterly and annual reporting arrangements.
- Proposals for a staff governance framework, as requested previously by the Committee, were welcomed by members. Some minor adjustments, including mapping to the NHSS Staff Governance Standard, were requested so that the framework can be submitted to the November meeting for final approval.
- The Committee welcomed a very full and comprehensive annual report on health and safety at the Care Inspectorate and had good discussion about risk assessments and requested that future annual reports might contain information on the types and number of reasonable adjustments being made. This will give further assurance to the Committee of the extent of support being provided to staff through implementing health and safety-related reasonable adjustments.

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

Audrey Cowie, Convener

Fiona McKeand, Executive and Committee, and Corporate Support Manager



Title:	AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD		
Author:	Bill Maxwell, Committee Convener		
Responsible Director:	Not Applicable		
Appendices:	1.	Minutes of Audit and Risk Committee of 15 May 2025	
	2.	Minutes of Audit and Risk Committee of 14 August 2025	
	3.	Draft Minutes of Audit and Risk Committee of 4 September 2025	
Consultation:	Not Applicable		
Resource Implications:	No		

EXECUTIVE SUMMARY

The Audit and Risk Committee has met three times over the summer period. The approved minutes of the meetings held on the 15 May, 14 August and the draft minutes of the meeting held on the 4 September are provided for reference.

As a result of the annual external audit not being complete in time for the Committee's meeting of 4 September as originally scheduled, the Committee is not yet in a position to recommend a final version of the Annual Report and Accounts to the Board, nor can the Committee yet provide its annual report to the Board in final form, although work on both of these documents is well advanced. At this stage we are advised that the external audit is proceeding positively, with no significant issues or concerns having been identified. It is now intended that the committee will convene an additional meeting in October focused solely on considering these documents, in advance of a private meeting of the Board to be arranged to receive their final, complete versions.

The Board is invited to:

1. Note the contents of the Audit and Risk Committee approved minutes of 15 May 2025 and 14 August 2025 and the draft minutes of 4 September 2025.
2. Note the revised arrangements for providing the committee's annual report to the Board and for providing the Committee's recommendation regarding the Annual Report and Accounts.

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

BOARD MEETING DATE 25 SEPTEMBER 2025

Agenda item 14
Report No: B-18-2025/26

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

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

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

Reasons for Exclusion	
a)	Matters relating to named care service providers or local authorities.
b)	Matters relating to named persons which were they to be discussed in public session, may give rise to a breach of the Data Protection Act 2018 or General Data Protection Regulation 2016/679.
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g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.



Minutes

Meeting: Audit and Risk Committee

Date: 15 May 2025

Time: 10.30 am

Venue: Teams

Committee Bill Maxwell (Convener)

Members Ronnie Johnson

Present: Rona Fraser

Maria McGill

Paul Gray (from 11am)

In Attendance: Jackie Mackenzie, Executive Director of Corporate Services (EDoCS)
Gordon Mackie, Executive Director of Digital and Data (EDoDD)
Edith Macintosh, Executive Director of Assurance and Improvement (EDoAI (EM))
Kenny Dick, Head of Finance and Corporate Governance (HoFCG)
David Archibald, Internal Auditor (IA)
Martha Dalton, Head of Digital Delivery and Change (MD) (for item 14 only)
Graeme Ferguson, Head of IT Service Delivery (GF) (for item 15 and 16 only)
Jenny Marshall, Board Cyber Champion (JM) (for item 15 only)
Janice Morgan-Singh, Information Governance Lead, (IGL) (for item 16 only)
Claire Brown, Executive Support Officer (ESO)

Apologies: Jackie Irvine, Chief Executive (CE)
Kevin Mitchell, Executive Director of Assurance and Improvement (EDoAI (KM))
Sarah McGavin, External Auditor (EA)
Sandy Denholm, External Auditor (EA)
Hannah Cloherty, External Auditor (EA)

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

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

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

The Committee:

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

EDoCS

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

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

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

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

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

The Committee:

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

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

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

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

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

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

The Committee:

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

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

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

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

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

The Committee:

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

HoFCG

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

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

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

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

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

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

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

The Committee:

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

**HoFCG/
PG**

EDoAI

IA

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

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

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

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

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

The Committee:

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

HoFCG

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

13.1 Strategic Risk Register

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

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

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

The Committee:

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

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

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

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

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

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

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

The Committee:

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

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

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

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

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

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The Committee:

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

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

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

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

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

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

The Committee:

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

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

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

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

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

The Committee:

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

18.0 HORIZON SCANNING (AUDIT SCOTLAND AND CIPFA PUBLICATIONS)

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

The Committee:

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

19.0 AUDIT AND RISK COMMITTEE HIGHLIGHTS FOR THE BOARD

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

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

20.0 SCHEDULE OF COMMITTEE BUSINESS 2024/25

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

The Committee:

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

21.0 ANY OTHER COMPETENT BUSINESS

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

The Committee:

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

22.0 CLOSE

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

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

Signed:

Bill Maxwell
Convener



Minutes

- Meeting:** Audit and Risk Committee
- Date:** 14 August 2025
- Time:** 10.30 am
- Venue:** Room 1.02 and 1.03, Compass House, Dundee
- Present:** Bill Maxwell, Convener
Rona Fraser
Ronnie Johnson
Paul Gray (by Teams)
- In Attendance:** Doug Moodie, Chair (by Teams)
Charlotte Armitage, Board Member (by Teams)
Naghat Ahmed, Board Member
Jenny Marshall, Board Member
Ed McGrachan, Board Member
Rosie Moore, Board Member (by Teams)
Jackie Irvine, Chief Executive (CE)
Gordon Mackie, Executive Director of Digital and Data (EDoDD)
Jackie Mackenzie, Executive Director of Corporate Services (EDoCS)
Kevin Mitchell, Executive Director of Assurance and Improvement (EDoAI (KM))
Kenny Dick, Head of Finance and Corporate Governance (HoFCG)
Lisa Rooke, Head of Corporate Policy and Communication (HoC)
Claire Brown, Executive Support Officer
- Apologies:** Maria McGill, Member
Edith MacIntosh, Executive Director of Assurance and Improvement (EDoAI (EM))
Audrey Cowie, Board Member
Evelyn McPhail, Board Member
Peter Murray, Board Member
Sandy Denholm, External Auditor (EA)
David Archibald, Internal Auditor (IA)

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Item	Action
1.0 WELCOME	
<p>The Convener welcomed everyone to the meeting and confirmed that this meeting of the Audit and Risk Committee was a designated session to allow the Committee to focus on in-depth scrutiny of the draft Annual Report and Accounts. Board members who were not on the Audit and Risk Committee were also welcomed to the meeting, as is customary for this annual event, along with the Head of Corporate Policy and Communication.</p>	
2.0 APOLOGIES FOR ABSENCE	
<p>Apologies, as listed above were noted.</p>	
3.0 DECLARATION OF INTEREST	
<p>There were no declarations of interest.</p>	
4.0 EXTERNAL AUDIT PROGRESS ON THE AUDIT OF FINANCIAL STATEMENTS	
<p>The Head of Finance and Corporate Governance briefed the meeting on the current position of the audit of the financial statements, it was noted that there were no issues of significance at this point and early sight of pensions information was provided to the External Auditor to assist with deadlines.</p>	
5.0 DRAFT ANNUAL REPORT AND ACCOUNTS REPORT NO: ARC-11-2025/26	
<p>The Convener introduced the Draft Annual Report and Accounts and guided the Committee through each section in detail.</p>	
<p>The Committee:</p>	
<ul style="list-style-type: none">Fully discussed, provided feedback and recommended amendments. The details of these would be noted separately and provided to the Head of Finance and Corporate Governance for action.	
6.0 DRAFT AUDIT AND RISK COMMITTEE ANNUAL REPORT TO THE BOARD 2023/24 - REPORT NO: ARC-12-2025/26	
<p>The Convener presented the report which provided the Committee with the draft of the Audit and Risk Committee's Annual Report to the Board for 2024/25.</p>	

HoFCG/
HoC

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The Committee:

- Considered, and provided comments on the draft report. The details of these would be noted separately and provided to the Head of Finance and Corporate Governance for action. **HOF CG**

7.0 GOVERNANCE STATEMENT

No items raised.

8.0 SCHEDULE OF BUSINESS 2025/26

The Committee noted the Schedule of Business 2025/26.

9.0 AOCB

No items raised.

10.0 CLOSE

DATE OF NEXT MEETING

The date of the next Audit and Risk Committee meeting was noted as 4 September 2025, at 10.30 am, by Teams.

Signed:

Bill Maxwell, Convener



Title:	COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2019/20 TO 2024/25 – A STATISTICAL BULLETIN		
Author:	John McGurk, Information Analyst Ingrid Gilray, Intelligence and Analysis Manager		
Responsible Director:	Gordon Mackie, Executive Director of Digital and Data		
Appendices:	1.	Complaints about care services in Scotland, 2019/20 to 2024/25 – a statistical bulletin	
Consultation:	Gareth Adam-Hammond, Chief Inspector (Registration and Complaints).		
Resource Implications:	*Yes/No		

EXECUTIVE SUMMARY

Our annual complaints statistical summary “Complaints about care services in Scotland 2019/20 to 2024/25” was published on 20 August 2025.

This publication is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. It includes summaries of complaints received and investigated between April 2019 to March 2025, the six years over which both our new complaints procedure and new data collection system have been operating and therefore based on consistent data.

A full copy of the report is available in appendix 1 for the Board.

The Board is invited to:

- | | |
|----|-----------------------------------|
| 1. | Note the contents of this report. |
|----|-----------------------------------|

Links	Corporate Plan Outcome (Number/s)	1	Risk Register (Yes/No)	N
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For Noting	x	For Discussion		For Assurance		For Decision	
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BOARD MEETING 25 SEPTEMBER 2025

Agenda item 15
Report No: B-19-2025/26

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

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

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

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

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

BOARD MEETING 25 SEPTEMBER 2025**Agenda item 15****Report No: B-19-2025/26****COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2019/20 TO 2024/25 – A STATISTICAL BULLETIN****1.0 INTRODUCTION / BACKGROUND**

This statistical bulletin is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. The report includes complaints received and investigated between April 2019 to March 2025, the six years over which our current complaints procedure and data collection system have been operating. The report focuses on the most recent year 1 April 2024 to 31 March 2025.

The statistics reflect how the Care Inspectorate actioned every complaint that it received, using our risk-based assessment process to resolve complaints as quickly as possible for complainants.

2.0 IMPLICATIONS AND/OR DIRECT BENEFITS**2.1 Resources**

There are no direct resource implications arising from this report.

2.2 Sustainability

There are no direct sustainability implications arising from this report.

2.3 Policy

Not applicable for this report.

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

Robust and responsive complaint investigations allow people to experience better quality of care by finding solutions to problems, securing improvement, and identifying improvement which supports better outcomes generally, as well as for the person making the complaint.

2.5 Customers (Internal and/or External)

This detailed annual report on complaints will allow longer-term trends to be reported and analysed which will help focus improvement within the Care Inspectorate in terms of our complaints function. This will assist with delivering improved performance of the organisation in dealing with complaint investigations as well as improving outcomes, assurance and protection for people making the complaints and people experiencing care.

3.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note and discuss this report.



Complaints about care services in Scotland, 2019/20 to 2024/25

A statistical bulletin

Published August 2025



**Keeping The Promise at
the heart of what we do**

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What we found when conducting investigations	18
Supporting improvement following complaints	20
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Executive summary

This statistical bulletin is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. The report includes complaints received and investigated between April 2019 and March 2025, the six years over which our current complaints procedure and data collection system have been operating. The report focusses on the most recent year, from 1 April 2024 to 31 March 2025.

The statistics reflect how the Care Inspectorate actioned every complaint that it received using our risk-based assessment process to resolve complaints as quickly as possible for complainants.

Summary of main points

- We received 5,303 complaints in 2024/25, a 6% decrease on last year, the lowest for four years and a decreasing trend over the past six years (when the new digital system was introduced). The majority of this decrease is due to fewer complaints about care homes.
- We assess all complaints received to ensure that they are within the remit of the Care Inspectorate to investigate, to ensure we have sufficient information about the complaint and to ensure that the complainant wishes to proceed. If it is determined we cannot proceed, then these complaints are revoked. In 2024/25 we revoked 23% of complaints received, an increase from 22% in 2023/24.
- A total of 4,055 complaints were resolved using our four resolution pathways. In 46% of these, the information given to us by the complainant was provided to the inspector for that service to be used to inform and focus future scrutiny activity; 18% were resolved quickly by the service directly; in 14% we required the service to investigate via their own complaints procedure; 22% were deemed high risk and were investigated by the Care Inspectorate.
- We upheld 70% of the complaints where the Care Inspectorate conducted an investigation in 2024/25.
- As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 69% of care homes for older people received at least one complaint, while 27% had at least one complaint upheld during 2024/25. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people during 2024/25.

Introduction

This statistical bulletin is the latest in our series on complaints about care services in Scotland. It presents data about complaints received and investigated over a six-year period between April 2019 and March 2025, focussing on the year 1 April 2024 to 31 March 2025.

Care services operating in Scotland must be registered with the Care Inspectorate and there are currently 10,793 services on our register. The largest groups of care services in Scotland are children's daycare (for example, nurseries), childminders, care homes, care at home and housing support services.

We register, inspect and provide quality improvement support across these care services, aiming to ensure that the standard of care provided is high. Where standards fall below acceptable levels, we take enforcement action. Anyone who has concerns or is unhappy about a care service can complain directly to the Care Inspectorate. We have a complaints procedure which sets out how we handle each complaint raised with us.

External factors impacting these statistics

We introduced our current digital complaints system in March 2019. This change has improved the statistics we can present, but has disrupted longer-term trends. For this reason, we have limited the period covered by most of this report to the last six years to ensure meaningful comparisons which we can build on in future reports.

How we deal with complaints

Our complaints handling procedure is available on our website.

[How we deal with complaints about care \(careinspectorate.com\)](https://careinspectorate.com)

In summary, our complaints procedure is designed to be open, transparent, risk-based and focused on people's experiences. We aim to resolve simple matters quickly and focus our attention on more serious issues. This approach is based on complaint handling guidance from the Scottish Public Services Ombudsman, in its Model Complaints Handling Procedure. The aim of this model is to standardise and streamline complaints-handling procedures across all sectors. The guidance shows that complaints about a service are best resolved as close to the point of service delivery as possible. Therefore, our approach includes direct service action or investigation by the provider, where we encourage the service to resolve the complaints directly.

We use a risk assessment process that considers what else we know about the service, including findings from our regulatory activity, like inspections and intelligence logged from previous complaints, to help us decide how to proceed and what action we need to take to achieve the best outcome for people experiencing care.

Before we act on complaints, we assess them to ensure that they fall within our remit to investigate and that we have enough information to understand the substance of

the complaints raised. If the complainant has provided contact details, we clarify the substance of the complaint with them and get agreement that they wish us to proceed. If there is any reason we cannot proceed, the complaint is **revoked**, which means no further action is taken. All revoked complaints are still shared with the inspector of the service as intelligence. All complaints (including those that were revoked) are logged and included in the count of **complaints received**. We assess all complaints for any child or adult protection issues. We log and report any protection concerns to the relevant statutory body, for example, social work or Police Scotland. This means we revoke that element of the complaint.

Once we decide to proceed, there are four pathways we can take to reach a complaint resolution.

- **Intelligence:** where we record the information given to us and highlight it to the inspector for that service. This approach is only used for lower-risk complaints and/or complaints where we may not have enough information to proceed. This helps our inspectors develop a broad overview of complaints about a service, which in turn informs the timing and focus of our inspections. For example, additional intelligence from one or several complaints may result in the inspector bringing forward an inspection.
- **Direct service action:** where we contact the service and ask them to engage directly with the person making the complaint to resolve the complaint. Typically, this is used for straightforward matters where people are unsatisfied with their experiences, and we intervene quickly with a care service to achieve a positive outcome.
- **Investigation by the care provider:** where the risk assessment suggests the issue is suitable for the complaint to be investigated via the service's own complaints procedure. Where possible, we obtain consent to share the person's contact details with the service. We contact the service provider and require them to investigate and respond to the complaint, with a copy of their response sent to the Care Inspectorate.
- **Investigation by the Care Inspectorate:** where our risk assessment identifies more serious complaints, we conduct an investigation.

