



A Meeting of the Care Inspectorate Board is to take place from
10.30 am – 12.50 pm Thursday 4 June 2026

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

A G E N D A

Item		Time
1.	Welcome	10:30 am
2.	Apologies	
3.	Declarations of Interest	
4.	Minutes of Public Board Meeting held on 5 March 2026 (paper attached)	
5.	Action Record (paper attached)	
6.	Matters Arising	
7.	Chair's Quarterly Update – Report No: B-02-2026/27	10:40 am
8.	Chief Executive's Report – Report No: B-03-2026/27	10:45 am
	STRATEGY AND POLICY	
9.	Care Inspectorate Procurement Strategy April 2026 to March 2031 – Report No: B-04-2026/27	10:50 am
	MONITORING AND GOVERNANCE	
10.	Monitoring our Performance 2025/26 - Quarter 4 Report – Report No: B-05-2026/27	11:00 am
11.	Key Performance Measure Targets 2026/27 – Report No: B-06-2026/27	11.10 am

12.	Finance and Resources Committee Update to the Board – Report No: B-07-2026/27 12.1 Process for co-opting persons to standing committees of the Board – Report No: B-08-2026/27 (for approval)	11:25 am
13.	Audit and Risk Committee Update to the Board – Report No: B-09-2026/27	11:40 am
B R E A K		11:50 am
14.	Complaints about the Care Inspectorate: Annual External Performance Report 2025/26 - Report No: B-10-2026/27 (and presentation)	11:55 am
15.	Extension of Delivery Reference Member/Officer Working Group (for discussion)	12:10 pm
OPERATIONAL		
16.	Care Inspectorate Annual Business Plan (presentation)	12:15 pm
17.	Staff Code of Conduct – Report No: B-11-2026/27 (J Irvine/L Finn)	12:25 pm
18.	Draft Sustainability Plan – Report No: B-12-2026/27	12:35 pm
19.	Care Inspectorate/Scottish Social Services Council Partnership Agreement – Report No: B-13-2026/27 (Addressed through email correspondence to Board on 14/5/2026 - no discussion required, for noting only at the meeting)	
STANDING ITEMS		
20.	Strategic Risk Register Monitoring Report – Report No: B-14-2026/27	12:45 pm
21.	Board Schedule of Business (paper attached)	
22.	AOCB	
23.	Close of Public Meeting and Date of Next Public Board Meeting: Thursday 24 September 2026 at 10.30 am in Compass House, Dundee (in person)	12:50 pm



BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments/ Completed
Actions from Public Board held 25 September 2025					
17.0	Extension of the Delivery Reference Group – Report No: B-21-2025/26	<p>The DRG Chair, Board Chair and Chief Executive to review the quorum requirement within the group's terms of reference and invite Board members to express notes of interest in an additional place on the group.</p> <p>Update: 5/3/26 – Matter discussed at private Board session. Agreed to suspend Group and add to Board Schedule of Business for further discussion at June Board meeting.</p>	<p>DRG Chair/Board Chair/CE</p> <p>ECCSM</p>	<p>Before next meeting of DRG</p> <p>For June 2026 Board</p>	<p>Update 11/12/25 Chair invited notes of interest from across the Board by 31 December 2025.</p> <p>Update 27/5/26 On Board agenda for discussion</p>
Actions from Public Board held 5 March 2026					
9.0	CORPORATE PLAN 2026-31 AND PERFORMANCE MEASURES – REPORT NO: B-33-2025/26	Provide Board with information on translation requests received via the CI website, notably the most common language.	HoCPC		<p>Completed Email sent to Board with information immediately after meeting.</p>

10.0	MONITORING OUR PERFORMANCE 2025/26 QUARTER 3 REPORT – REPORT NO: B-34-2025/26	Board members to provide any further questions email to Chief Executive.	Board members	Immediate	Completed
14.0	EQUALITY DUTY REPORTING – ANNUAL EQUALITIES REPORT – REPORT NO: B-38-2025/26	Consider holding another staff network session around equalities and accessibilities, to invite Board members (ie not a full BDE as suggested at the meeting) Typo to be corrected on page 12 of report under “Learning from Workforce Data” second point	J Duncan J Duncan	No set timescale Immediate	Update 27/5/26 To be assessed by J Duncan Completed
15.0	ANNUAL REVIEW OF THE CARE INSPECTORATE’S FINANCIAL REGULATIONS – REPORT NO: B-39-2025/26	Hyper-links within report to be checked.	JM/Finance Team	Immediate	Update 27/6/26 Links are accessible internally only. Finance colleagues are looking into this further.
17.0	BOARD SCHEDULES OF BUSINESS – FOR REMAINDER OF 2025/26 AND NEW FOR 2026/27	Add in Private Board meetings	ECCSM	Immediate	Extra table inserted with dates of confirmed private meetings added (as at 28 April, only one confirmed) Completed

Actions from Private Board held 5 March 2026					
6.0	INSPECTION PLAN 2026/27 – REPORT NO: B-41-2025/26	Modify the wording to reflect the Board's discussion as noted in the minutes.	CE	Immediate	Completed
Actions from Private Board held 26 March 2026					
5.0	AOCB	Co-Optee to the Finance and Resources Committee. Look in more detail at the process (in parallel to open advert being published). FRC to take this forward. This to be actioned through the FRC, working with CI officers/staff.	Convener of FRC and relevant staff	Immediate	Advert out and interviews being held 30 April Proposed process to be discussed at FRC meeting on 12 May Update 27/6/26 Proposal agreed at FRC to be recommended to the Board on 4 June for further discussion and approval.
Actions from Private Board held 23 April 2026					
5.0	REPORT OF THE INDEPENDENT REVIEW OF THE CARE INSPECTORATE'S HR FUNCTION	Presentation slides to be emailed to the Board. Full report of the HR review to be provided to the Board in strictest confidence	ECCSM Chief Executive	Immediate	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	F&PM	Finance and Procurement Manager



Title:	CHAIR'S QUARTERLY UPDATE
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 March 2026.	
The Board is invited to:	
1.	Note the information contained in this report.