Digital complaints system

In March 2019, we introduced a digital complaints system, which is used to record complaints, including progress and outcomes. This recording system has resulted in improvements to the quality and definition of the data presented. As a result, we can provide a clear account of how complaints have been resolved using our pathways over the past six years.

How many complaints were received and how did we respond to them?

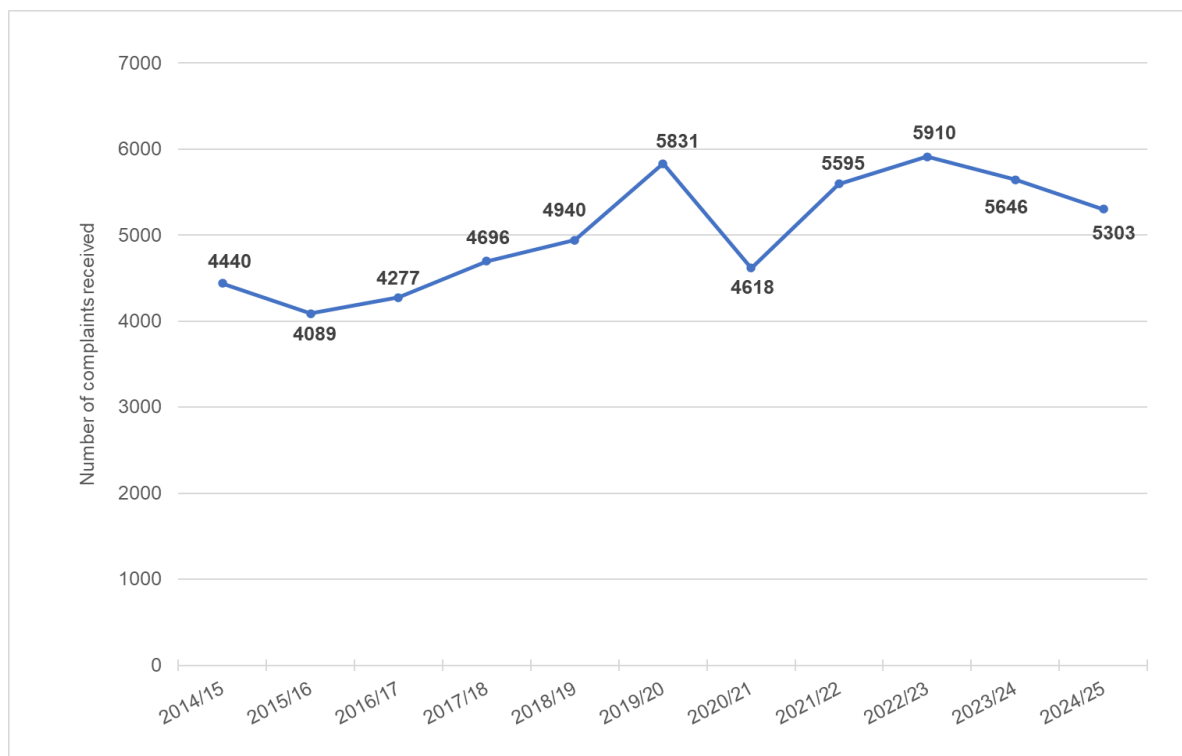
Complaints received

In 2024/25, we received 5,303 complaints about care services. This was a decrease of 343 (6%) compared with the previous year. While the longer-term trend is that the number of complaints has increased, it has been a decreasing trend over the past six years (when the new digital system was introduced). (see Figure 1).

The decrease in 2020/21 was due to the impact of the pandemic. For example, many services closed (particularly early learning and childcare services) before re-opening in 2021/22.

The 9% (-528 complaints) decrease over the last six years is mainly attributable to care homes. We received 380 (14%) fewer complaints about care homes in 2024/25 compared with 2019/20. Complaints received about care homes for older people, which accounted for over a third of complaints received in 2024/25, decreased over this period by 18%. There were also decreases across a number of other service types, including childminders, standalone support services and housing support services. A further breakdown of complaints received by care service type is provided in the Appendix (Table A).

Figure 1: Complaints received 2014/15 to 2024/25



Once we have confirmed that a complaint falls within our remit and have sufficient information to proceed, we undertake a risk assessment and determine the most appropriate resolution pathway. During 2024/25, we resolved 4,055 complaints, which can be broken down as follows:

- **Intelligence:** Use of the information given by the person making the complaint as intelligence about the service, to help inform future scrutiny activity and improvement support. For example, bringing forward a full, unannounced inspection of a service. In 2024/25, we resolved 1,868 (46% of all complaints resolved) as intelligence, a drop compared to 50% of all complaints resolved last year. Over the last six years, 52% of all complaints resolved have been resolved in this way.
- **Direct service action:** In 2024/25, 732 complaints (18% of all complaints resolved) were assessed as suitable to be resolved by the service directly and quickly, the same as last year. Over the last six years, 17% of all complaints resolved have been resolved in this way.
- **Investigation by the care provider:** In 2024/25 574 complaints (14% of all complaints resolved) were assessed as suitable for the complaint to be investigated via the service's complaints procedure, and we required the provider to investigate. This was an increase from the 11% of all complaints resolved last year. Over the last six years, 12% of all complaints resolved have been resolved in this way.
- **Investigation by the Care Inspectorate:** Where our initial assessment indicates a higher risk, we may decide that we need to conduct an investigation. In 2024/25, we completed investigations of 881 complaints (22% of all complaints resolved). This is an increase from the 20% of all complaints resolved last year. Over the last six years, 19% of all complaints resolved have been resolved in this way.

Revoked complaints

The gap between the complaints received and the complaints resolved is, in part, accounted for by complaints that are revoked, which means we take no further action. Some complaints will also have been received but may not necessarily be resolved in that year and remain unresolved by 31 March 2025.

Reasons to revoke a complaint include: the complaint not being within the remit of the Care Inspectorate to investigate, the complainant not wishing to proceed with the complaint, the complainant wishing to go through the service provider's complaints process, or criminal issues that are reported to other agencies. In the latter case, the complaint inspector will follow this up with relevant agencies and ensure the service takes action. All information from revoked complaints is shared with the lead inspector for the service as intelligence. We provide advice to complainants on the correct agency to take their complaint to, for example, the NHS or health and social care partnerships, and signpost people on how to do this.

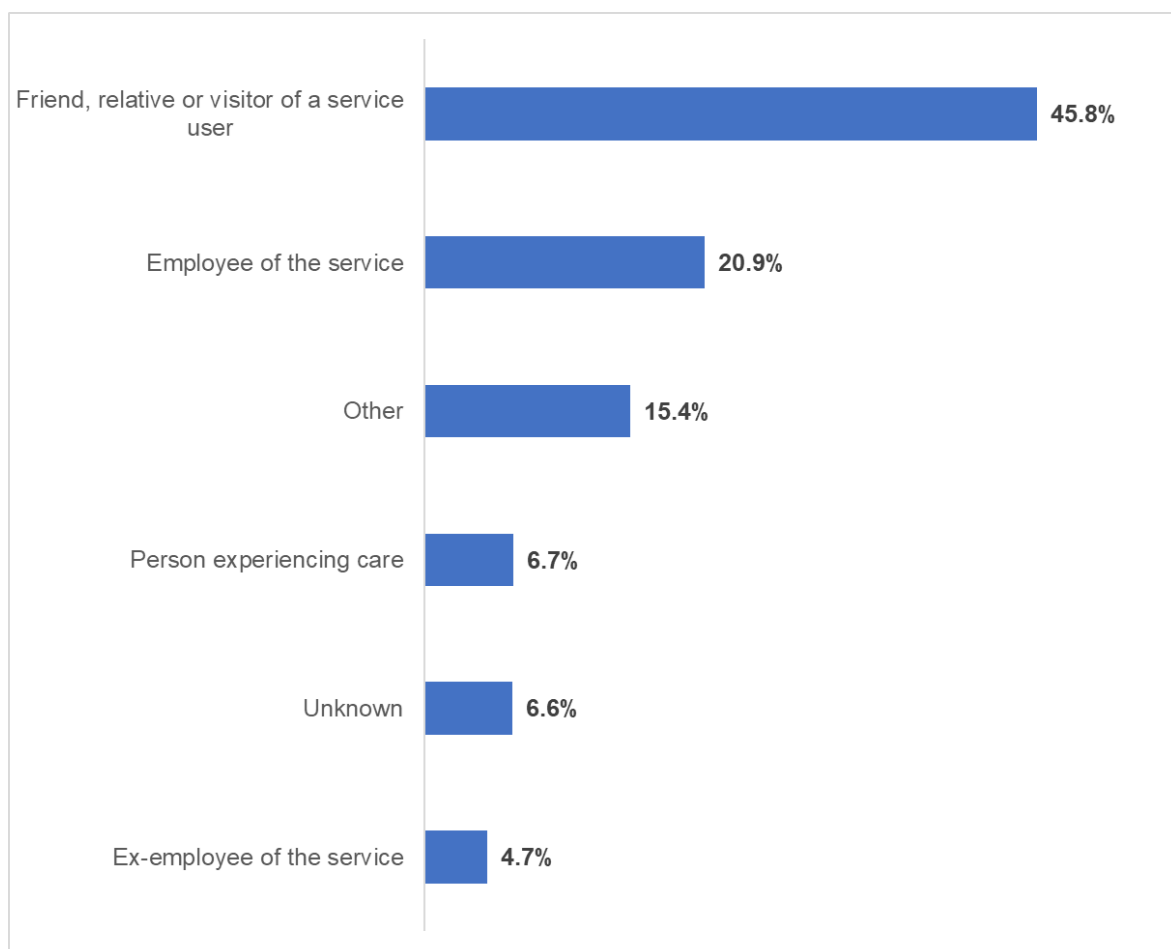
Of the 5,303 complaints received in 2024/25, by the end of the year, 1,216 were revoked (23% of all cases received, an increase from 22% last year).

Who makes complaints?

Figure 2 below shows the breakdown of all complaints received over the last six years by the relationship of the person making the complaint to the service.

Of all the complaints we received, 46% came from friends, relatives or visitors of people who experience care, with a further 26% from employees. This is made up of current employees (21%) or former employees (5%). Only 7% of complaints made came from people who experience care themselves. There has been minimal change in this over the last six years. Friends, relatives or visitors of people who experience care and employees of the service have consistently made the highest numbers of complaints. Friends, relatives and visitors continue to account for the majority of complainants, with over 50% of complaints received in 2023/24 and 49% in 2024/25. This was followed by employees of the service, who accounted for 18% in 2023/24, the same as in 2024/25.

Figure 2: Complaints received 2019/20 to 2024/25, by relationship to service



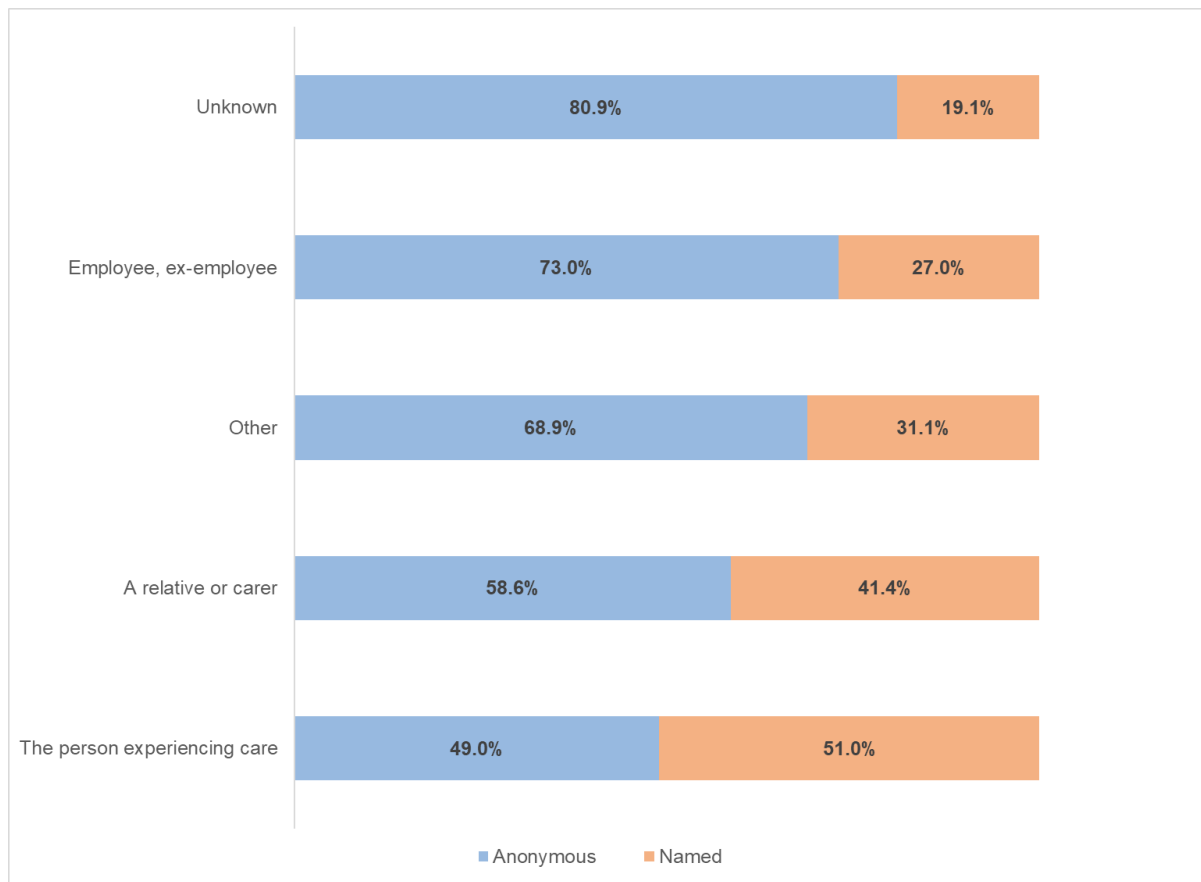
When someone makes a complaint, they can choose to remain completely anonymous. An anonymous complaint, where we cannot communicate or clarify complaints with the person raising the complaint, may limit our assessment of the complaint or any investigation we may undertake. Complainants can remain confidential, where we will not disclose their identity to the service complained against, but we can contact them if required.

The percentage of complaints received anonymously has increased since last year. 62% of all complaints received in 2024/25 compared to 61% in 2023/24. There was an increase in the proportion of employees and ex-employees wishing to remain anonymous (73% wished to remain anonymous in 2024/25 compared to 71% in 2023/24). Relatives and carers also increased, with 56% wishing to remain anonymous in 2024/25 compared to 55% the previous year. More people experiencing care wished to remain anonymous in 2024/25 (51%) than in 2023/24 (49%).

Given the difficulties in progressing anonymous complaints, we have added information to our public website to help complainants make informed decisions about whether they could progress their complaint confidentially. Additionally, during 2024/25, we put in place a process to inform service providers of all anonymous complaints submitted to us, allowing them to take responsive action to any themes identified from these. During inspections of services, we review the actions they have taken in response to all anonymous complaints received.

Figure 3 below shows the breakdown of anonymous complaints received over the last six years by the relationship of the person making the complaint to the service. Based on all the complaints received over this six-year period, the group most likely to remain anonymous was those whose relationship to the service was also unknown – 81% did not wish to be named. 73% of employees and ex-employees and 69% of 'other' complainant types wished to remain anonymous. In contrast, 51% of people who experienced care agreed to be named. It is important to note that in anonymous complaints, the relationship of the complainant to the service is based on the information provided by the complainant and is not verifiable by us.

Figure 3: Complaints received 2019/20 to 2024/25 that were anonymous, by relationship to service.