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

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

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.

BOARD MEETING 4 JUNE 2026

Agenda item 7

Report No: B-02-2026/27

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 QUARTERLY UPDATE**1.0 CHAIR'S CLUSTER MEETINGS**

The meetings have continued approximately monthly, with twelve chairs from across Scottish Public bodies now in regular attendance.

Discussions to date have focussed on how public bodies can work more closely together, including identifying potential opportunities for collaboration across organisations. While these discussions remain at high level, they have been valuable in providing insight into the perspectives of participating Chairs.

2.0 BOARD APPRAISALS – COMPLETED FOR 2025/26

Board appraisals were completed on a one-to-one basis during late April and May 2026, with feedback subsequently collated in line with the Scottish Government appraisal templates. These have been issued to all Board members for final review and sign off, before submission to Scottish Government.

Thanks are extended to all involved for their co-operation and engagement with this year's appraisal process.

3.0 CHIEF EXECUTIVE APPRAISAL – COMPLETED FOR 2025/26

Thanks are extended to all our Board members for their feedback and input to Chief Executive, Jackie Irvine's, annual review.

The review process was completed earlier in May with all associated documentation finalised and agreed. This will be submitted to the Scottish Government alongside the Board appraisal documentation.

4.0 FINAL BOARD MEETING

As this will be my final Care Inspectorate Public Board Meeting, ahead of my retirement in August, I would like to take the opportunity to extend my sincere thanks to everyone for your support and commitment to progressing this organisation during my tenure.

Together, we have achieved a great deal over the past four years and have established a strong platform for our staff, our service users and the wider public in Scotland.

I leave confident that the Care Inspectorate is in a positive position and in capable hands, and I would like to place on record my best wishes as you continue to deliver on our new five year corporate plan.

BOARD MEETING 4 JUNE 2026**Agenda item 7****Report No: B-02-2026/27**

I would also like to acknowledge the many individuals across the organisation whose dedication I have had the privilege to witness. I wish to recognise Jane McIntosh who has helped me, and all our Board members, with consistent support. Her work has been instrumental in ensuring the smooth and effective operation of the Board administrative business.

I would also like to extend my thanks to Fiona McKeand, whose diligence and attention to detail have ensured that Board activity has been well organised, effectively managed and supported by the high-quality documentation throughout.

To my fellow Care Inspectorate Board members, I offer my sincere thanks for your support, guidance, expertise and partnership over the course of my tenure. Our collective efforts have enabled the organisation to navigate significant challenges and deliver meaningful progress, underpinned by strong governance. I wish you all well.

Finally, I would like to extend my special thanks and best wishes to our Chief Executive, Jackie Irvine. Having joined the organisation at a similar time, Jackie and I benefited from a strong and knowledgeable team across the Board and Executive, whose expertise and experience enabled steady and meaningful progress during the early stages. We have worked closely together through periods of considerable challenge, including the impacts of Covid, various inquiries to support, budgetary reductions and competing priorities.

Jackie has demonstrated a clear focus on key issues across the Care Inspectorate, alongside strong leadership, and a commitment to working closely with and listening to the Board. She has established a solid foundation for continued improvement and development, embedding structures and approaches that support meaningful and positive change across the organisation. I am confident that the organisation will continue to progress under her leadership with the full support of her teams and the Board.

I wish everyone connected with the Care Inspectorate continued success for the future.

5.0 BOARD RECRUITMENT

I am aware that an advertisement for our previous Board member, Naghat Ahmed's replacement is likely to go live in June, potentially alongside the vacancy for the Chair position following my retiral.

In the meantime, I am delighted to welcome Claire Donnelly, who has joined us as a Co-opted member and brings a wealth of experience to the Finance and Resources Committee (FRC) as we continue to progress work within our Human Resources function.



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

EXECUTIVE SUMMARY	
<p>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.</p>	
The Board is invited to:	
1.	Note the information contained in the report.

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

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

BOARD MEETING 4 JUNE 2026

Agenda item 8
Report No: B-03-2026/27

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.

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

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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CHIEF EXECUTIVE'S REPORT

1.0 INTRODUCTION

As well as the regular meetings attended with Scottish Government, external partners and stakeholders I continue to be involved in many Child Sexual Abuse and Exploitation meetings.

We held interviews for the new Executive Director of Corporate Services in March and I am very pleased that Nina Blakey will be joining us from Monday 29 June 2026.

We also held interviews for an interim Executive Director of Assurance and Improvement during May. Kirsteen MacLennan, Chief Inspector – Strategic, was successful and will undertake this role for a period of six months, initially.

We met with the Guardian for Children and Young People in South Australia, who has statutory responsibility advocating for the rights of children and young people in out-of-home care, for inspecting and monitoring residential care facilities and youth detention environments. She was interested to learn about our role in Scotland, and how our practice has adapted in response to The Promise.

2.0 POLICY AND STRATEGIC DEVELOPMENT

2.1 Early Learning and Childcare (ELC) Missing Children Workstream

Following the recent series of webinars to the ELC sector, we have collated some data. The webinars were developed to support the missing children workstream and included a focus on raising awareness to help keep children safe and reduce the number of incidents in services.

Overall, a total of 1,450 practitioners attended the four events. The events were recorded and uploaded to the Care Inspectorate YouTube channel and to date the different videos have been viewed 7,738 times.