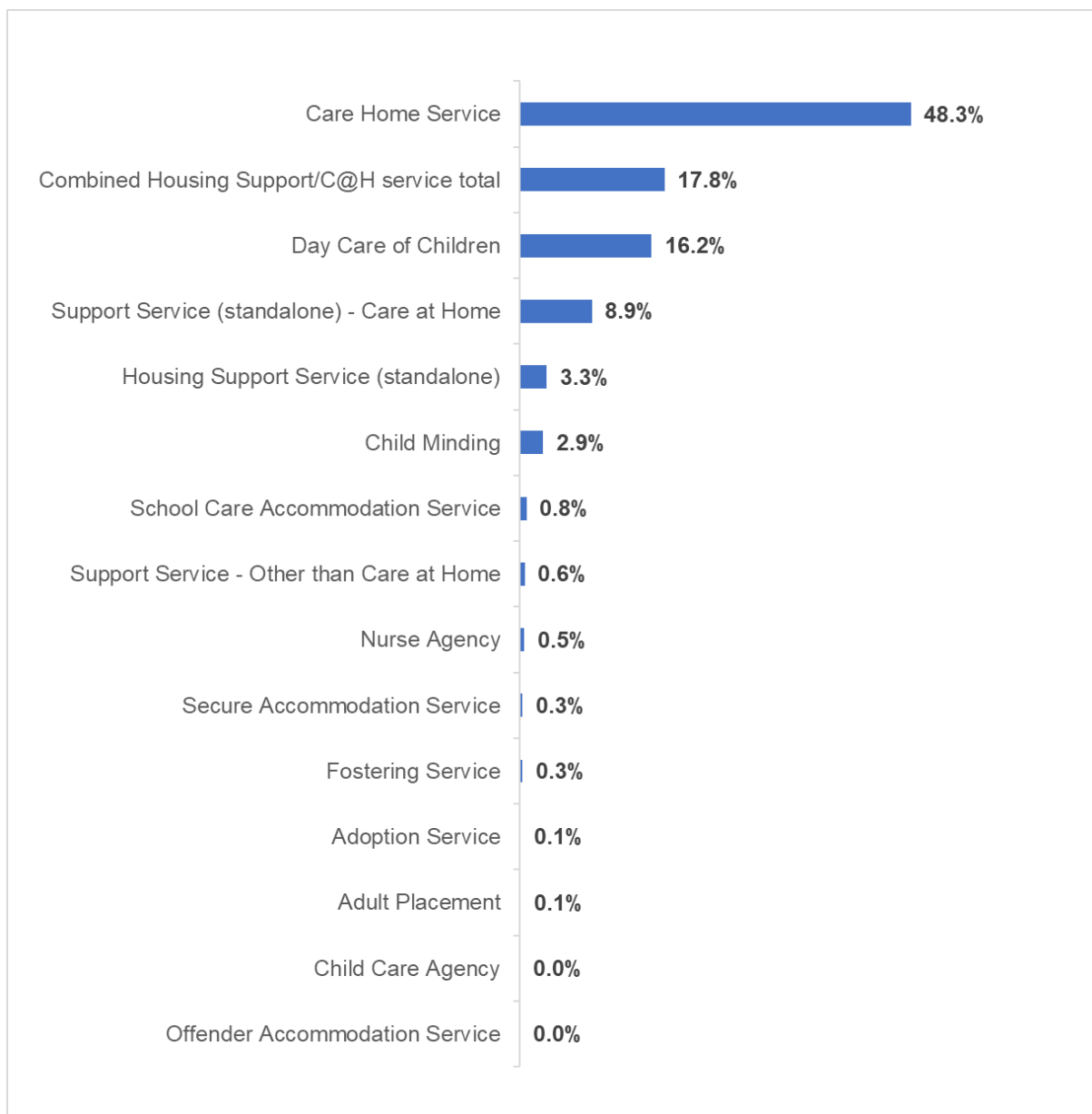


What type of care services do people complain about?

The largest number of complaints we received over the six-year period was about care homes. Although making up only 13% of the 10,793¹ registered services, care homes account for 48% of the total number of complaints received – we received a total of 15,882 complaints about care homes over the last six years.

Over the six years, 18% of the complaints received were about combined housing support and care at home services, 16% were about daycare of children services and 9% were about standalone care at home services.

Figure 4: Complaints received 2019/20-2024/25 by type of service



¹ Data source: Care Inspectorate service list register as of 31 March 2025.

What do people complain about?

When we investigate a complaint, we capture detailed information about what we investigated. Each complaint investigated can be about several different areas, each of which will be either upheld or not upheld.

In 2024/25, 33% of all areas of complaints upheld were about healthcare concerns in a service (for example, medication, nutrition or tissue viability), 12% were about wellbeing (stress/distress, developmental, emotional or social), 12% were about communication (either between staff and people experiencing care/relatives/carers or on information about the service) and 9% were about staff (such as staff levels, training or recruitment procedures). These have been a consistent top four over time. There is a more detailed list of areas of complaint in the Appendix (Table B and Table C).

Figure 5: All service types, by area of complaint for investigations conducted in 2024/25

Note: each overall complaint can have several areas of complaint – this table only includes those areas that were upheld.

Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Healthcare	647	32.7%
Communication	242	12.2%
Wellbeing	237	12.0%
Staff	182	9.2%
Policies and procedures	161	8.1%
Choice	104	5.3%
Record keeping	97	4.9%
Environment	80	4.0%
Protection of people	75	3.8%
Food	47	2.4%
Privacy and dignity	45	2.3%
Property	28	1.4%
Access	12	0.6%
User participation	10	0.5%
Conditions of registration	5	0.3%
Equality	4	0.2%
Finance	2	0.1%

Complaints received – children and young people

Children and young people's services include care home services for children and young people, adoption, fostering, school care accommodation and secure accommodation services. In 2024/25, we received 304 complaints about these services, the majority of which (68%) were about care homes for children and young people. This 304 received was 6% of the complaints received across all service types during the year, staying consistent over the six-year period.

The volume of complaints received about care homes for children and young people increased by 6% (12 complaints) compared to last year, while we received an additional 27 complaints (9%) across all types of service for children and young people. While complaints received about secure accommodation services doubled since last year, only four required investigation and only one of these was upheld.

Figure 6: Complaints about children and young people's services received in 2024/25

Service type	Care service type	All complaints received 2024/25	All complaints received 2023/24
Children and young people services	Care home service for children and young people	206	194
	Schoolcare accommodation service	37	40
	Fostering service	10	20
	Secure accommodation service	42	19
	Adoption service	9	4
All care service types		304	277

Of the 304 complaints received about services for children and young people in 2024/25, 23% (69) came from an employee of the service, a decrease from 30% in 2023/24. Complaints received from relatives or carers increased from 25% (69) in 2023/24 to 36% (109) in 2024/25. The number of complaints made by young people themselves remains low. Only 6% of complaints about services for children and young people came directly from a young person in 2024/25, compared to 7% in 2023/24. We are continuing to monitor and raise the profile of our complaints procedure through our work on meeting The Promise and with our young volunteers.

Complaints about care homes for older people

In total, 37% (1,969) of the 5,303 complaints we received in 2024/25 were about care homes for older people, and this is consistently the service type we receive most complaints about.

The number of complaints about care homes for older people has decreased over the last six years. Over the same period, the number of registered places in care homes has also varied; therefore to make meaningful comparisons we have presented this as the rate of complaints per 1,000 registered places.

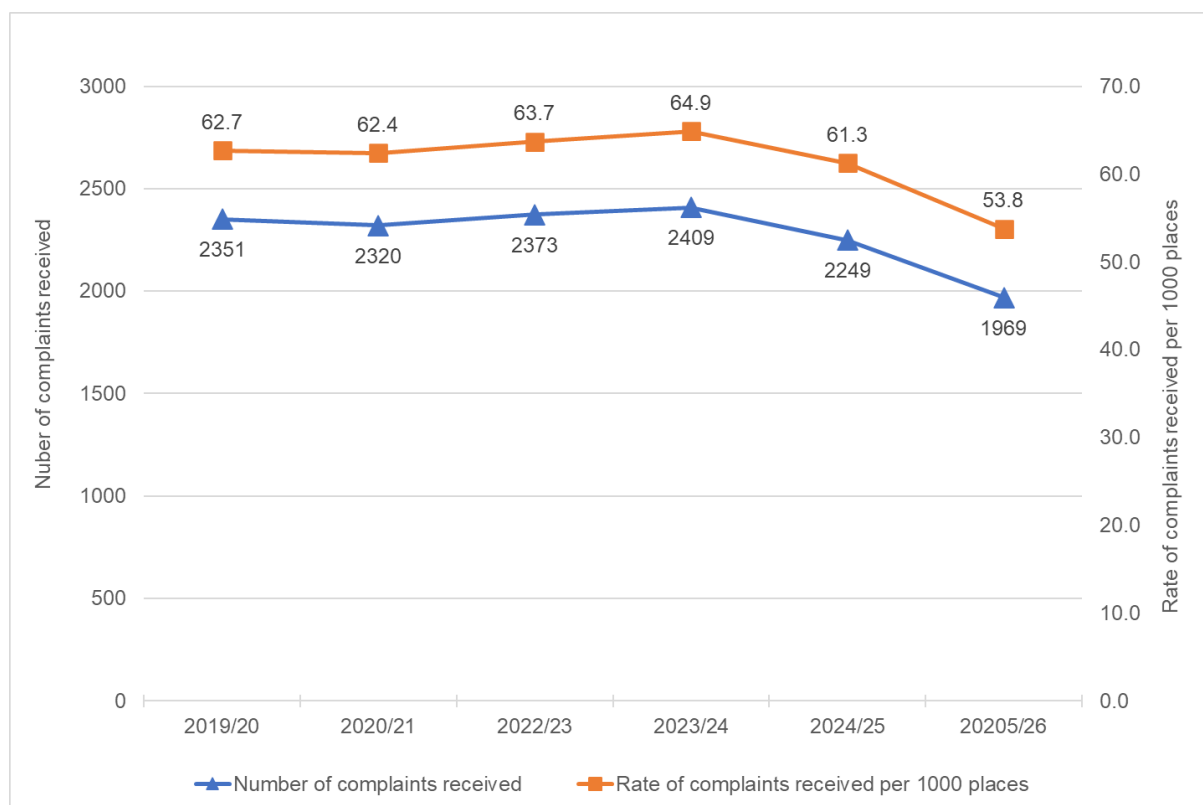
The rate of complaints received per 1,000 places in care homes for older people across Scotland was 53.8 in 2024/25. This is a decrease from 61.3 last year and is the lowest it has been over the six-year period examined in this report. (see Figure 7)

There was considerable variation in rate across geographical areas of Scotland – we have used services based in each local authority area to illustrate geographical variation.

- The local authority area with the highest rate per 1000 places in 2024/25 was Falkirk, which had a rate of 161.3, more than three times the rate across Scotland as a whole. This was due to the number of complaints received about one specific service, which accounted for 61% of complaints in the area.
- City of Edinburgh is the area with the most consistent low rates over the six-year period.
- The island areas of Scotland also tend to have low rates, although the small numbers of places mean that the rates fluctuate considerably, even if there is only a small change in the number of complaints.

A breakdown by local authority area, which includes the numbers received, is provided in the Appendix (Table D).

Figure 7: Number of complaints received about care home for older people and rate per 1000 places in Scotland 2019/20 to 2024/25



Over the year, we received at least one complaint about 69% of the 765 care homes for older people registered as of 31 March 2025.

During 2024/25, following our risk assessment process, we resolved 1,552 complaints about care homes for older people using the different pathways. This was a drop from 1,852 last year. These were as follows:

- **Intelligence:** In 2024/25, there were 770 complaints where the information given to us by the complainant was assessed and provided to the inspector for that service to be used to help inform future scrutiny activity. This was 50% of all complaints resolved – a drop from 52% last year (2023/24)
- **Direct service action:** In 2024/25, 194 complaints (12%, down from 14% last year) were able to be resolved by the service directly and quickly.
- **Investigation by the care provider:** In 2024/25, 198 complaints (13%, up from 12% last year) were suitable for the complaint to be investigated via the service's complaints procedure, and we required the provider to investigate
- **Investigation by the Care Inspectorate:** In 2024/25, 390 complaints (25%, up from 22% last year) were deemed serious enough for us to decide that we needed to conduct an investigation. A further breakdown by local authority area is provided in the Appendix (Table E).

Over the year, we conducted an investigation into at least one complaint in 33% of all care homes for older people and went on to uphold a complaint in 27%.

Of the care homes for older people that had a complaint upheld in 2024/25, 71% had one upheld complaint, 20% had two upheld complaints, and the remaining 9% had three or more upheld complaints during the year.

Most care homes for older people are operated by the private sector (77%) with the public sector providing 14% and the remaining 9% provided by voluntary organisations (Figure 8). Rates of complaints received and upheld are highest in the private sector: in 2024/25, we received at least one complaint about 75% of private sector care homes for older people and upheld a complaint about 32% of them (Figure 9).

Figure 8: Proportion of care homes for older people on 31 March 2025 – by sector

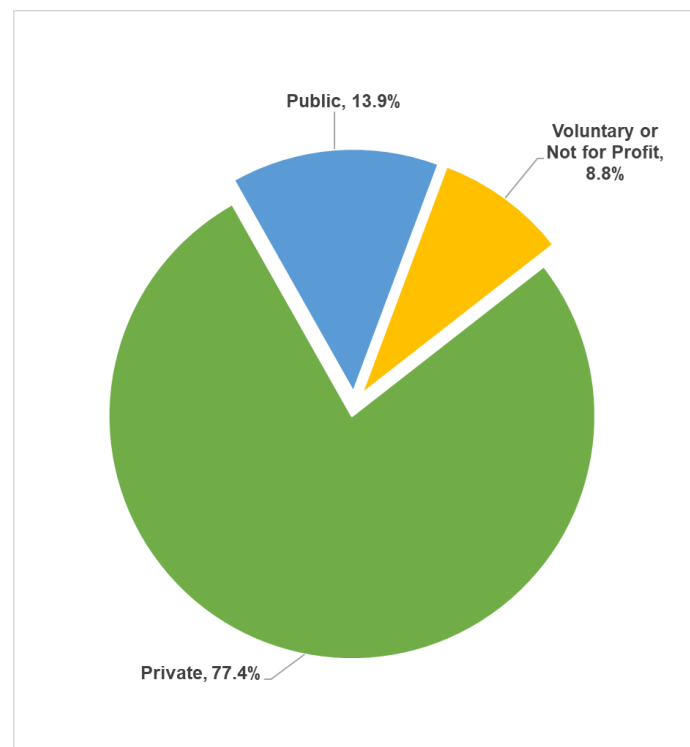
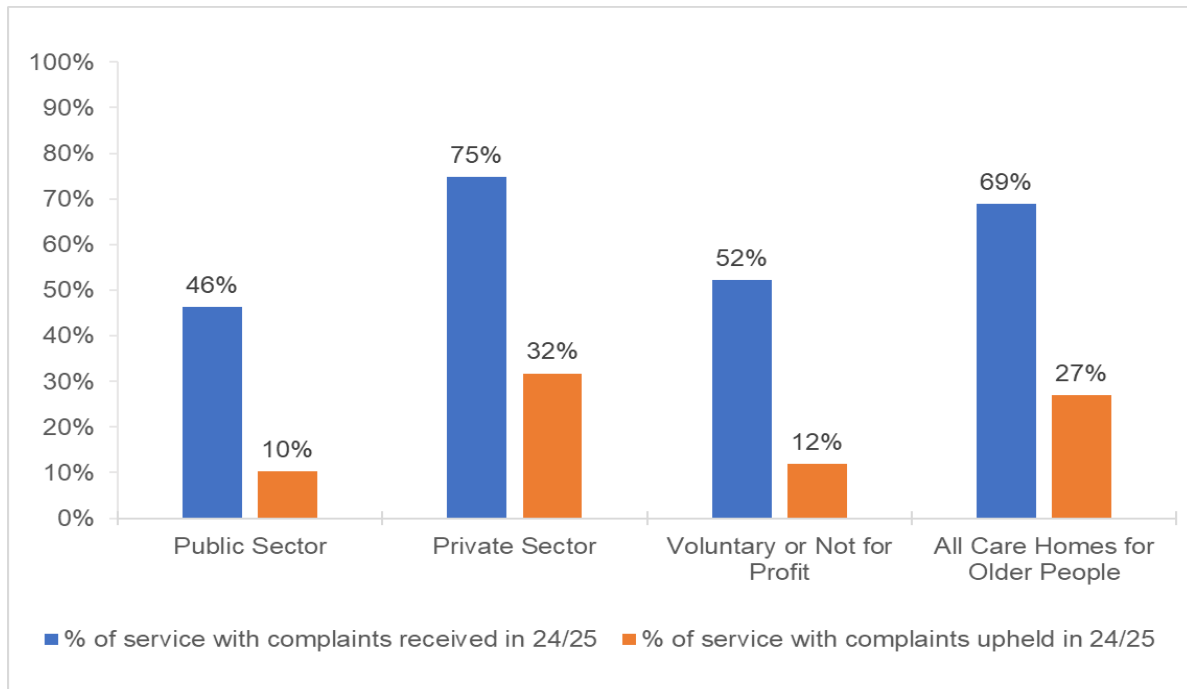


Figure 9: Care homes for older people on 31 March 2025 – % of services with a complaint received or upheld about them



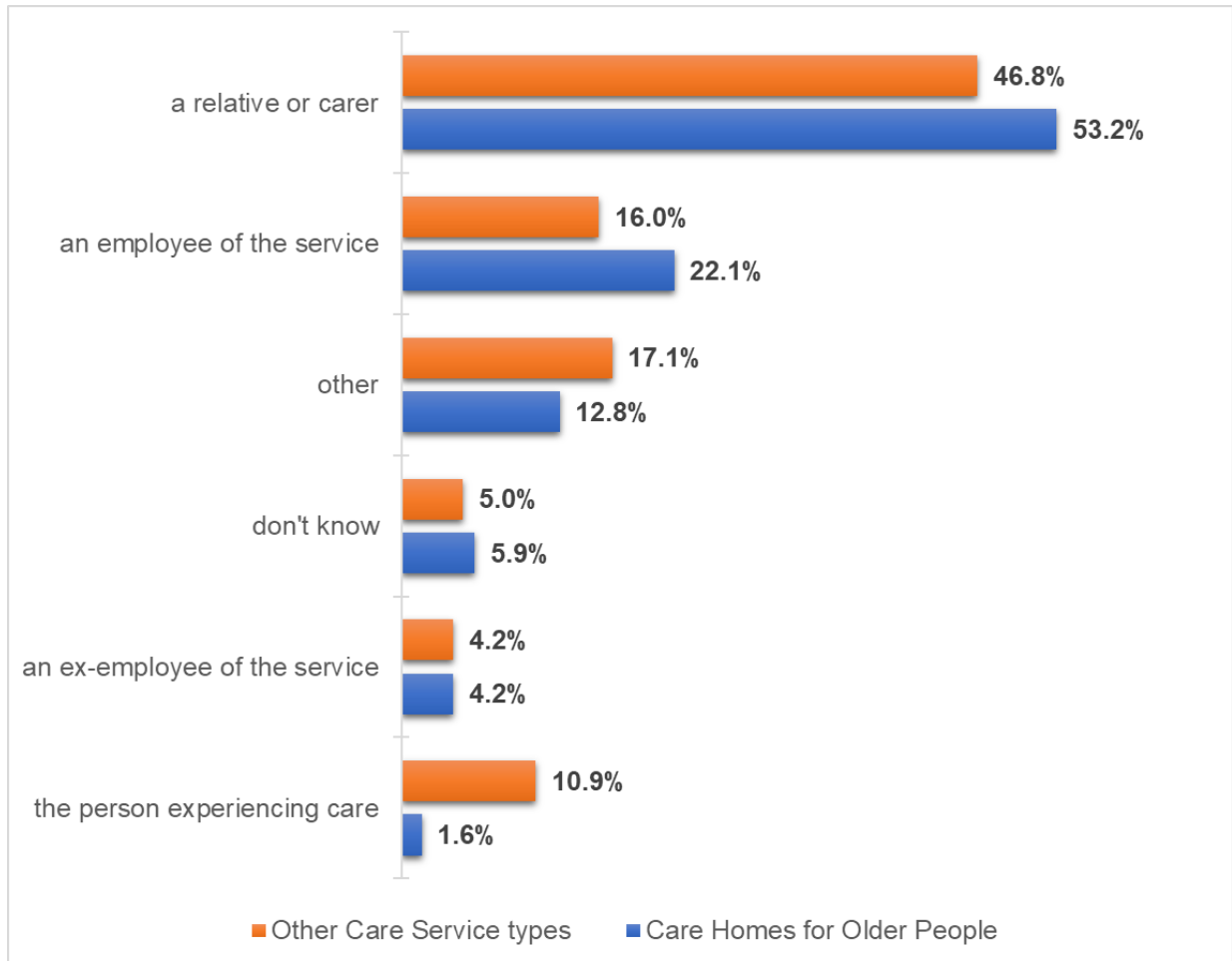
Further breakdown of areas of complaint about care homes for older people (Figure 10) shows that specific healthcare issues formed the largest group of complaints (40%). This includes complaints about nutrition, medication, tissue viability, continence care and inadequate care and treatment. This is consistently the case over time. Full details of this breakdown are in the Appendix (Table F) with a further breakdown by year (Table G).

Figure 10: Care homes for older people – by area of complaint 2024/25

Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Healthcare	457	40.3%
Communication	123	10.8%
Staff	90	7.9%
Wellbeing	90	7.9%
Policies and procedures	69	6.1%
Environment	66	5.8%
Choice	61	5.4%
Protection of people	37	3.3%
Food	36	3.2%
Record keeping	34	3.0%
Privacy and dignity	32	2.8%
Property	24	2.1%
Access	9	0.8%
User participation	3	0.3%
Equality issues	2	0.2%
Conditions of registration	1	0.1%

In 2024/25, the majority of all complaints received about care homes for older people continued to be from relatives and carers of people living in the service: 53% compared to 47% for all other types of service (Figure 11). The proportion of complaints received from employees of the service was 6.1 percentage points higher for care homes for older people than for other service types. Only 2% of all complaints about care homes for older people were from people experiencing care, compared with almost 11% for all other types of service.

Figure 11: Complaints received 2024/25 by relationship of the person making the complaint – care homes for older people compared with all other complaints received



What we found when conducting investigations

Following our risk assessment process, we may, due to the nature and seriousness of the complaint, decide that an investigation is required. Once that investigation is complete, the inspector decides if the complaint should be upheld or not. Where we have investigated and found evidence that supports the complaint, the complaint will be upheld; otherwise the complaint will be not be upheld. It may be that one complaint contains many parts, which we call areas of complaint, each of which may be either upheld or not upheld.

When we uphold a complaint, we inform both the person making the complaint and the care service about any requirements or areas for improvement. Where a complaint is upheld and we make requirements, the complaint inspector follows this up by inspecting the service against the set requirements and produces a public inspection report.

Figure 12 below shows that in 2024/25, we upheld 70% of the investigations we conducted, which is a decrease from 73% last year. This proportion reflects, at least in part, our risk-based procedures. Complaints taken forward for investigation are those that are serious, about failings in care that have led to or are likely to lead to poor outcomes for an individual or individuals. As such, where proven, these are more likely to be upheld.

The percentage of complaints upheld varies by type of service, although percentages based on small numbers of complaints should be interpreted with caution. For those service types with more than 20 complaints investigated this year, the highest proportion of complaints upheld was about care homes for older people (79%). The next highest were all care home types (78%) and then combined housing support and care at home services (76%) (Figure 13).

Figure 12: The number of complaint investigations conducted by complaint outcome, 2019/20 – 2024/25

Complaint outcome	Year investigation conducted					
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Upheld	61%	76%	76%	76%	73%	70%
Not upheld	39%	24%	24%	24%	27%	30%

Figure 13: Percentage of complaints upheld by service type, 2024/25

Care service type	Number of complaints where investigation conducted	Number of complaints upheld	% of all complaints upheld
Adoption	0	0	
Adult placement	0	0	
Care home	438	343	78.3%
of which, care home for older people	390	308	79.0%
Childminding	34	14	41.2%
Daycare of children	170	90	52.9%
Fostering	2	2	*100.0%
Housing support (standalone service)	6	3	*50.0%
Nurse agency	2	1	*50.0%
Offender accommodation service	0	0	
School care accommodation	3	3	*100.0%
Secure accommodation	4	1	*25.0%
Support service (standalone) – care at home	75	52	69.3%
Support service (standalone) – other than care at home	2	1	*50.0%
Combined housing support and care at home service	145	110	75.9%
All care service types	881	620	70.4%

*Based on fewer than 20 investigations

Supporting improvement following complaints

Complaints give a valuable insight into how services are caring for the thousands of people who experience them every day. We realise that, for many people, making a complaint to us can be a big step and indicates that there is something not right that really matters to them.

We look carefully at all the information we receive from all complaints and decide the best way to proceed. Some issues raised with us are the responsibility of other organisations to look at, such as the Scottish Social Services Council or the Nursing and Midwifery Council. In such cases, we refer people to the appropriate organisation, ensuring we are clear why we think this is how their complaints will be best addressed.

Where we do investigate formally, the purpose is not just to establish the facts and determine whether the care provided was good enough, but also to seek to improve the quality of care provided for the person making the complaint and other people. It is essential that our investigations lead to meaningful change and improvements that provide positive outcomes for people experiencing care.

Following a complaint investigation where the complaint is upheld, our inspectors consider how we can support a service to make improvements. Depending on the seriousness of what we have found during our investigation, actions might include signposting to good practice, advising on an area for improvement, or making a requirement setting out what the service must do to improve and by when. Where requirements are given, the complaints inspector will follow this up within the given timescale, do a follow-up inspection against the requirements set, and publish an inspection report. We may re-evaluate the service as a result of an upheld complaint and might also consider whether we need to prioritise a full inspection of the service to look at any wider aspects of care.

Where the complaint identifies very serious complaints, we may issue a letter of serious concern, which we share with relevant partners such as local health and social care partnerships and directors of nursing to ensure services receive support for improvement. We may serve an improvement notice under Section 62 of the Public Services Reform (Scotland) Act 2010 if we are not satisfied that sufficient improvement is achieved and sustained.

A key part of our role is to work with services and providers collaboratively to support improvement. Our inspectors and quality improvement teams may spend time with care services and providers to build capacity and capability for improvement and help to make sure the experiences and outcomes for people are the best they can be.

Our assurance and quality improvement teams work in close collaboration to identify, prioritise, and respond to areas requiring improvement across care services. These areas are identified through a range of assurance activities, including inspections and complaints. By targeting the areas of greatest need, we ensure that our quality improvement interventions have the maximum possible impact.

In addition to ongoing programmes of work, we offer short-term consultancy—both internally and externally—to support early intervention and prevention.

Our [quality improvement and involvement strategy](#) sets out further detail of our programme of work.

Our quality improvement interventions include:

- Supporting providers at risk of, or during, enforcement through targeted quality improvement
- A national early learning and childcare quality improvement programme
- Care home improvement programme
- Stress and distress quality improvement programme in partnership with Healthcare Improvement Scotland
- Our Health and Social Care Improvement Team provides targeted consultancy, averaging 65 engagements per month in aspects of health care identified through scrutiny such as pharmacy, nutrition, and Infection Prevention and Control (IPC). This work is shaped by themes emerging from inspection findings and complaint themes
- National and local targeted quality improvement collaboratives, working with groups of services to support improvement in identified areas, for example dementia care and the use of psychoactive medicines
- Get Confident with going confidential - The complaints team has been developing a campaign to encourage complainants to utilise the confidential option as opposed to being anonymous. Assessing anonymous complaints can be challenging as additional information cannot be gained or clarified. This campaign will be ongoing and is using social media platforms and poster displays within services.
- Project Reach - Following an analysis of complaint trends over a number of years, we identified a key opportunity to support the development of better complaints handling within the care home sector. From this, the complaints team developed an intervention to work alongside three national care home providers. The aim of this was to use an appreciative enquiry methodology to help co-create better complaints handling processes aligned to direct service action and investigation by the provider. From this, we aim to support the development of more robust complaints policies, and the application of these, helping to increase our confidence when complaints are managed in these ways

- Core Assurance - The complaints team continue to trial undertaking a broader view of the service when investigating a complaint. This is known as a core assurance inspection. When the complaints team complete this, they publish a public report outlining their findings
- Childminder inspections - The complaints team has initiated a test of change to complete a focused inspection within childminding services when a complaint investigation is required. This will enable the complaints team to review elements of care and support beyond the scope of the complaint, allowing us to provide greater public assurance on how well these services are operating.

Conclusion

This report has presented a range of statistical information from complaints about care services over the past six years. The statistics show the number of complaints received and how they have been resolved using our risk-based assessment process.

Our focus in all areas of our work, including complaints, is on improving the quality of care and outcomes for people who experience care services. We do this by resolving complaints quickly and by using all the intelligence we gather to focus our inspections as well as the wider scrutiny, assurance and improvement support work we carry out across all care services.

Summary of main points

- We received 5,303 complaints in 2024/25, a 6% decrease on last year, the lowest for four years and a decreasing trend over the past six years (when the new digital system was introduced). The majority of this is due to a decrease in complaints about care homes.
- We resolved a total of 4,055 complaints during 2024/25:
 - In 46%, the information given to us by the complainant was provided to the inspector for that service to be used to inform and focus future scrutiny activity and improvement support.
 - 18% were resolved by the service directly and quickly.
 - 14% were investigated through the service's own complaints procedure where we required the provider to investigate.
 - 22% were assessed as serious enough for us to decide that we needed to conduct an investigation.
- We upheld the majority of the complaints we investigated – 70% of investigations were upheld in 2024/25.
- As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 69% of care homes for older people received at least one complaint while 27% had at least one complaint upheld during 2024/25. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people during 2024/25.

Appendix: Complaints about care services in Scotland, 2019/20 to 2024/25– Detailed tables

Table A: Complaints received by service type, 2019/20 to 2024/25

	2019/20		2020/21		2021/22		2022/23		2023/24		2024/25		6-year total		% change comparing 2019/20 to 2024/25
Care service type	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	No. of complnt. received	% of complnt. received	
Adoption	3	0.1%	2	0.0%	1	0.0%	9	0.2%	4	0.1%	9	0.2%	28	0.1%	200.0%
Adult placement	3	0.1%	3	0.1%	2	0.0%	3	0.1%	5	0.1%	4	0.1%	20	0.1%	33.3%
Care home service	2718	46.6%	2629	56.9%	2747	49.1%	2814	47.6%	2636	46.7%	2338	44.1%	15882	48.3%	-14.0%
Child care agency	0	0.0%	1	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	2	0.0%	0.0%
Childminding	244	4.2%	126	2.7%	142	2.5%	145	2.5%	146	2.6%	138	2.6%	941	2.9%	-43.4%
Daycare of children	850	14.6%	426	9.2%	857	15.3%	1084	18.3%	1076	19.1%	1049	19.8%	5342	16.2%	23.4%
Fostering	26	0.4%	10	0.2%	15	0.3%	13	0.2%	20	0.4%	10	0.2%	94	0.3%	-61.5%
Housing support (standalone)	266	4.6%	171	3.7%	152	2.7%	177	3.0%	162	2.9%	149	2.8%	1077	3.3%	-44.0%
Nurse agency	26	0.4%	29	0.6%	21	0.4%	31	0.5%	26	0.5%	33	0.6%	166	0.5%	26.9%
Offender accommodation	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
School care accommodation	67	1.1%	34	0.7%	27	0.5%	55	0.9%	40	0.7%	37	0.7%	260	0.8%	-44.8%
Secure accommodation	11	0.2%	9	0.2%	13	0.2%	19	0.3%	19	0.3%	42	0.8%	113	0.3%	281.8%
Support service (standalone) - care at home	509	8.7%	468	10.1%	598	10.7%	545	9.2%	435	7.7%	364	6.9%	2919	8.9%	-28.5%
Support service (standalone) – other than care at home	58	1.0%	10	0.2%	31	0.6%	30	0.5%	35	0.6%	26	0.5%	190	0.6%	-55.2%
Combined housing support and care at home service	1050	18.0%	700	15.2%	989	17.7%	985	16.7%	1041	18.4%	1104	20.8%	5869	17.8%	5.1%
All care service types	5831	100.0%	4618	100.0%	5595	100.0%	5910	100.0%	5646	100.0%	5303	100.0%	32903	100.0%	-9.1%

Table B: All service types by area of complaint, complaints upheld in 2024/25

Each complaint can have many areas, each of which has a separate outcome recorded. This table includes only those areas where the outcome was upheld.