2.2 Inspection Focus Area

Across inspection year 2025/26, we undertook an inspection focus area in daycare of children services. We gathered data about the quality of children's experiences linked to key areas of risk identified within our report on missing children.

These included:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting

We have had 779 responses completed, across 29 local authority areas. A full analysis of the data will be undertaken once all inspection reports for 2025/26 are finalised. A report will be written and shared with Scottish Government.

2.3 Test of Change - Integrated Inspection of Care at Home Services in Health and Social Care Partnership (HSCP) Area

We recently undertook an integrated inspection of care at home services within a local authority area, developed in recognition that commissioning practices have impact on outcomes for individuals. Reviewing services from both strategic and regulatory perspectives generated valuable learning and momentum for further integrated assurance activity.

The integrated inspection sought to address the following question:

“How effectively were the HSCP’s commissioning arrangements contributing to good outcomes for people and carers through care at home services?”

Clear objectives were agreed and a bespoke and joint methodology designed by an integrated inspection team that included:

Inspecting 27 regulated care at home services, commissioned or delivered by HSCP	Surveys of people and unpaid carers with 434 responses	Two staff surveys with 571 responses
8 discussions with a total of 22 people and unpaid carers	20 focus groups with a total of 80 frontline staff	17 meetings with a total of 22 leaders and managers
Reading 59 sampled peoples’ case files	Intelligence from 118 regulated care at home services across Scotland*	Reviewing a partnership self-evaluation statement with supporting evidence

* The collection of separate data and information from 118 regulated care at home services across Scotland, using additional inspection questions relating to staff and service user experiences, generated a valuable national dataset, and a model for future integrated inspections.

2.4 Anne’s Law

Scottish Government has commissioned the Care Inspectorate to take forward work to support implementation of Anne’s Law. The team will work to support the sector and people who experience care and also Scottish Government with the review of the Health and Social Care Standards. In addition, we will provide intelligence to Scottish Government to support Ministers in reporting to parliament in relation to meeting duties set out in Anne’s Law.

2.5 Two new enforcement powers

Two new enforcement powers were granted, commencing on 21 March 2026. A presentation was given to the Strategic Management Group (SMG) who then approved the new procedures and guidance. Updated training for staff has also been uploaded to our website. The next steps are to inform providers and arrange a webinar. We will closely monitor the new powers and how these are used with clear governance in place.

2.6 Strengthening our organisational volunteer support – the sum of all the parts

In previous Chief Executive and Monitoring Our Performance reports, we highlighted the continued decline in volunteering across Scotland following Covid-19. A recent national report, [The Bridging the Participation Gap](#), summarises findings from Volunteer Scotland's 2025–26 national roundtable series and identifies seven systemic challenges affecting volunteering participation, particularly for disabled people and those living in communities experiencing socio-economic disadvantage.

Despite the post-Covid decline in volunteer numbers nationally, our benchmarked data shows a steady increase in volunteer contribution within the Care Inspectorate compared with comparator organisations. This reflects the significant work of the Participation and Equalities team and colleagues across the organisation, who have strengthened recruitment and selection, improved volunteer management processes, and enhanced support for young inspection volunteers.

In addition, the team has embedded trauma-informed practice, applied learning from Keeping the Promise, adapted to changing organisational demands, and broadened volunteering opportunities to improve accessibility and sustainability.

2.7 Young Inspection Volunteers Recruitment

Recruitment for new Young Inspection Volunteers (YIVs) is currently underway. We are using broader engagement methods to reduce barriers to participation for care-experienced young people. This demonstrates our commitment to our corporate parenting responsibilities, particularly Commitment 3.

By improving access to information and encouraging meaningful involvement, these actions support positive participation experiences for care-experienced young people. They also help strengthen service design by ensuring lived experience continues to inform our work.

2.8 Professional Development Award (PDA) – Strengthening our inspection volunteer processes

Two separate PDA candidates (one from Children and Young People (CYP) and one from Adults) are progressing their improvement projects as part of the PDA curriculum. Both projects focus on strengthening our inspection volunteer processes. For Adults, this includes improving how volunteers are allocated to inspections to

ensure we provide the right opportunities at the right time and can better identify priority areas where volunteer support is most needed. The CYP project is examining the role of our young inspection volunteers, recognising the increasing complexity of the inspection process and the need to ensure their contribution remains meaningful and well supported. Young Inspection Volunteers will be consulted as part of this. All learning will help strengthen our inspection volunteer processes moving forward.

2.9 Corporate plan

The new corporate plan for 2026-31 was published on 23 March 2026 setting our strategic direction for the next five years. This was published on our website and promoted on social media and in our e-newsletters ahead of the pre-election period of sensitivity, and further promoted since the election.

2.10 Policy update

Session 6 of the Scottish Parliament finished on Thursday 26 March 2026 prior to the election taking place on 7 May 2026.

During this period, we continued to monitor and advise on parliamentary developments as the following legislation was approved before dissolution:

- the Children (Care, Care Experience and Services Planning) (Scotland) Bill
- the Restraint and Seclusion in Schools (Scotland) Bill
- regulations relating to Anne's Law and new enforcement powers relating to the cancellation of registration.

Other key publications and developments covered by the team include:

- the Assisted Dying for Terminally Ill Adults (Scotland) Bill, which was voted down by MSPs
- a Vision for Kinship Care
- the National Care Service Charter of Rights
- the Coming Home Action Plan
- evaluation reports relating to Early Learning and Childcare expansion.

We submitted a consultation response on the future of secure care and the single point of contact for victims in the Children's Hearings System and began developing a response to a consultation on a new legal definition for school age childcare.

During the period of pre-election sensitivity, we continued to reflect on Session 6, monitor developments and plan our approach in relation to engaging with and informing national policy in the new session.