Area of complaint	Detailed area of complaint	No. of upheld areas of complaint	% of all upheld areas of complaint
Healthcare	Healthcare > Inadequate healthcare or healthcare treatment	222	11.2%
	Healthcare > Medication issues	117	5.9%
	Healthcare > Continence care	67	3.4%
	Healthcare > Other	62	3.1%
	Healthcare > Nutrition	47	2.4%
	Healthcare > Hydration	37	1.9%
	Healthcare > Tissue viability	33	1.7%
	Healthcare > Infection control issues	21	1.1%
	Healthcare > Oral health	16	0.8%
	Healthcare > Palliative care	13	0.7%
	Healthcare > Clinical governance	6	0.3%
	Healthcare > Mental health care	6	0.3%
Wellbeing	Wellbeing > Other	122	6.2%
	Wellbeing > Emotional	49	2.5%
	Wellbeing > Social	28	1.4%
	Wellbeing > Developmental	20	1.0%
	Wellbeing > Behaviour	10	0.5%
	Wellbeing > Visiting	8	0.4%
Communication	Communication > Between staff and service users/relatives/carers	217	11.0%
	Communication > Other	13	0.7%
	Communication > Information about the service	10	0.5%
	Communication > Language difficulties	2	0.1%
Staff	Staff > Levels	69	3.5%
	Staff > Training / qualifications	66	3.3%
	Staff > Other	23	1.2%
	Staff > Other fitness issues	18	0.9%
	Staff > Recruitment procedures (including disclosure checks)	5	0.3%
	Staff > Registration with professional bodies	1	0.1%
Policies and Procedures	Policies and procedures > Complaints procedure	112	5.7%
	Policies and procedures > Other	49	2.5%
Choice	Choice > Care and treatment	53	2.7%
	Choice > Activities	21	1.1%
	Choice > Dignity and privacy	20	1.0%
	Choice > Other	9	0.5%
	Choice > Service not meeting religious, cultural, faith or social needs	1	0.1%

**Table B: All service types by area of complaint, complaints upheld in 2024/25
(cont.)**

Area of complaint	Detailed area of complaint	No. of upheld areas of complaint	% of all upheld areas of complaint
Protection of people	Protection of people > Adults	52	2.6%
	Protection of people > Children	12	0.6%
	Protection of people > Policies and procedures	7	0.4%
	Protection of people > Restraint	3	0.2%
	Protection of people > Other	1	0.1%
Record keeping	Record keeping > Personal plans/ agreements	66	3.3%
	Record keeping > Other	31	1.6%
Property	Property > Loss of/missing	16	0.8%
	Property > Care of	10	0.5%
	Property > Other	2	0.1%
Privacy and dignity	Privacy and dignity > Privacy and dignity	45	2.3%
Environment	Environment > Fitness of premises / environment	36	1.8%
	Environment > Inadequate facilities	21	1.1%
	Environment > Other	15	0.8%
	Environment > Security	8	0.4%
Food	Food > Other	17	0.9%
	Food > Quality	13	0.7%
	Food > Choice	10	0.5%
	Food > Availability	7	0.4%
User participation	User participation > Other	10	0.5%
Conditions of registration	Conditions of registration > Other	3	0.2%
	Conditions of registration > Exceeding capacity	2	0.1%
Financial issues	Financial issues > Financial issues	2	0.1%
Access	Access > To other services e.g. advocacy/health	10	0.5%
	Access > Other	2	0.1%
Equality issues	Equality issues > Equality issues	4	0.2%

Table C: Number and % of complaint investigations that were upheld, by area of complaint and type of care service 2024/25.

	Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		Nurse Agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) – other than care at home		Combined housing support/care at home service	
Detailed area of complaint	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Healthcare > Inadequate healthcare or healthcare treatment	167	8.4%		0.0%		0.0%		0.0%	2	0.1%		0.0%		0.0%		0.0%	15	0.8%		0.0%	38	1.9%
Healthcare > Medication issues	61	3.1%		0.0%	4	0.2%		0.0%	2	0.1%		0.0%		0.0%		0.0%	17	0.9%		0.0%	33	1.7%
Healthcare > Continence care	44	2.2%		0.0%	1	0.1%		0.0%	1	0.1%		0.0%		0.0%		0.0%	8	0.4%		0.0%	13	0.7%
Healthcare > Other	47	2.4%		0.0%	1	0.1%		0.0%		0.0%		0.0%	1	0.1%		0.0%	3	0.2%		0.0%	10	0.5%
Healthcare > Nutrition	41	2.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%	4	0.2%
Healthcare > Hydration	34	1.7%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	2	0.1%
Healthcare > Tissue viability	27	1.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%	4	0.2%
Healthcare > Infection control issues	11	0.6%	1	0.1%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.2%		0.0%	4	0.2%
Healthcare > Oral health	16	0.8%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Healthcare > Palliative care	13	0.7%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Healthcare > Clinical governance	6	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Healthcare > Mental health care	4	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Wellbeing > Other	57	2.9%	3	0.2%	33	1.7%	2	0.1%		0.0%		0.0%		0.0%		0.0%	10	0.5%		0.0%		0.0%
Wellbeing > Emotional	18	0.9%	3	0.2%	21	1.1%		0.0%		0.0%		0.0%	2	0.1%		0.0%		0.0%		0.0%	2	0.1%
Wellbeing > Social	23	1.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	17	0.9%
Wellbeing > Developmental	11	0.6%	2	0.1%	4	0.2%		0.0%		0.0%	1	0.1%		0.0%	1	0.1%	1	0.1%		0.0%	5	0.3%
Wellbeing > Behaviour	7	0.4%	1	0.1%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	5	0.3%
Wellbeing > Visiting		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.2%		0.0%		0.0%

Table C: Number and % of complaint investigations that were upheld, by area of complaint and type of care service 2024/25.

	Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		Nurse Agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) – other than care at home		Combined housing support/care at home service	
Detailed area of complaint	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Communication > Between staff and service users/relatives/carers	114	5.8%	3	0.2%	29	1.5%	2	0.1%	2	0.1%		0.0%		0.0%		0.0%	22	1.1%		0.0%	45	2.3%
Communication > Other	11	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	1	0.1%
Communication > Information about the service	4	0.2%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	4	0.2%
Communication > Language difficulties	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%
Staff > Levels	51	2.6%		0.0%	7	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	10	0.5%
Staff > Training / qualifications	39	2.0%		0.0%	1	0.1%		0.0%		0.0%		0.0%	1	0.1%		0.0%	7	0.4%		0.0%	18	0.9%
Staff > Other fitness issues	9	0.5%	1	0.1%	6	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Staff > Other	3	0.2%	1	0.1%	6	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.2%		0.0%	9	0.5%
Staff > Recruitment procedures (including disclosure checks)	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	0.2%		0.0%	1	0.1%
Staff > Registration with professional bodies		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Policies and procedures > Complaints procedure	54	2.7%		0.0%	5	0.3%		0.0%		0.0%		0.0%	1	0.1%		0.0%	16	0.8%		0.0%	36	1.8%
Policies and procedures > Other	19	1.0%	4	0.2%	13	0.7%	2	0.1%		0.0%		0.0%		0.0%		0.0%	3	0.2%		0.0%	8	0.4%
Environment > Fitness of premises / environment	33	1.7%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Environment > Inadequate facilities	20	1.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%
Environment > Other	10	0.5%	1	0.1%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	0.2%
Environment > Security	4	0.2%		0.0%	3	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%
Record keeping > Personal plans/ agreements	27	1.4%	2	0.1%	6	0.3%		0.0%	1	0.1%		0.0%	1	0.1%		0.0%	8	0.4%		0.0%	21	1.1%
Record keeping > Other	12	0.6%	1	0.1%	10	0.5%	1	0.1%		0.0%		0.0%	1	0.1%		0.0%	4	0.2%		0.0%	2	0.1%

Table C: Number and % of complaint investigations that were upheld, by area of complaint and type of care service 2024/25.

	Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		Nurse Agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) – other than care at home		Combined housing support/care at home service	
Detailed area of complaint	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Choice > Care and treatment	28	1.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	5	0.3%		0.0%	20	1.0%
Choice > Activities	18	0.9%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	0.2%
Choice > Dignity and privacy	12	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	0.2%		0.0%	5	0.3%
Choice > Other	4	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	4	0.2%
Choice > Service not meeting religious, cultural, faith or social needs	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Protection of people > Adults	36	1.8%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%	1	0.1%	14	0.7%
Protection of people > Children	4	0.2%		0.0%	3	0.2%	3	0.2%		0.0%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%
Protection of people > Policies and procedures	5	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	1	0.1%
Protection of people > Restraint	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Protection of people > Other	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Food > Other	10	0.5%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	5	0.3%
Food > Quality	11	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	1	0.1%
Food > Choice	9	0.5%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Food > Availability	7	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Privacy and dignity > Privacy and dignity	33	1.7%		0.0%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%	5	0.3%		0.0%	5	0.3%
Property > Loss of/missing	14	0.7%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%	1	0.1%		0.0%		0.0%
Property > Care of	10	0.5%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Property > Other	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%

Table C: Number and % of complaint investigations that were upheld, by area of complaint and type of care service 2024/25.

Detailed area of complaint	Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		Nurse Agency		School care accommodation service		Secure accommodation service		Support service (standalone) - care at home		Support service (standalone) – other than care at home		Combined housing support/care at home service	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Access > To other services e.g. advocacy/health	8	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	1	0.1%
Access > Other	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%
User participation > Other	4	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%	4	0.2%
Conditions of registration > Other	2	0.1%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Conditions of registration > Exceeding capacity		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Equality issues > Equality issues	2	0.1%		0.0%	1	0.1%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Financial issues > Financial issues		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%

Table D: Rate (per 1000 registered places in care homes for older people) and number of complaints received about care homes for older people, by local authority area. 2019/20 to 2024/25

Note: Local authority areas where fewer than six complaints were received have been suppressed to maintain anonymity.

	2019/20			2020/21			2021/22			2022/23			2023/24			2024/25		
Local Authority area	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places
Aberdeen City	66	1344	49.1	81	1336	60.6	79	1316	60.0	68	1400	48.6	70	1372	51.0	54	1371	39.4
Aberdeenshire	75	1748	42.9	68	1683	40.4	92	1672	55.0	119	1660	71.7	100	1611	62.1	61	1556	39.2
Angus	80	1070	74.8	98	1068	91.8	86	1067	80.6	98	1051	93.2	89	1049	84.8	88	1018	86.4
Argyll & Bute	54	502	107.6	32	503	63.6	29	564	51.4	23	523	44.0	43	515	83.5	30	515	58.3
City of Edinburgh	169	3171	53.3	149	3079	48.4	142	3042	46.7	133	3005	44.3	84	3000	28.0	74	2856	25.9
Clackmannanshire	12	282	42.6	21	282	74.5	21	282	74.5	8	282	28.4	20	282	70.9	19	280	67.9
Dumfries & Galloway	73	1050	69.5	108	1050	102.9	96	1005	95.5	92	1038	88.6	111	1040	106.7	73	1041	70.1
Dundee City	54	1046	51.6	68	1028	66.1	48	1005	47.8	85	1005	84.6	60	948	63.3	59	948	62.2
East Ayrshire	65	887	73.3	67	880	76.1	52	880	59.1	48	851	56.4	52	851	61.1	54	850	63.5
East Dunbartonshire	82	895	91.6	90	840	107.1	66	840	78.6	101	920	109.8	47	920	51.1	28	923	30.3
East Lothian	41	671	61.1	31	724	42.8	22	711	30.9	43	781	55.1	81	761	106.4	35	782	44.8
East Renfrewshire	46	735	62.6	37	769	48.1	44	603	73.0	41	603	68.0	37	670	55.2	28	670	41.8
Falkirk	52	953	54.6	58	962	60.3	82	962	85.2	65	962	67.6	100	957	104.5	154	955	161.3
Fife	228	2990	76.3	162	2950	54.9	259	2950	87.8	219	2945	74.4	190	2980	63.8	170	3069	55.4
Glasgow City	254	4178	60.8	270	4150	65.1	236	4123	57.2	211	4016	52.5	234	3935	59.5	245	4024	60.9
Highland	92	1782	51.6	97	1774	54.7	91	1858	49.0	93	1777	52.3	82	1670	49.1	105	1644	63.9
Inverclyde	38	735	51.7	44	688	64.0	45	688	65.4	45	688	65.4	28	683	41.0	24	683	35.1
Midlothian	39	555	70.3	41	523	78.4	46	523	88.0	43	523	82.2	38	523	72.7	12	512	23.4
Moray	48	584	82.2	36	584	61.6	21	584	36.0	35	588	59.5	36	587	61.3	25	586	42.7
Na h-Eileanan Siar	9	214	42.1	5	214	23.4	<5	214	-	11	214	51.4	<5	210	-	<5	210	-
North Ayrshire	61	1002	60.9	52	942	55.2	69	954	72.3	64	939	68.2	67	894	74.9	66	906	72.8

Table D: Rate (per 1000 registered places in care homes for older people) and number of complaints received about care homes for older people, by local authority area. 2019/20 to 2024/25 (cont.)

	2019/20			2020/21			2021/22			2022/23			2023/24			2024/25		
Local Authority area	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places
North Lanarkshire	95	1718	55.3	98	1719	57.0	120	1719	69.8	110	1697	64.8	80	1656	48.3	72	1655	43.5
Orkney Islands	<5	110	-		109	0.0	<5	109	-	<5	109	-	<5	109	-	<5	109	-
Perth & Kinross	73	1330	54.9	70	1329	52.7	96	1375	69.8	92	1339	68.7	89	1339	66.5	71	1396	50.9
Renfrewshire	82	1387	59.1	98	1407	69.7	83	1462	56.8	106	1462	72.5	117	1422	82.3	125	1422	87.9
Scottish Borders	63	739	85.3	68	746	91.2	54	747	72.3	60	748	80.2	64	746	85.8	34	746	45.6
Shetland Islands	<5	149	-		149	0.0	<5	149	-	<5	149	-	<5	149	-		149	0.0
South Ayrshire	108	1111	97.2	77	1107	69.6	65	1155	56.3	79	1204	65.6	76	1201	63.3	55	1197	45.9
South Lanarkshire	165	2525	65.3	164	2521	65.1	184	2483	74.1	162	2482	65.3	130	2390	54.4	104	2306	45.1
Stirling	39	546	71.4	35	546	64.1	24	625	38.4	15	607	24.7	28	672	41.7	24	674	35.6
West Dunbartonshire	31	647	47.9	40	665	60.2	27	665	40.6	48	648	74.1	43	648	66.4	43	622	69.1
West Lothian	55	861	63.9	55	861	63.9	86	920	93.5	89	920	96.7	43	920	46.7	31	956	32.4

Table E: Rate (per 1000 registered places in care homes for older people) and number of complaint investigations completed by the Care Inspectorate for care homes for older people, by local authority area. 2019/20 to 2024/25

Note: Local authority areas where fewer than six complaint investigations have been completed have been suppressed to maintain anonymity.