2.11 Dash Review

The [final report of the Dash review](#) into the operational effectiveness of the Care Quality Commission (CQC) was published in October 2024. Following on from the interim report, the review found significant failings in the internal workings of CQC led

to a substantial loss of credibility within the health and social care sectors, a deterioration in the ability of CQC to identify poor performance and support a drive to improve quality and a direct impact on the capacity and capability of both the social care and the healthcare sectors to deliver much needed improvements in care.

Having reviewed the report, we highlighted areas of work relevant to the Care Inspectorate and any potential actions to consider. The focus of this was on the data gathered and reported on across the organisation in relation to the areas of work highlighted in the Dash report. Input was sought from across the organisation, including the Chief Inspectors, Head of Quality Improvement and Participation, the intelligence team, and business support. This has been presented to the Scrutiny and Quality Improvement Assurance Group. This allowed us to build a picture of the data that we gather and report on currently to identify any gaps or any areas that we no longer need to report on. This has now been passed to the data and information team to consider alongside the Stage 2 digital transformation project.

3.0 COLLABORATIVE/PARTNERSHIP WORKING

3.1 Quality Improvement Framework for the ELC Sectors

The quality improvement framework team have now returned to their substantive roles. A final phase of the work focused on supporting ELC teams' own engagement with the sector on inspection and the quality improvement framework. This included discussions at ELC team meetings and some co-facilitated sessions with the sector alongside Relationship Managers. Two internal webinars, in May, have supported all ELC inspectors to understand developments in the shared inspection approach with His Majesty's Inspectorate of Education (HMIE). An early adopter model was used, with one inspector from each team participating in the temporary shared inspection team. This approach was used to build local expertise, support embedding of changes, and increase confidence. We are now moving into the next phase where all case holding inspectors will undertake shared inspections, with ongoing peer support available within each team. The Shared Operations Group has also been re-established to maintain a strong partnership with HMIE and ensure any issues are identified and addressed early.

3.2 Scottish Care

The Chief Inspector, Adults along with the Head of Improvement and Participation has agreed a joint workplan with Scottish Care. In addition, sessions on Complaints against the Care Inspectorate, Strategic Inspection have been arranged and we have agreed to do a webinar with Scottish Care members on Error Response.

3.3 Quality Improvement (QI) Plan for 2026/27

The 2026/27 QI plan developed in collaboration with national and local stakeholders, sets out a comprehensive programme of targeted improvement support across adult care homes, early learning and childcare, children and young people's

services, medicines optimisation, mental health, learning disabilities and digital social care.

Through both the Health and Social Care Improvement team and the Quality Improvement team, the plan delivers national programmes, universal support, consultancy, and capacity-building activity aligned to assurance, quality improvement, rights and participation. Key priorities include large-scale improvement collaboratives such as the Care Home Improvement Programme (CHIP), leadership development, support for safe staffing, development of dementia resources, restrictive practice work, and alignment with strategic inspection.

The QI plan directly links and supports outcomes in the Corporate Plan 2026/31, strategic outcome 1 'assure and improve'.

3.4 Restrictive Practice - quality improvement with a large national provider

A Senior Improvement Advisor from HSCIT is leading a support package with a large national provider focused on reducing restrictive practice (RP). This includes delivering face-to-face sessions on RP legislation and working with two services to develop a dynamic RP risk register and accompanying documentation suite, using Plan, Do, Study, Act cycles to track whether RP reduces as staff knowledge increases. The first version of the risk register has now been implemented.

3.5 Launching a New Approach to Sector Collaboration and Reflective Practice

A new joint, innovative programme is well underway with a Senior Improvement Adviser, our CYP regulatory inspection teams and local authority children's homes. Designed around modelling, reflection, and meaningful collaboration, this new approach aims to strengthen leadership, enhance practice confidence and, most importantly, improve the care experience for children and young people across Scotland.

3.6 The Promise in Partnership Improvement Programme

This is a seven-month improvement collaborative (March–September 2026) working with six care homes across Scotland led by a Children and Young People's (CYP) Service Manager and a Senior Improvement Advisor. Its overarching aim is to improve the care experience of children by supporting the six registered managers to:

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

The new Quality Framework (QF), launched in February 2026, underpinned by principles to keep The Promise, are the guiding anchors for the collaborative,

- projecting forward as teams plan and test changes, and,
- reflecting on learning, practice, and impact.

Despite being at an early stage, services are making positive progress through a variety of child-centred and innovative approaches.

3.7 Safe Staffing Programme – Final Transitional Year Overview

The Safe Staffing Programme has entered its final year, concluding on 31 March 2027, with a focus on consolidation, assurance and legacy. Work will continue to support stakeholders in meeting their duties under the Health and Care (Staffing) (Scotland) Act 2019, ensuring guidance and tools remain accessible beyond programme closure. The Act is now embedded across core Care Inspectorate functions, with the programme team providing targeted, risk-based support, strengthened guidance and expanded digital resources. Assurance activity will include ongoing engagement with the Scottish Government, strengthened oversight aligned to ministerial priorities, continued statutory reporting, and support for Local Authorities and Integration Authorities in meeting Part 3 reporting duties.

Legacy activity will centre on finalising and embedding long-term tools and guidance, including the Staffing Method Framework, integrated within Care Inspectorate digital systems. Governance arrangements will continue through quarterly reporting to the Adult Social Care Workforce and Fair Work Division, alongside an independent end-of-programme evaluation to assess impact and learning. Additional work includes gap analysis, risk mitigation, and preparation of the 2025/26 End of Year Report.