	2019/20			2020/21			2021/22			2022/23			2023/24			2024/25		
Local Authority area	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places
Aberdeen City	17	1344	12.6	8	1336	6.0	11	1316	8.4	17	1400	12.1	13	1372	9.5	12	1371	8.8
Aberdeenshire	8	1748	4.6	<5	1683	-	6	1672	3.6	12	1660	7.2	22	1611	13.7	11	1556	7.1
Angus	19	1070	17.8	7	1068	6.6	20	1067	18.7	16	1051	15.2	18	1049	17.2	19	1018	18.7
Argyll & Bute	8	502	15.9	<5	503	2.0	5	564	8.9	<5	523	-	<5	515	-	<5	515	7.8
City of Edinburgh	39	3171	12.3	10	3079	3.2	16	3042	5.3	27	3005	9.0	22	3000	7.3	19	2856	6.7
Clackmannanshire	<5	282	-		282	0.0	<5	282	-	<5	282	-	<5	282	-	<5	280	-
Dumfries & Galloway	17	1050	16.2	<5	1050	-	11	1005	10.9	6	1038	5.8	9	1040	8.7	12	1041	11.5
Dundee City	10	1046	9.6	9	1028	8.8	12	1005	11.9	17	1005	16.9	19	948	20.0	19	948	20.0
East Ayrshire	10	887	11.3	<5	880	-	<5	880	-	9	851	10.6	10	851	11.8	7	850	8.2
East Dunbartonshire	16	895	17.9	<5	840	-	9	840	10.7	9	920	9.8	9	920	9.8	7	923	7.6
East Lothian	5	671	7.5	<5	724	-	5	711	7.0	6	781	7.7	15	761	19.7	9	782	11.5
East Renfrewshire	9	735	12.2	<5	769	-	<5	603	-	<5	603	-	<5	670	-	6	670	9.0
Falkirk	6	953	6.3	<5	962	-	11	962	11.4	12	962	12.5	15	957	15.7	22	955	23.0
Fife	59	2990	19.7	13	2950	4.4	26	2950	8.8	50	2945	17.0	42	2980	14.1	44	3069	14.3
Glasgow City	38	4178	9.1	23	4150	5.5	30	4123	7.3	36	4016	9.0	35	3935	8.9	37	4024	9.2
Highland	18	1782	10.1	7	1774	3.9	8	1858	4.3	11	1777	6.2	<5	1670	-	23	1644	14.0
Inverclyde	13	735	17.7	<5	688	-	5	688	7.3	6	688	8.7	<5	683	-	7	683	10.2
Midlothian	10	555	18.0	7	523	13.4	8	523	15.3	7	523	13.4	7	523	13.4	<5	512	-
Moray	13	584	22.3	<5	584	-	<5	584	-	5	588	8.5	7	587	11.9	<5	586	-
Na h-Eileanan Siar	<5	214	-	<5	214	-	<5	214	-	<5	214	-		210	0.0		210	0.0

Table E: Rate (per 1000 registered places in care homes for older people) and number of complaint investigations completed by the Care Inspectorate for care homes for older people, by local authority area. 2019/20 to 2024/25 (cont.)

	2019/20			2020/21			2021/22			2022/23			2023/24			2024/25		
Local Authority area	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places	No. of complaint investgate complete	No. of registered places available	Rate of complaint investgate complete per 1000 places
North Ayrshire	10	1002	10.0		942	0.0	11	954	11.5	14	939	14.9	8	894	8.9	9	906	9.9
North Lanarkshire	11	1718	6.4	11	1719	6.4	16	1719	9.3	20	1697	11.8	18	1656	10.9	21	1655	12.7
Orkney Islands		110	0.0	<5	109	-		109	0.0		109	0.0		109	0.0		109	0.0
Perth & Kinross	12	1330	9.0	7	1329	5.3	14	1375	10.2	11	1339	8.2	28	1339	20.9	18	1396	12.9
Renfrewshire	6	1387	4.3	7	1407	5.0	9	1462	6.2	11	1462	7.5	15	1422	10.5	16	1422	11.3
Scottish Borders	10	739	13.5	5	746	6.7	<5	747	-	6	748	8.0	10	746	13.4	7	746	9.4
Shetland Islands		149	0.0		149	0.0		149	0.0		149	0.0	<5	149	-		149	0.0
South Ayrshire	27	1111	24.3	<5	1107	-	8	1155	6.9	9	1204	7.5	18	1201	15.0	11	1197	9.2
South Lanarkshire	30	2525	11.9	7	2521	2.8	36	2483	14.5	26	2482	10.5	27	2390	11.3	17	2306	7.4
Stirling	9	546	16.5	<5	546	-	<5	625	-	5	607	8.2	5	672	7.4	6	674	8.9
West Dunbartonshire	6	647	9.3	<5	665	-	<5	665	-	11	648	17.0	7	648	10.8	8	622	12.9
West Lothian	9	861	10.5	<5	861	-	17	920	18.5	14	920	15.2	9	920	9.8	7	956	7.3

Table F: Care homes for older people, complaints upheld in 2024/25 by area of complaint

Note: each overall complaint can have several areas - this table only includes those areas that were upheld.

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Healthcare	Healthcare > Inadequate healthcare or healthcare treatment	163	14.4%
	Healthcare > Medication issues	59	5.2%
	Healthcare > Other	45	4.0%
	Healthcare > Continence care	43	3.8%
	Healthcare > Nutrition	40	3.5%
	Healthcare > Hydration	33	2.9%
	Healthcare > Tissue viability	26	2.3%
	Healthcare > Oral health	15	1.3%
	Healthcare > Palliative care	13	1.1%
	Healthcare > Infection control issues	10	0.9%
	Healthcare > Clinical governance	6	0.5%
	Healthcare > Mental health care	4	0.4%
Communication	Communication > Between staff and service users/relatives/carers	108	9.5%
	Communication > Other	11	1.0%
	Communication > Information about the service	3	0.3%
	Communication > Language difficulties	1	0.1%
Wellbeing	Wellbeing > Other	51	4.5%
	Wellbeing > Social	23	2.0%
	Wellbeing > Emotional	13	1.1%
	Wellbeing > Behaviour	3	0.3%
Staff	Staff > Levels	46	4.1%
	Staff > Training / qualifications	34	3.0%
	Staff > Other fitness issues	7	0.6%
	Staff > Other	2	0.2%
	Staff > Recruitment procedures (including disclosure checks)	1	0.1%
Property	Property > Loss of/missing	14	1.2%
	Property > Care of	10	0.9%
Choice	Choice > Care and treatment	28	2.5%
	Choice > Activities	18	1.6%
	Choice > Dignity and privacy	11	1.0%
	Choice > Other	3	0.3%
	Choice > Service not meeting religious, cultural, faith or social needs	1	0.1%
Protection of people	Protection of people > Adults	31	2.7%
	Protection of people > Policies and procedures	4	0.4%
	Protection of people > Restraint	1	0.1%
	Protection of people > Other	1	0.1%

Table F: Care homes for older people, complaints upheld in 2024/25 by area of complaint (cont.)

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Policies and procedures	Policies and procedures > Complaints procedure	52	4.6%
	Policies and procedures > Other	17	1.5%
Privacy and dignity	Privacy and dignity > Privacy and dignity	32	2.8%
Environment	Environment > Fitness of premises / environment	32	2.8%
	Environment > Inadequate facilities	20	1.8%
	Environment > Other	10	0.9%
	Environment > Security	4	0.4%
Food	Food > Quality	11	1.0%
	Food > Other	9	0.8%
	Food > Choice	9	0.8%
	Food > Availability	7	0.6%
Record keeping	Record keeping > Personal plans/ agreements	24	2.1%
	Record keeping > Other	10	0.9%
User participation	User participation > Other	3	0.3%
Access	Access > To other services e.g. advocacy/health	8	0.7%
	Access > Other	1	0.1%
Equality issues	Equality issues > Equality issues	2	0.2%
Conditions of registration	Conditions of registration > Other	1	0.1%

Table G: Care homes for older people, complaints upheld by detailed area of complaint, 2019/20 to 2024/25

Detailed area of complaint	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Access > Other		2	3	4	4	1
Access > To other services e.g. advocacy/health	2		1	9	8	8
Choice > Activities	9	7	6	18	23	18
Choice > Care and treatment	26	14	23	45	44	28
Choice > Dignity and privacy	8	6	9	14	7	11
Choice > Other		2	1	8	3	3
Choice > Service not meeting religious, cultural, faith or social needs		1		3	1	1
Communication > Between staff and service users/relatives/carers	61	55	111	129	129	108
Communication > Information about the service		2	3	1	2	3
Communication > Language difficulties	1		1	1	1	1
Communication > Other	9	4	6	5	12	11
Conditions of registration > Other				3	1	1
Environment > Fitness of premises / environment	21	3	16	26	20	32
Environment > Inadequate facilities	11	1	3	13	13	20
Environment > Other	12	1	6	12	11	10
Environment > Security	1			4	6	4
Equality issues > Equality issues					1	2
Financial issues > Financial issues		2	1	1		
Food > Availability	1	1	5	2	5	7
Food > Choice	3	1	1	7	7	9
Food > Other	4	3	5	15	10	9
Food > Quality	5		3	5	8	11
Healthcare > Clinical governance	2	3	4	4	4	6
Healthcare > Continence care	23	10	17	33	52	43
Healthcare > Hydration	15	9	20	36	37	33
Healthcare > Inadequate healthcare or healthcare treatment	76	35	104	185	214	163
Healthcare > Infection control issues	6	7	17	14	14	10
Healthcare > Medication issues	35	13	25	55	73	59
Healthcare > Mental health care	4		2	1	7	4
Healthcare > Nutrition	20	18	26	43	54	40
Healthcare > Oral health	4	7	9	12	11	15
Healthcare > Other	25	20	30	47	45	45
Healthcare > Palliative care	3	3	7	12	17	13
Healthcare > Tissue viability	18	10	22	37	47	26
Policies and procedures > Complaints procedure	19	14	12	38	41	52
Policies and procedures > Other	9	4	15	10	19	17
Privacy and dignity > Privacy and dignity	14	8	24	31	20	32

Table G: Care homes for older people, complaints upheld by detailed area of complaint, 2019/20 to 2024/25 (cont.)

Detailed area of complaint	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Property > Care of	7	3	15	15	7	10
Property > Loss of/missing		6	28	25	34	14
Property > Other		1	4	2	4	
Protection of people > Adults	23	11	31	54	36	31
Protection of people > Other	2	1	1	2	3	1
Protection of people > Policies and procedures	2	1		2		4
Protection of people > Restraint					2	1
Record keeping > Other	7	5	5	3	11	10
Record keeping > Personal plans/ agreements	13	4	9	22	32	24
Staff > Levels	52	19	24	42	48	46
Staff > Other	7	2	3	9	6	2
Staff > Other fitness issues	3	4	4	5	5	7
Staff > Recruitment procedures (including disclosure checks)	3	1	1		2	1
Staff > Registration with professional bodies	1			1		
Staff > Training / qualifications	13	9	11	34	47	34
Staff > Unfit to work with vulnerable people			1			
User participation > In managing/developing the service		2		1		
User participation > Other	3	2	6	1	5	3
Wellbeing > Behaviour	4	1	6	2	3	3
Wellbeing > Developmental	1					
Wellbeing > Emotional	4	2	9	13	17	13
Wellbeing > Other	58	28	51	51	62	51
Wellbeing > Social	6	1	6	9	15	23
Wellbeing > Visiting			17	5	3	10

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BOARD MEETING 25 SEPTEMBER 2025

Agenda item 16
Report No: B-20-2025/26



Title:	CHILDREN'S RIGHTS, CARE EXPERIENCE AND CORPORATE PARENTING PLAN 2024-2027 ANNUAL UPDATE (1 AUGUST 2024 to 1 AUGUST 2025)	
Author:	Craig Morris. Head of Quality Improvement and Participation. Lead for Children's Rights and Corporate Parenting Plan 2024/27	
Responsible Director:	Edith Macintosh, Executive Director of Assurance and Improvement	
Appendices:	1.	Children's Rights, Care Experience and Corporate Parenting Plan 2024 – 2027
Consultation:	No formal consultation was undertaken for this annual update. Colleagues within the Children's Rights and Corporate Parenting group contributed to the development of this report respectively.	
Resource Implications:	The 2024–2027 plan is being delivered through existing staffing resources and budget allocation.	

EXECUTIVE SUMMARY

The Children's Rights, Care Experience, and Corporate Parenting Plan 2024–2027 provides assurance on how the organisation will fulfil its commitments by:

- meeting statutory corporate parenting duties and responsibilities
- promoting, protecting, and upholding children's rights
- demonstrating a continued commitment to the care-experienced community

This annual update outlines progress across key themes, summarising what we committed to and how we have delivered on these priorities.

The plan consists of three high-level commitments, eight actions, and one organisational approach to achieving them. These commitments align with multiple national policy frameworks and contribute to the wider ambition of 'Keeping the Promise'. It is designed to provide assurance to the Scottish Government, the wider public, and, most importantly, the care-experienced community, demonstrating how we will fulfil our corporate parenting responsibilities. As a dynamic working document, the plan remains subject to ongoing development, monitoring, and review to ensure continued impact.

The Board is invited to:

- | | |
|----|---|
| 1. | Note the annual update (2025) of the Children's Rights, Care Experience and Corporate Parenting plan 2024-2027. |
|----|---|

Links	Corporate Plan Outcome (Number/s)		1, 2 & 4.	Risk Register (Yes/No)		No
For Noting	X	For Discussion		For Assurance		For Decision

Equality Impact Assessment		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress)	No <input checked="" type="checkbox"/> Reason: An EQIA screening assessment determined a full impact assessment was not necessary.

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

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

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

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

**CHILDREN'S RIGHTS, CARE EXPERIENCE AND CORPORATE PARENTING PLAN
2024-2027 ANNUAL UPDATE****1.0 INTRODUCTION**

A comprehensive framework of legislation, regulation, and guidance underpins our actions to support babies, infants, children, and young people who are care experienced in Scotland. Although not enshrined in legislation, we as an organisation, are working towards acknowledging care experience as lifelong.

Corporate parenting serves as a key principle in driving improvements for care-experienced young people. It encompasses an organisation's responsibility to uphold their rights, ensure wellbeing, and promote physical, emotional, spiritual, social, and educational development. The Care Inspectorate is a Corporate Parent.

The Children's Rights, Care Experience, and Corporate Parenting Group receives regular updates on the 2024–2027 plan, with progress reported by those with lead responsibility for specific actions.

1.1 Children's Rights

As a public body, we have a responsibility to promote, uphold, and support children's rights and wellbeing across policy and practice, particularly for those for whom we have corporate parenting duties.

Article 20 of the United National Convention on the Rights of the Child (UNCRC) states: "If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous and respects the child's culture, language, and religion."

All children and young people share the same rights, ensuring protection and equal opportunities. However, we recognise that disabled children and care-experienced children often face greater risks to their rights. Upholding these rights is central to our commitment to Keeping the Promise.

Care Experience

The Children and Young People (Scotland) Act 2014 legally define the terms 'looked-after' and 'care-leaver.' In this plan, we use 'care experienced', a more inclusive term preferred by many within the care community, acknowledging the breadth of experiences and the lifelong impact of care. This includes children and young people looked after at home or in kinship, foster, residential, or secure care. As an organisation, we have chosen to extend this recognition to include those who are adopted, ensuring a lifelong acknowledgement of care experience.

Corporate Parenting

The Care Inspectorate (Social Care and Social Work Improvement Scotland) is designated as a corporate parent under Part 9 of the Children and Young People (Scotland) Act 2014. Corporate parenting responsibilities are not limited to a single group or individual - every employee of the Care Inspectorate is a corporate parent and must understand their statutory duties.

“As corporate parenting is a corporate responsibility, an organisation’s most senior corporate management will be held responsible for ensuring that the duties set out in Part 9 are met. Moreover, senior corporate management will be held accountable for an organisation’s performance in respect to corporate parenting. Individuals involved in the governance of organisations (i.e. councillors and independent board members) have an important role in scrutinising the activity of senior management.”

As corporate parents, we are expected to fulfil many of the roles any parent would. Section 60 of the Children and Young People (Scotland) Act 2014 outlines our duty to collaborate with other corporate parents to collectively uphold the wellbeing of our children and young people and protect them from harm. This collaboration may involve joint funding, shared responsibilities in support and safeguarding, educational and employment opportunities, and ongoing advice and assistance. In alignment with our corporate values and responsibilities, we refer to care-experienced children and young people as **our children and young people**.

2.0 2025 ANNUAL PROGRESS UPDATE

This update covers the period August 2024 to 2025, inclusive. Embedding children’s rights and corporate parenting responsibilities into our everyday work is everyone’s responsibility, ensuring we achieve and sustain long term change. Also fulfilling our statutory responsibilities.

2.1 Three commitments, eight actions, one organisational approach to achieving the plan

Commitment 1: Children’s Rights

Promote, uphold, and fulfil Children’s Rights for all connected by our work, particularly those where we have Corporate Parenting responsibilities – We will
Promote an approach that reduces the use, and eliminates the misuse, of restraint and restrictive practice
Improve the ways children and young people who are connected by our work, can offer / receive feedback and access independent advocacy
Use accessible and inclusive communication with all children and young people

Commitment 2: Participation

Strengthen our participation and equalities practice to support care experienced individuals – We will
Work towards acknowledging Care Experience as a protected characteristic
Work closely with other Corporate Parents and participate in national groups to share good practice and learning
Use the Lundy model of participation to inform how we meaningfully involve individuals

Commitment 3: Development

Provide flexible and supportive development, volunteering, and employment opportunities for care experienced individuals – We will
Deliver a volunteer development scheme for care experienced individuals
Provide accessible, supportive, and tailored development opportunities

2.2 2024-25 progress to achieving the plan

The 2024-2027 plan reflects a collective organisational effort, integrating actions across multiple policy frameworks and strategic priorities, particularly our strong commitment to 'Keeping the Promise', full incorporation of United Nations Convention on the Rights of the Child (UNCRC) and Getting it Right for Every Child (GIRFEC).

The acceleration of progress toward achieving the plan has been driven by:

- close alignment of all three commitments and eight actions with our overarching commitment to Keeping the Promise
- active engagement and meaningful participation of the care experienced community and those with experience of using services in our everyday work
- active engagement with our care-experienced staff network
- targeted work undertaken by the Commitment 3 subgroup
- integration of the plan's priorities with both the Participation and Equalities annual plan 2025/26 and the Children and Young People's team (CYP) annual development plan 2025/26
- continued efforts to support full UNCRC incorporation
- sustained impact through alignment with national priorities and key strategies, including Equalities Outcomes 2025–2029
- becoming a trauma-led organisation

Significant progress has been recorded in delivering the eight actions under the three commitments, in section 2.1. Appendix 1 provides a detailed overview of 'what we have done' and 'what we plan to do' under each commitment and subsequent action.

A strong commitment to reducing the use and misuse of restraint and restrictive practices remains a central priority. Our CYP teams have maintained a focused effort to ensure continued visibility and action within the sector. This has included working collaboratively with external partners to address the discrepancy in practice and reporting requirements for care and education settings and have agreed an interim procedure for this in relation to secure services.

Through working closely with our intelligence colleagues, a key milestone was the publication of the [second annual statistical report on restraint and restrictive practice](#) in August 2025. This has established a data-driven foundation for future improvements. Additionally, we have developed an [organisational position statement on restrictive practice](#), which covers a multitude of service types, reinforcing good practice. This will be followed up in 2025/26 with the development of guidance on restrictive practice. We published a [self-evaluation tool](#) to support services evaluate how well they are doing in using restrictive practices and identify areas for improvement.

Recognising care experience as a protected characteristic is a fundamental step towards increasing opportunities and addressing systemic equalities barriers faced by the care-experienced community. Recognising the importance of viewing care experience as lifelong has been a key message in 2024/25. These commitments have been reinforced through ongoing policy and practice review, applying a trauma informed lens. This was clearly demonstrated through our [consultation response on the universal definition of care experience](#) in 2024.

Considerable effort has been dedicated to creating accessible, supportive, and tailored development opportunities. A small, cross-organisational team (formerly the Family Firm group) chaired by an HR advisor, has driven significant progress. We have continued to offer and explore workforce development opportunities for staff across the organisation. This includes the addition of a Corporate Parenting e-learning module, offered to all staff as part of our internal learning and development programme. We were one of the 14 early adopters to take this forward. One notable achievement is the guaranteed interview scheme, which has expanded access to employment pathways. Additionally, targeted resources have been developed, and employment opportunities created, including the ability to offer two modern apprenticeships for care-experienced individuals in 2024/25.

To strengthen approaches to accessible communication, two improvement projects are ongoing. One of these projects enhances the way children and young people receive feedback following inspections in their own homes, with key learnings now being shared and spread across the organisation. Advocacy remains essential in ensuring that babies, infants, children, and young people have a voice in decision-making processes. Our revised inspection framework, Key Question 7, published in 2024, sets the expectation that services rated as 'very good' must demonstrate that "children and young people have access to responsible adults outside the service who always act in their best interests, including advocacy".

We continue to maintain strong national partnerships to enhance practice, share learning, and drive improvements. Active participation in the WhoCares? Scotland corporate parenting network has included contributions to promotional resources and member requests to contribute to media resources; leveraging insights from

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our own activities. WhoCares? Scotland will lead a Corporate Parent board development session in January 2026.

We continue to have close relationships with Scottish Social Services Council (SSSC) and Disclosure Scotland to share reflective practice. Additionally, the lead for Children's Rights and Corporate Parenting, was invited to be part of an advisory group with the Police Scotland from October 2024 to February 2025, supporting the development of their new corporate parenting plan.

[Following national trends showing a significant decline in volunteering levels post-Covid-19](#), we have successfully maintained strong engagement from young volunteers. The Care Inspectorate has 14 young volunteers at the time of writing this report. Through ongoing efforts, we continue to provide wider meaningful participation and development opportunities that ensure sustained involvement. One example is the media training programme facilitated in Autumn 2024. This equipped our young volunteers with valuable skills that can be used in their roles with the Care Inspectorate and for future personal benefit. They used these skills to good effect by supporting the media requirements for the Care Home Improvement Programme.

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

The 2024–2027 plan is being delivered within the existing budget allocation. Significant progress has been made to acknowledging volunteer participation and streamlining processes to enhance engagement.

We remain committed to investing in a whole-organisation approach to corporate parenting, children's rights, and The Promise, ensuring these priorities remain embedded across our work with existing staffing and budget resources.

3.2 Sustainability**Environmental**

There are no known direct environmental implications arising from this report.

Social considerations

As committed corporate parents, our plan explicitly outlines how we aim to reduce discrimination, promote rights, support opportunities, and improve life chances.

Employment opportunities

Our commitment to the children's rights, care experience, and corporate parenting plan 2024–2027 includes considerations for employment opportunities within the care-experienced community. Commitment 3 specifically focuses on providing a volunteer development programme and tailored development opportunities.

Equality and human rights

The alignment of this plan to all work related to 'Keeping the Promise' and mainstreaming equalities, reinforces our commitment to reducing discrimination, upholding rights, supporting opportunities, and enhancing development initiatives.

Health and safety

There are no known direct health and safety implications arising from this report.

Fair work practice

We fully acknowledge the principles set out in the Fair Work Convention, particularly the Fair Work Framework, which strives for a working environment where fair work drives success, wellbeing, and prosperity for individuals, businesses, organisations, and society. This is relevant to Commitment 3, which focuses on providing tailored development opportunities for the care-experienced community.

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

Our statutory duties and responsibilities as Corporate Parents, alongside our deep commitment to improving care and life opportunities for all care-experienced individuals are clearly set out in our Children's Rights and Corporate Parenting Plan 2024–27. Every strand of our work is rooted in our pledge to Keep the Promise, Getting it Right for Every Child and ensuring that rights of care-experienced people are realised and remain central to all that we do.

3.4 Customers (Internal and/or External)

We will continue to ensure people across the organisation are aware of their responsibilities around Corporate Parenting. We will maintain strong collaborations with external stakeholders as outlined in the 2024-27 plan and in our commitment to The Promise.

There is a strong commitment to working in collaboration with national partners and other corporate parents and this will continue.

4.0 CONCLUSIONS/NEXT STEPS

The Board is asked to note the annual update (2024-2025) of the Children's Rights, Care Experience and Corporate Parenting plan 2024-2027.

No	Action	2024-25 Update
1.1	Promote an approach that reduces the use, and eliminates the misuse, of restraint and restrictive practice	<p>Our inspection of services for looked after children and young people are explicit in the importance of upholding children's rights and regarding restrictive practices. We ask services to notify us when a restraint and or restrictive practice has taken place.</p> <p>If we find practice that is unacceptable and compromises the rights and safety of children and young people with the misuse of restraint and restrictive powers, we will use our legal powers appropriately to address this practice, including enforcement.</p> <p>An important part of our inspection methodology is speaking with children and young people. If they raise issues, we follow this up. We also look closely at documentation concerning restraint and restrictive practices and question why and how these were.</p> <p>What we have done.</p> <ul style="list-style-type: none"> • Publication of second annual publication of annual restraint and restrictive 2025. The Promise progress framework have found this incredibly helpful and citing this in their respective publications. • Peer learning and development work through the Scottish Physical Restraint Action Group (SPRAG), specifically in relation to the reporting of restrictive practices where care and education provided. A separate agreement is in place for young people experiencing secure care. • An agreed organisational position statement a on restrictive practice was published 2025. • We were a panel member at the recent RALF (Reflection and Action Learning Forum) 'Share the Learning' Event. • Produced an updated restrictive practice self-evaluation tool for services to support them to reflect on their practice, policy, and culture.

		<p>What we plan to do?</p> <ul style="list-style-type: none"> • We are responding to the call for views on the Restraint and Seclusion in Schools (Scotland) Bill and will take the appropriate actions once the bill moves forward. • Further explore the wider parameters and reporting expectations of other restrictive practices. • Undertake shared scrutiny with the Mental Welfare Commission of restrictive practices in secure care. • ELC colleagues are working to develop guidance relating to restrictive practice for the sector.
1.2	Improve the ways children and young people who are connected by our work, can offer / receive feedback and access independent advocacy	<p>Our inspection framework, Key Question 7 published in March 2024, demonstrates that very good services must show, "children and young people have access to responsible adults outside the service who always act in their best interests including advocacy."</p> <p>What have we done?</p> <ul style="list-style-type: none"> • We will continue to pilot the use of Promise assurance inspections framework, based on the foundations and principles of the Promise. This means potentially we can engage with more young people through our assurance and improvement work. • Facilitated a Quality improvement project to improve the ways children and young people receive feedback. Project has engaged 26 services and 87 children and young people. There is interest in the project from other business areas and it will now be tested in ELC school-aged childcare settings. • An innovative Improvement project has strengthened the ways in which social workers are involved in the inspection process. • CYP inspections teams are working to embed the use of Talking Mats. • CYP inspection teams were recognised in a national award (2025) for the use of 'Happy to Translate' app.

- Embedded the use of Makaton across all ELC inspection processes and identified a champion/key lead in each ELC team across Scotland.
- Collaboration with WhoCares? Scotland on national advocacy campaign (April 2025). We further strengthened advocacy across all organisational work by raising awareness of the key issues and national campaign.
- Complaints team working to put in place a dedicated resource for children and young people by October 2025.

What we plan to do.

- Scope out additional communication methods which can enhance children's and young people's ability to give feedback and complaints. This will include reviewing the Text to Complain service in partnership with young volunteers to ensure it is an accessible tool and format for care experienced individuals to contact the organisation.
- Our own digital transformation (stage 2) offers new and accessible means for improved accessibility in how children and young people engage with us; through this we will explore new opportunities for digital engagement.
- Project REACH is a whole organisation improvement project supporting better complaint handling which will include those made by care experienced individuals.
- Explore our engagement and connections with parents who are care experienced.

2.1	Work towards acknowledging Care Experience as a protected characteristic	<p>We will continue to develop and review our existing policies and practices to ensure they are inclusive of care-experienced individuals. We will continue to use language that avoids making assumptions or perpetuating stereotypes about care-experienced individuals, as part of our ongoing work with Each and Every Child.</p> <p>What have we done?</p> <ul style="list-style-type: none"> • Embedded Care Experience within our Equality Impact Assessment processes. • Fully adopted the vision of working to acknowledge care experience as a protected characteristic. This includes including care experience within EQIA process. Closely linked to all the work of the group of commitment 3. • Developed and reviewed our existing policies and practices to ensure they are inclusive of care-experienced individuals. • Continued to raise the issues that affect care experienced individuals internally and nationally, through external conferences and webinars. • Fully embraced Care experience history month - a moment of reflection (April 2025). • Hosted a Staff network day - in our Compass House office, Dundee (May 2025) to further promote and celebrate our staff networks. We have a care experienced staff network. • We provided input to support a Who Cares' presentation, via the All-Party Parliamentary Group for Care Experienced children and young people, to the UK Minister for Children and Families. This focused on how corporate parenting has been implemented in Scotland and offered advice to the Department for Education and the Minister about how this could successfully be implemented in England (February 2025). • The policy team submitted a well-supported cross organisational response to the Universal Definition of Care national consultation. In parallel, our CYP team engineered a comprehensive response to the 'future of foster care' consultation. It is anticipated that the outcomes from these consultations will influence content of the forthcoming Scottish Government Promise Bill due to be published in Summer 2025. • Completion of the five workshops led by the Each and Every Child stakeholder champions' programme working to improve national framing regarding public understanding of care experience.
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| | <ul style="list-style-type: none">• Delivered thematic reviews to highlight the issues experienced by the care experienced community, e.g. Transitions for care experienced young people: a thematic review.• Undertaken a children's learning disability review 2023/24, focussed on illustrating the key messages of how well social work services contribute to ensuring disabled children have their rights respected and receive early care and support.• The Equalities mainstreaming report - demonstrates our commitment to work towards acknowledging Care Experience as a protected characteristic (February 2025). |
|--|---|

2.2	Use the Lundy model of participation to inform how we meaningfully involve individuals	<p>What we have done.</p> <ul style="list-style-type: none"> • Participation and Equalities annual plan 2025 • CYP annual development plan 2025 • This workstream is closely linked to delivery of the workplans within Keeping the Promise workstream 2 <p>What we plan to do.</p> <ul style="list-style-type: none"> • Create a checklist/ toolkit based on LUNDY to consider space, voice, audience and influence to support colleagues when they are planning participation activities to ensure we hear voice/ views so care experienced individuals can exercise UNCRC fully.
2.3	Work closely with other Corporate Parents and participate in national groups to share good practice and learning	<p>What we have done.</p> <ul style="list-style-type: none"> • CYP colleagues continue to support the 'Stand Up for Siblings' national Community of Practice and the Promise lead contributes to the community's planning group meetings. • We are an active member of the WhoCares? Scotland national collaborative. • The lead for Children's Rights and Corporate Parenting was part of the Police Scotland advisory group, October 2024 - February 2025 for the development of their new corporate parenting plan. • CI and SSSC have recently signed a partnership agreement where the Promise is one of a number of collaborative workstreams included. The development of this partnership working encompasses our corporate parenting and children's rights development activities. • Our strategic children's service manager has joined a new subgroup of the SG Children and Families National Leadership Group to focus on improvement activity to strengthen national GIRFEC implementation.

		<ul style="list-style-type: none"> • Representation of the organisation in the Who Cares' stakeholder videos as part of our collaborative corporate parenting network activities. (January 2025). • Regular meetings take place with Disclosure Scotland and SSSC around information sharing. • Members of the Children's Rights and Corporate Parenting group, through their respective roles, have met with representatives from Keeping the Promise national team. • The chair of the Corporate Parenting group is a member of the strategic implementation board for UNCRC, SNAP 2 human rights leadership panel and the national incorporation and implementation group for human rights in Scotland. • We are active members of the UNCRC, Child Rights Regulation and Improvement Action Group. <p>What we plan to do.</p> <ul style="list-style-type: none"> • Continue to support and contribute to the national Corporate Parenting collaborative. • Continue to engage in the forums and partnership interventions already committed to.
3.1	Deliver a volunteer development scheme for care experienced individuals	<p>What we have done.</p> <ul style="list-style-type: none"> • Volunteer programme has run two recruitment campaigns over the last 12 months for both adult and young people programmes. • We currently have 31 young volunteers and care experienced individuals supporting the organisation across both adults and young people schemes. • Young volunteers and care experienced individuals continue to support inspections, organisational workforce development, recruitment, Professional Development Awards (PDA) and other work.