3.8 Care Home Improvement Programme (CHIP) – Work planned for 2026/27

The Care Home Improvement Programme (CHIP) has started planning for its third cohort, supported by the appointment of a dedicated Senior Improvement Advisor for a 12-month period. Delivered collaboratively across the Assurance and Improvement Directorate, with local and national stakeholder support, the next phase will focus on care homes in the Highland area, using a targeted, data-informed approach drawing on inspection, scrutiny and complaints intelligence to ensure support is directed to services with the greatest need. Face-to-face delivery is scheduled to begin in the coming months, while work continues to sustain improvements with participants from cohorts 1 and 2. Early planning for cohort 4 is also underway, ensuring continuity and long-term impact across the improvement programme.

3.9 ELC Improvement Programme – Supporting Rural and Island Communities

As part of their universal offer, the majority of the ELC Improvement team travelled to Orkney to deliver sessions on *Observation* and *Communication for Improvement*. The sessions were extremely well received, with consistently positive feedback from participants.

All participants agreed that the training had increased their awareness and deepened their understanding of the collaborative support offered by the Care Inspectorate. To maximise the team's time in Orkney, the ELC Improvement team also collaborated with the Quality Improvement Framework (QIF) team to co-deliver face-to-face leadership training for the local childminding community. Orkney has a well-established childminding network that meets regularly with the Care Inspectorate ELC Service Manager. Following the success of previous mainland roadshows, involving the ELC improvement team, a member of this group contacted the QIF team to request in-person leadership support.

Feedback gathered on the day showed that participants greatly valued the opportunity to engage in this training and appreciated the face-to-face support. The ELC improvement team is also working to respond to requests from other island communities as part of its 2026/27 commission from the Scottish Government.

3.10 Quality Improvement (QI) Workshops

In March 2026, the Care Inspectorate delivered Quality Improvement Workshops to third sector social care providers through the Coalition of Care Providers Scotland, engaging staff from a provider in Highlands and a large national provider. The providers self-referred for support from a workshop delivered to the Coalition of Care and Support Providers in Scotland (CCPS). The bespoke sessions introduced a practical, applied approach to QI, enabling participants to use inspection findings, complaints and feedback from people experiencing care to identify and progress meaningful improvements. Evaluation demonstrated a significant increase in participants' confidence, skills and ability to apply QI methods, with 100% agreeing the workshops would improve care and strengthen their capability as improvers. Feedback was unanimously positive, highlighting the immediate relevance of the QI learning, and follow-up coaching has supported participants to take manageable next steps.

3.11 Shared Inspection Framework for the ELC sectors

In March and April 2026, the quality improvement framework team delivered a programme of in-person and online development sessions for childminders across Scotland. Communications support included creating online event pages and tracking attendance stats, promoting the events online and through partners, and producing video content to capture feedback from childminders. We also continued to support engagement with the wider sector through a monthly Provider Update and video content exploring the framework and highlighting good practice at childcare settings.

3.12 Scottish Child Abuse Inquiry

The Inquiry is continuing Phase 10 of its work, considering the provision of residential care for children and young people in establishments run by Local Authorities and by voluntary providers used by Local Authorities to place children in care. This phase is expected to conclude Phase 10 hearings by the end of May 2026. Closing submissions in respect of Phase 10 are scheduled for 18 and 19 June 2026. The Inquiry's plans for further hearings are at present not clear.

3.13 Scottish and UK Covid-19 Inquiries

There has been limited activity in relation to the UK Covid-19 Inquiry recently. We await confirmation of timescales for publication of findings relevant to the Care Inspectorate. We anticipate that the Care Inspectorate will be invited to give evidence at the Scottish Covid-19 Inquiry's planned hearings in October 2026, relating to the implementation of Scottish Government decisions. The Scottish Inquiry has published a "narrative record" recording elements of the evidence it heard in 2023/24 in relation to the impact of the pandemic as regards health and social care. That narrative record can be accessed [here](#).

3.14 Review of Care Service Definitions

This work remains ongoing. Public consultation has been delayed as it has been decided to consult upon reviewed definitions of all care services rather than, as initially proposed, a small number of exemplars with more general observations invited on the remaining definitions.

4.0 WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM ENGAGEMENT

4.1 Protection Procedures and Next Steps

The project core group on protection has successfully delivered updated protection procedures and training to all staff. We continue to monitor the launch of the procedures, and these are working well. We have also received external feedback on the launch supporting Health and Social Care Partnerships (HSCPs) rather than adding to workloads. The Chief Inspector, Adults will now work with Organisational Workforce Development and Methodology to arrange protection training for all staff across the organisation.

5.0 ORGANISATIONAL TRANSFORMATION

5.1 Digital Talking Mats

Talking Mats is a visual communication tool that helps people with speech, language and communication needs to share their feelings and views. We have purchased Digital Talking Mats which we hope will increase accessibility with access to a broader range of symbols and an online option.

5.2 New website – www.careinspectorate.scot

The new website www.careinspectorate.scot went live internally on 11 May 2026 and externally on 18 May 2026. The team continues to work through amendments to the website following both internal and external feedback received after Go Live. The project team will continue to seek and review feedback to make any further suggested improvements.



Title:	PROCUREMENT STRATEGY APRIL 2026 TO MARCH 2031	
Author:	Gillian Berry, Finance and Procurement Manager	
Responsible Director:	Jackie Irvine, Chief Executive	
Appendices:	1.	Draft Procurement Strategy April 2026 to March 2031
Consultation:	The draft strategy has been considered by the Scottish Government Procurement Policy Team, Senior Management Group and the Finance and Resources Committee.	
Resource Implications:	No	

EXECUTIVE SUMMARY

The Care Inspectorate's regulated procurement spend is below the statutory threshold which requires a published procurement strategy under the Procurement Reform (Scotland) Act 2014, however, we develop and publish a strategy as good practice.

The purpose of this strategy is to set out how the Care Inspectorate will plan and manage its procurement processes to support the achievement of our strategic outcomes and comply with regulatory and legislative requirements in the next five years. The proposed strategy is attached as Appendix 1.

The procurement strategy sets out six procurement priorities:

- deliver best value.
- deliver sustainable procurement.
- raise procurement knowledge, skills and expertise
- provide timely performance information.
- demonstrate a continuous improvement approach.
- deliver inclusive procurement.

The strategy sets out how delivery of the six procurement priorities will be monitored and evaluated, with progress reported annually to the Finance and Resources Committee and the Board through the Annual Procurement Report.

BOARD MEETING 4 JUNE 2026

**Agenda item 9
Report No: B-04-2026/27**

The Board is invited to:	
1.	Approve the draft strategy as recommended by the Finance and Resources Committee at its meeting of 12 May 2026, subject to any amendments by the Board.

Links	Corporate Plan Outcome (Number/s)	Outcomes 1, 2, 3 and 4	Risk Register (Yes/No)	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"/> 1. Reason: An EQIA screening process was completed which determined that a full EQIA was not required.

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

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.

PROCUREMENT STRATEGY APRIL 2026 TO MARCH 2031**1.0 INTRODUCTION**

The Care Inspectorate has a duty to ensure that its procurement activity is compliant with the Procurement Reform (Scotland) Act 2014, the Procurement (Scotland) Regulations and the Scottish Public Finance Manual. The Accountable Officer also has a specific responsibility to ensure compliance with the procurement section of the Scottish Public Finance Manual. This strategy sets out how we will meet these requirements and support delivery of the corporate objectives over the five year period 1 April 2026 to 31 March 2031.

2.0 STRATEGY DEVELOPMENT

Scottish Government Procurement Policy colleagues reviewed the strategy and advised the strategy was well structured and had a good level of readability. The draft strategy is supported by an annual action plan. A cross-organisation Procurement Development Group reviews agreed performance indicators biannually.

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

Compliant procurement is central to delivering financial value and effective use of organisational resources. Savings realised through compliant procurement activity can be reinvested to support other organisational priorities, maximising the impact of available resources.

3.2 Sustainability

The strategy itself promotes sustainable procurement as one of the six priorities.

3.3 Policy

The Care Inspectorate has a duty to ensure compliance with the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations. The Act, a key part of a procurement reform programme between 2006 and 2016, establishes a national legislative framework for sustainable public procurement and places a number of general duties on contracting authorities aimed at promoting good, transparent and consistent practice in procurement.

The Scottish Government's Procurement Strategy for 2024-2028 sets out how the government will deliver on public procurement and reflects their ambitious programme of work to maximise the impact of public procurement in Scotland. These duties are designed to promote good, transparent and consistent procurement practice, secure value for money and contribute to improved economic, social and environmental wellbeing.

Agenda item 9**Report No: B-04-2026/27**

When considering this paper, it is important to be aware of the need to ensure effective governance within the context of public service delivery and reform to the benefit of the people of Scotland. The National Strategy for Economic Transformation (2022) continues to underpin the Scottish Government's economic and procurement policy approach. The 2024–2028 Procurement Strategy explicitly positions procurement as a key lever to:

- promote inclusive and green economic growth;
- support local and regional supply chains; and
- advance a just transition to net zero.

Relevant policy developments in this regard include Scotland's National Performance Framework and the Scottish Government's programme of public service reform.

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

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

3.5 Customers (Internal and/or External)

The objectives of strategic theme 4 relate to our commitment to measure, monitor and publish our procurement performance. The strategy details how we will manage, monitor and report on our performance in achieving the strategic priorities.

4.0 CONCLUSION

The implementation of this procurement strategy and associated action plan will strengthen procurement capability and support continuous improvement.



Care Inspectorate

Procurement Strategy April 2026 – March 2031

Publication date: <<insert date>>

Care Inspectorate Procurement Strategy April 2026 – March 2031

Strategy Sponsor:

Executive Director, Corporate Services

Lead Manager:

Finance and Procurement Manager

Approved by the Care Inspectorate Board: <<insert date>>

VERSION CONTROL

VERSION NO.	REVISED BY	DESCRIPTION OF CHANGES	DATE
1.0	Finance and Procurement Manager and Head of Finance and Corporate Governance	First Issued Version	20/04/2026
	Senior Management Group	Inclusion of cyber security risk and approach	29/04/2026

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1.0 INTRODUCTION

The Care Inspectorate's Procurement Strategy for the period April 2026–March 2031 has been informed by the Public Contracts (Scotland) Regulations 2015, the Procurement Reform (Scotland) Act 2014 and the Procurement (Scotland) Regulations 2016. The Strategy is designed to take a responsible and sustainable approach to procurement.

The purpose of this strategy is to set out how the Care Inspectorate will plan and manage its procurement activities to meet their corporate aims and objectives, while ensuring compliance with all regulatory and legislative requirements.

Procurement delivers fair, transparent and effective processes that achieve best value, are legally compliant and follow best practice. This is particularly important in the current challenging financial climate, where procurement can help generate savings and efficiencies that can be reinvested to support wider corporate objectives.

Procurement is a devolved responsibility within the Care Inspectorate. Staff must have the appropriate skills and authority to procure goods, services or works, and all procurement activity must be carried out in line with agreed policies and procedures.

This document sets out the Care Inspectorate's Procurement Strategy for the five year period from 1 April 2026 to 31 March 2031 and is supported by an annual procurement action plan.

1.1 Our Corporate Plan 2026- 2031

Our corporate plan sets out our vision, our mission, our values and our strategic outcomes. This procurement strategy has been developed to support the delivery of our Corporate Plan and the achievement of our vision.