		<ul style="list-style-type: none"> Delivered a media training programme for volunteers (late 2024) which has enabled care experienced individuals to be involved in delivering media / photography during quality improvement interventions, e.g. recording interviews during Care Home Improvement Programme cohorts 1 and 2. We are still maintaining expected levels of key performance indicator (KPI) for days involved per month from those with care and lived experience. <p>What we plan to do.</p> <ul style="list-style-type: none"> Review and retender the contract for support to young volunteers, which ends in August 2025. Identify new volunteers through the lifetime of this plan, to support a broad range of opportunities at the Care Inspectorate. We have agreed with Who Cares? Scotland to facilitate a corporate parenting focussed workshop with our board at a forthcoming board development event (BDE).
3.2	Provide accessible, supportive, and tailored development opportunities	<p>What we have done.</p> <ul style="list-style-type: none"> Delivered two Modern Apprenticeship opportunities for care experienced individuals in 2025. Provided a guaranteed interview scheme for care experience individuals. Continue to nurture and develop our care experience staff network and their involvement within our corporate parenting activities. Maintained accurate data which reflects our work to attract, recruit and value care experienced people. This data will then allow us to evaluate our efforts and support improvement. Embedded a Corporate Parenting e-learning module in our learning and development framework. Developed targeted resources and created additional employment opportunities. One example is a dedicated page of resources for our staff who are care experienced.

- Finance and Procurement colleagues have streamlined our internal processes for meaningfully acknowledging participation.

What we plan do.

- We will continue to review our commitment to support the family of apprenticeships in recognition of the time and resource commitment needed to do this meaningfully and effectively.
- We will continue to nurture and develop our care experience staff network and their involvement within our corporate parenting activities.
- We will continue to identify and promote relevant learning opportunities and resources which support the development of care experienced individuals.

BOARD MEETING 25 SEPTEMBER 2025

Agenda item 17.2
Report No: B-21-2025/26



Title:	EXTENSION OF THE DELIVERY REFERENCE GROUP
Author:	Fiona McKeand, Executive and Committee, and Corporate Support Manager
Responsible Director:	Jackie Mackenzie, Executive Director of Corporate Services
Appendices:	1. Delivery Reference Group's Terms of Reference
Consultation:	None
Resource Implications:	No

EXECUTIVE SUMMARY

This paper seeks the approval of the Board to extend the subsistence period of the member/officer working group, as required under the Reservation of Powers and Scheme of Delegation.

The Board is invited to:

- | | |
|----|--|
| 1. | Approve the extension of the Delivery Reference Group by a further six months. |
|----|--|

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

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/> (One is planned or is already in progress)	No <input checked="" type="checkbox"/> Reason: Not required.
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BOARD MEETING 25 SEPTEMBER 2025

Agenda item 17.2
Report No: B-21-2025/26

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

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

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

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

BOARD MEETING 25 SEPTEMBER 2025

Agenda item 17.2
Report No: B-21-2025/26

DELIVERY REFERENCE GROUP (Member/Officer Working Group)**1.0 BACKGROUND**

The Board has approved the convening of a Member/Officer Working Group, namely the Delivery Reference Group, which has been established in line with the Reservation of Powers and Scheme of Delegation (RoPSoD). The purpose of the group is to generate ideas and advise on proposals relating to key strategic delivery issues which affect the performance and reputation of the Care Inspectorate. The Group also advises the Chair and the Chief Executive and reports to the Audit and Risk Committee and Board as necessary. The group's terms of reference are outlined in Appendix 1.

1.1 Period of subsistence of a Member/Officer Working Group

Under section 3.3.4 of the RoPSoD:

“Any working group established under para 3.3.1 above shall report to the Board, or its establishing committee for no more than six months from the date of its inception, or by such earlier date as their Terms of Reference may specify. A working group established under para 3.3.1 above shall not subsist for longer than 6 months, which period may not be extended, save with the specific authority of the Board or the group's establishing committee.”

1.2 Board approval to extend

The DRG held its first meeting on 21 May 2025 and has therefore been in existence for four months, with no immediate plans that the group should stand down imminently. As any extension must be with the authority of the Board, this approval requires to be sought now, as the December Board meeting takes the timeline over the six months restriction.

2.0 NEXT STEPS

The Board is therefore invited to approve the extension of the Delivery Reference Group by a further six months, in line with the Reservation of Powers and Scheme of Delegation.

DELIVERY REFERENCE GROUP - Terms of Reference**Purpose**

To generate ideas and advise on proposals relating to key strategic delivery issues which affect the performance and reputation of the Care Inspectorate. The Group would advise the Chair and the Chief Executive and report to the Board as necessary.

Membership

The Group would involve representatives of the Board and the Executive Team as nominated by the Chair and the Chief Executive, with others co-opted from time to time as necessary. Paul Gray has been invited by the Chair to lead this Group.

Approach

Advice would be provided to the Board and the Executive Team. The Group would operate on a light touch basis and would draw on available data and information in the first instance. The Group would not be a decision making body unless explicitly delegated by the Board from time to time. This approach would give scope to deal with issues such as statutory obligations and child minding without constraining the group from considering other issues as requested.

Quorum

The Group will be quorate if three Board members and three Executive members (or their nominees) are present.

Duration

In line with the arrangements for Member/Officer Working Groups set out under section 3.3.4 of the Reservation of Powers and Scheme of Delegation, the Group would be established for six months from the date of its inception. This duration would be reviewed by the Board and may be extended with the Board's approval.

BOARD MEETING 25 SEPTEMBER 2025

Agenda item 18
Report No: B-22-2025/26



Title:	BOARD AND COMMITTEE CYCLE 2026/27: PROPOSED DATES	
Author:	Fiona McKeand, Executive and Committee, and Corporate Support Manager	
Responsible Director:	Jackie Mackenzie, Executive Director of Customer Services	
Appendices:	1.	Draft Schedule of Board, Committee and Board Development Event meetings 2026/27
Consultation:	Head of Finance and Corporate Governance Head of HR Colleagues in Scottish Social Services Council and Healthcare Improvement Scotland	
Resource Implications:	None	

EXECUTIVE SUMMARY

The Board and Committee schedule of meeting dates is planned around the Care Inspectorate's reporting framework and corresponding scheduling of senior leadership and strategic internal meetings. The reporting framework ensures that the Board is provided with regular, up to date information on how the Care Inspectorate is achieving the delivery of the strategic outcomes in its Corporate Plan.

The Board is invited to:

- | | |
|----|--|
| 1. | To approve the draft Board, Committee and Board Development dates for 2026/27. |
|----|--|

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

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Reason: No change to any policy, therefore not required.		

BOARD MEETING 25 SEPTEMBER 2025

Agenda item 18
Report No: B-22-2025/26

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

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

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

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

BOARD MEETING 25 SEPTEMBER 2025

Agenda item 18
Report No: B-22-2025/26

BOARD AND COMMITTEE CYCLE 2026/27: PROPOSED DATES**1.0 BACKGROUND**

The Board and Committee annual cycle of meetings is set within a reporting framework which was agreed by the Board in September 2022. The framework enables the Board to be provided with up to date information - as soon after each quarter end reporting period as possible - on how the Care Inspectorate is achieving the delivery of the strategic outcomes set out in its Corporate Plan.

The proposed meeting dates are normally presented to the Board each year for approval at the second meeting of its annual cycle.

2.0 BOARD, COMMITTEE AND BOARD DEVELOPMENT EVENT SCHEDULING FOR 2026/27

The draft schedule has been compiled to mirror the current 2025/26 cycle of Board and Committee dates. Since its first meeting in October 2024, the current schedule has enabled the new Finance and Resources Committee (FRC) to meet immediately after the quarter end reports are available as, amongst its reporting requirements under its Terms of Reference, the FRC receives HR and Budget Monitoring Reports prior to Board.

By scheduling the FRC meetings in this way, approximately six weeks after each quarter end, it allows time for the collation of quarter end data from various Care Inspectorate systems and thereafter preparation of information and reports to be submitted firstly to the Strategic Management Group, as part of the Care Inspectorate's internal monitoring and approval process.

Proposed dates for the series of Board Development Events have also been included and these have been based on the Board's preference for a hybrid programme, namely:

- two half-day BDEs to be held as afternoon sessions on a public Board meeting date; and
- two full day BDEs to be held on dates between meetings of the public Board.

A full-day autumn Board Strategic Event is also included on the schedule, without a specific date, but with a proposal for sometime during October 2026.

3.0 SYNCHRONISATION WITH SCOTTISH SOCIAL SERVICES COUNCIL (SSSC) AND HEALTHCARE IMPROVEMENT (HIS) SCOTLAND

Due to our respective Chairs and Council Convener holding *ex-officio* seats, there is a need to ensure that their Board and Council meeting dates do not coincide with those of the Care Inspectorate.

BOARD MEETING 25 SEPTEMBER 2025

Agenda item 18
Report No: B-22-2025/26

We have consulted with colleagues at the Scottish Social Services Council (SSSC) and Healthcare Improvement Scotland (HIS) and have received details of their Council and Board meeting dates for 2026/27, none of which overlap with any of the proposed Care Inspectorate Board meetings.

4.0 FORMAT OF MEETINGS

During the current cycle, the Chair has indicated that all Board meetings and Board Development Events should be held in-person at Compass House, but with video-conference links being available for members who require to join by TEAMS, with the prior agreement of the Chair.

Meetings of the Finance and Resources, and Audit and Risk Committees have been held by TEAMS, in agreement with the Conveners.

These arrangements are due to be reviewed with the Chair before the end of the current cycle.

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS**5.1 Resources**

There are no resources implications for these proposals.

5.2 Sustainability

There are no direct sustainability implications arising from this report.

5.3 Policy

There are no direct policy implications for these proposals.

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

The meetings cycle has been set around the Care Inspectorate's operational and strategic reporting framework, providing the Board with regular, up to date information on how the Care Inspectorate is achieving the delivery of the strategic outcomes in its Corporate Plan. The detailed scrutiny of this information by the Board will demonstrate to people who experience care that the organisation is committed to fulfilling its mission to provide public assurance about the quality of social care, social work and early learning services.

5.5 Customers (Internal and/or External)

There are no direct implications on internal or external customers.

BOARD MEETING 25 SEPTEMBER 2025

Agenda item 18
Report No: B-22-2025/26

6.0 CONCLUSIONS/NEXT STEPS

The Board is invited to approve the new meetings schedule for 2026/27. If approved, the dates will be confirmed in calendars, the Board meeting dates will be added to the website for public information and confirmation will be provided to SSSC, HIS and sponsor department at Scottish Government.

BOARD, COMMITTEE AND BOARD DEVELOPMENT EVENTS SCHEDULE 2026/27

BDE/ COMMITTEE/ BOARD	MEETING DATE	PAPERS ISSUED	PRE-MEETING	COMMENTS	Aligned to SMG Meeting (admin only)
For Reporting of 2025/26 Quarter 4 information					
Board Development Event	23 April 2026 (10.30am-3.30 pm)	16 April 2026	n/a	Face-to-face	-
Finance and Resources Committee	Tues 12 May 2026 (10.30 am-1.00 pm)	Tues 5 May	To be arranged (tba)	By TEAMS (tbc)	29 May 2026
Audit and Risk Committee	Thurs 14 May 2026 (10.30 am - 1.00 pm)	Thurs 7 May	tba	By TEAMS (tbc)	--
Public Board	Thurs 4 June 2026 (10.30 am – 1.00 pm)	Thurs 28 May	tba	Face-to-face	
Board Development Event	Thurs 4 June 2025 (pm)	Thurs 21 May	n/a	Face-to-face, after Board meeting	-
For Reporting of 2026/27 Quarter 1 information					
Finance and Resources Committee	Tues 11 August 2026 (10.30 am - 1.00 pm)	Tues 4 August	tba	By TEAMS (tbc)	29 July 2026
Audit and Risk Committee*	Thurs 13 August 2026 (10.30 am – 1.00 pm)	Thurs 6 August	tba	By TEAMS (tbc) *Annual Report and Accounts only	-
Audit and Risk Committee	Thurs 3 Sept 2026 (10.30 am – 1.00 pm)	Thurs 27 August	tba	By TEAMS (tbc) Quarterly meeting	-
Public Board	Thurs 24 Sept 2026 (10.30 am to 1.00 pm)	Thurs 17 Sept		Face-to-face	-
Board Development Event	Thurs 24 Sept 2026 (pm)	Thurs 17 Sept	n/a	Face-to-face, after Board meeting	-

BDE/ COMMITTEE/ BOARD	MEETING DATE	PAPERS ISSUED	PRE-MEETING	COMMENTS	Aligned to SMG Meeting (admin only)
For Reporting of 2026/27 Quarter 2 information					
BOARD STRATEGIC EVENT	To be agreed: propose mid- to end October 2026			Face-to-face Full day strategic event	-
Finance and Resources Committee	Tues 10 November 2026 (10.30 am – 1.00 pm)	Tues 3 Nov	tba	By TEAMS (tbc)	28 October 2026
Audit and Risk Committee	Thurs 12 November 2026 (10.30am 1.00 pm)	Thurs 5 Nov	tba	By TEAMS (tbc)	-
Public Board	Thurs 10 December 2026 (10.30 am - 1.00 pm)	Thurs 3 Dec	tba	Face-to-face	-
For Reporting of 2026/27 Quarter 3 information					
Finance and Resources Committee	Tues 9 February 2027 (10.30 am – 1.00 pm)	Tues 2 Feb 2026	tba	By TEAMS (tbc) (+ Self-Evaluation)	27 January 2027
Audit and Risk Committee	Thurs 11 Feb 2027 (10.30 am to 1.00 pm)	Thurs 4 Feb 2026	tba	By TEAMS (tbc) (+ Self-Evaluation)	-
Board	Thurs 4 March 2027 (10.30 am – 1.00 pm)	Thurs 25 Feb	tba	Face-to-face To include approval of draft Budget	-
Board Development Event	Thurs 4 March 2027 (pm)	Thurs 25 Feb	n/a	Face-to-face, after Board meeting	-
Private Board	Thurs 25 March 2027 (10.30 am – 12 noon)	Thurs 18 March	Tba	Single item meeting to approve BUDGET	-



BOARD

DRAFT Schedule of Business 2025/26

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

BUSINESS TOPIC	5 June 2025	25 Sept 2025	11 Dec 2025	5 March 2026	26 March 2026 Private meeting for Budget
Draft Corporate Plan and performance measure (<i>for comment</i>)			✓		
Final Corporate Plan (for approval)				✓	
Scrutiny and Assurance Plan 2026/27 (in private) (Plan to be marked as “Private item”)			✓ (Plan)		
2026/27 Draft Budget and Indicative Budgets					✓
Strategic Risk Register 2025/26 (<i>for approval</i>)		✓			
Approval of Risk Appetite and Risk Policy		✓			
MONITORING AND GOVERNANCE ITEMS					
Monitoring our Performance Quarterly Report	Q4	Q1	Q2	Q3	
Finance and Resources Committee Update to the Board	✓	✓	✓	✓	
Budget Monitoring Summary Report (<i>post-FRC meeting</i>)	✓	✓	✓	✓	
Audit and Risk Committee Update to the Board	✓	✓	✓	✓	
Complaints Activity Annual Report (about the CI)	✓				
Annual Report and Accounts and Financial Position Update (<i>to 1st Quarter meeting of Board</i>)	✓				
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 – approval to extend by further 6 months		✓	✓		
Annual Procurement Performance Report			✓		
Equality Duty Reporting – Annual Progress Report				✓	
Annual Review of the CI’s Financial Regs				✓	

BUSINESS TOPIC	5 June 2025	25 Sept 2025	11 Dec 2025	5 March 2026	26 March 2026 Private meeting for Budget
OPERATIONAL ITEMS					
Estates Annual report (<i>post-FRC meeting</i>)	✓				
Partnership Agreement between CI and SSSC (<i>for approval</i>) Approval by correspondence but to be formally recorded at September 2025 public meeting.		✓			
Board and Committee Cycle 2026/27: meeting dates		✓			
Update on Capacity Planning Operational Dashboard (quarterly)			✓	✓	
Planning for BDE Programme 2026-27			✓		
Approval of Pay Remit for submission to Scottish Government (tbc)					
Approval of Compensation Payments (<i>when required</i>)					
STANDING ITEMS					
Strategic Risk Register Monitoring	✓	✓	✓	✓	
Schedule of Board Business	✓	✓	✓	✓	
PRIVATE AND CONFIDENTIAL ITEMS					
Annual Report and Accounts <ul style="list-style-type: none"> - 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, but postponed			
Draft 2026/27 Budget and Indicative Budgets					✓