1.1.1 Our vision

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

1.1.2 Our mission

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

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

- keep the public informed and assured about the quality of social care across Scotland.

1.1.3 Our values

- **Person-centred:**

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

- **Impact:**

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

- **Respect:**

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

- **Equity:**

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

- **Integrity:**

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

1.1.4 Our strategic outcomes to achieve our vision

- assure and improve
- involve and inform
- uphold and champion people's rights

1.1.5 We will maximise our impact through:

- Our workforce and volunteers
- Digital and data

2.0 ACCOUNTABILITY

Care Inspectorate Board	Approval of and overseeing the delivery of the Procurement Strategy.
Care Inspectorate Finance and Resources Committee	Recommends approval of the strategy to the Care Inspectorate Board. Considers in detail the annual procurement performance report.
Chief Executive	Accountable Officer. Specific responsibility to ensure that procurement activity is conducted in accordance with the requirements of the Procurement section of the Scottish Public Finance Manual. This responsibility will be discharged through the implementation of this strategy.
The Executive Director of Corporate Services	Sponsor of the Procurement Strategy
Finance & Corporate Governance	<p>Head of Finance and Corporate Governance: Provides advice, challenge, and assurance on procurement matters as required, particularly in relation to financial control and corporate governance.</p> <p>Finance and Procurement Manager: Provides strategic and operational leadership for all procurement activity, including complex, high-risk, and contentious matters, and is responsible for the development and delivery of the Procurement Strategy in compliance with Public Sector Procurement Regulations.</p>
Delegated Purchasers	Support delivery of the Procurement Strategy
Procurement Development Group	Supports continued development of procurement capability.

2.1 Influencing Factors

This procurement strategy is shaped by key external legislative, policy and governance requirements that guide responsible and compliant public procurement. It reflects the core Scottish procurement regulations, alongside national policy frameworks such as the Procurement Commercial Improvement Programme, the Scottish Public Finance Manual and relevant Scottish Procurement Policy Notes.

The strategy is also aligned to the Scottish Government's Public Procurement Strategy 2023–2028, which sets out a national vision for procurement to deliver value for money, drive sustainable and inclusive economic growth, support net zero ambitions, and promote wellbeing outcomes through the way public funds are spent.

In addition, it supports the objectives of Scotland's National Strategy for Economic Transformation, recognising procurement as a key lever for economic reform, innovation, fair work, and community wealth building.

It also incorporates obligations relating to transparency, data protection and equality, as well as statutory climate change duties that ensure sustainability is embedded in procurement decisions. Additionally, health and safety legislation underpins our commitment to safe and ethical contracting practices. Together, these factors provide the essential framework within which this strategy operates.

Embedding proportionate, risk-based supplier cyber assurance into procurement and contract management will help the Care Inspectorate reduce supply-chain risk to the confidentiality, integrity and availability of its information, systems and services. Our approach will prioritise suppliers and services presenting the highest risk, such as those with access to our systems or cloud environments, handling personal or sensitive data, supporting critical services, hosting/managing digital infrastructure, or relying on sub-contractors. We will apply appropriate requirements and assurance throughout the contract lifecycle, supported by standard processes and tools and aligned to public-sector good practice.

Internal factors also play a significant role in shaping this procurement strategy. It is informed by the priorities and commitments set out in the Care Inspectorate Corporate Plan, alongside the Procurement Policy which supports consistent and effective procurement practice. In addition, organisational policies including the Equality and Diversity Policy and the Corporate Health and Safety Policy ensure that our procurement activity reflects our values, promotes fairness and inclusion, and upholds high standards of safety and wellbeing across all contracted services.

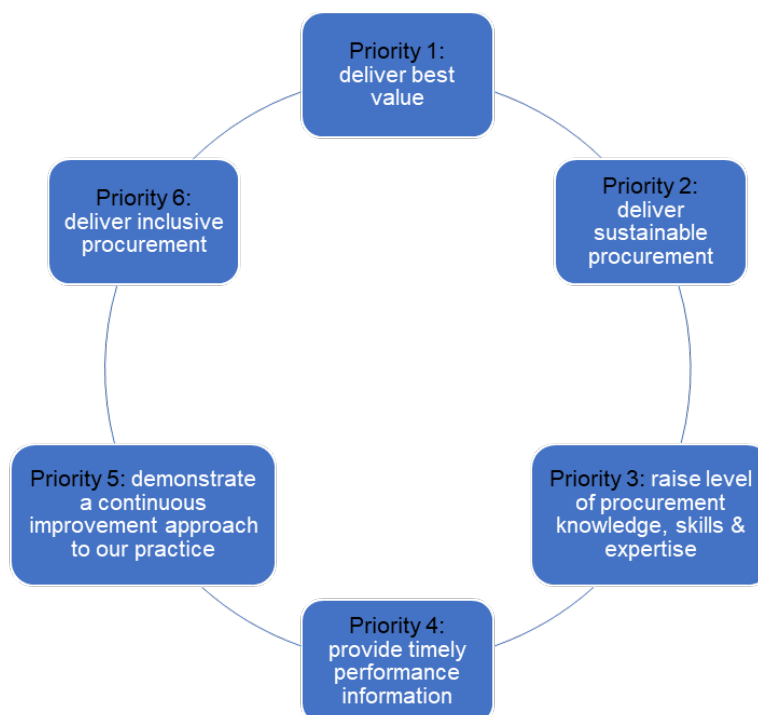
3.0 OUR PROCUREMENT PRIORITIES

This Procurement Strategy is underpinned by six priorities that together provide a clear framework for how the Care Inspectorate will plan, deliver and govern procurement activity during the period 2026–2031.

The priorities reflect our statutory obligations under public procurement legislation, national policy expectations and our wider corporate and strategic objectives. They set out the

intended focus of procurement activity over the planning period, establish the key principles that will shape how procurement is undertaken, and define how performance and progress will be monitored and evaluated.

Collectively, these priorities support the delivery of best value, transparency and compliance, while enabling procurement to make a positive contribution to sustainability, equality, continuous improvement and organisational capability.



3.1 Priority one: deliver best value

We will deliver best value when procuring goods, services and works. This is achieved through the optimum combination of whole life cost, quality (or fitness for purpose) and sustainability to meet organisational needs. Competition promotes efficiency and effectiveness in public expenditure, therefore, where possible, we advertise tender opportunities over £10,000, excluding VAT, on the Public Contracts Scotland advertising portal, unless there are justifiable reasons not to.

We will award contracts based on the most economically advantageous tender (MEAT) which balances value for money, risk and the required quality of the service, goods or works. This will include proportionate cyber security and supply-chain assurance requirements.

We will continue to use collaborative frameworks where appropriate and explore opportunities for further collaboration through our partnership with Central Government Procurement Shared Services (CGPSS) and our multi-agency Cluster

Group. These arrangements facilitate the sharing of knowledge and encourage partnership working to ensure we deliver value for money and pool resources and expertise.

Procurement activity contributes to the overall efficiency targets for the Care Inspectorate, with benefits realised reported in the annual Procurement Performance Report.

3.2 Priority two: deliver sustainable procurement

Sustainable procurement is defined as "*a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment*" (Department for Environment, Food and Rural Affairs, 2006). For the Care Inspectorate, this means we will routinely consider the environmental, social and economic opportunities and impacts associated with our purchasing decisions.

The Procurement Reform (Scotland) Act 2014 places a statutory sustainable procurement duty on the Care Inspectorate, with a focus on securing economic, social and environmental benefits. This duty is further supported by national policy direction which emphasises the role of public procurement in advancing Scotland's response to the global climate emergency and contributing to the transition to a net-zero economy. While reducing inequality is an important aspect of sustainable procurement, statutory equality and human rights obligations are addressed in detail under Priority Six: Inclusive Procurement.

We will take account of climate and circular economy considerations, in line with relevant Scottish Procurement Policy Notes.

We will continue to explore opportunities to secure sustainability benefits through our procurement activity. Appropriate sustainability assessment tools will be applied in line with national policy and guidance, and opportunities will be incorporated where relevant and proportionate to the procurement.

3.2.1 Prompt payment to suppliers and their sub-contractors

We are committed to paying our suppliers promptly and reflect this in our standard terms and conditions. To ensure this flows through the supply chain, our terms also require suppliers with sub-contracting arrangements to make payment to their sub-contractors within the same terms. This requirement extends to all sub-contractors in the supply chain.

Proportionate assurance of compliance will be sought where relevant.

3.2.2 Addressing Fair Work Practices

We consider Fair Work First for all procurement opportunities of £10,000 or greater. This practice asks businesses bidding for our contracts to commit to adopting:

- appropriate channels for effective voice, such as trade union recognition

- investment in workforce development
- no inappropriate use of zero hours contracts
- action to tackle the gender pay gap and create a more diverse and inclusive workplace
- payment of at least the Real Living Wage
- flexible and family-friendly working practices for all workers from day one of employment
- opposing the use of fire and rehire practice

In accordance with the Statutory Guidance for Addressing Fair Work First in procurement, we will continue to incorporate evaluation of workforce matters into tenders for regulated procurements where the use of labour is a key deliverable, and for lower value tenders where it is proportionate to do so.

Where suppliers have staff working on our premises, these employees must be paid the Real Living Wage.

3.2.3 Community benefits

The Procurement Reform (Scotland) Act 2014 includes a sustainable procurement duty on public sector bodies requiring them to conduct their procurement in a way that will secure economic, social and environmental wellbeing, and a requirement that public bodies consider the use of community benefits in major contracts.

We will promote the use of community benefits within procurement exercises where relevant and proportionate to the contract.

3.2.4 SMEs, minority owned businesses and the third sector

This priority focuses on meeting statutory equality and human rights obligations through procurement and is distinct from sustainable procurement, as it addresses not only who can participate in procurement processes but also how goods, works and services are designed, delivered and experienced by people with protected characteristics.

In line with the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, equality considerations are embedded within tender processes, and, where relevant and proportionate, suppliers are required to provide evidence of the equality policies and systems they have in place.

Our inclusive approach will increase supplier diversity by:

- eliminating unnecessary barriers in the procurement process to provide fair and equal access for SMEs, minority owned businesses and third sector organisations. Third sector includes charities, community and voluntary groups, and social enterprises
- working proactively to encourage these organisations to participate in the procurement opportunities

- seeking feedback to ensure procurement processes are as accessible and inclusive as possible.

A 'supported business' is an economic operator whose main aim is the social and professional integration of disabled or disadvantaged people, where at least 30% of its workforce are disabled or disadvantaged.

We will consider using the Scottish Government's Requirements Reserved for Supported Businesses Dynamic Purchasing System (DPS) when procuring goods and services that fall within these categories.

3.2.5 Fair & ethical trading

We support the sourcing of goods and services that are fairly and ethically traded. Where it is directly relevant, we will use appropriate standards and labels in our procurement to take account of fair and ethical trading considerations as well as consider equivalent offerings from suppliers who demonstrate they can meet the specified criteria without necessarily having the specific certification.

We use the Single Procurement Document as standard for regulated procurements which allows consideration of whether a potential supplier has been convicted of certain offences and/or committed any acts of professional misconduct and allows suitability to be assessed.

We will ask contractors to take corrective action where concerns over labour standards in the supply chain are identified.

3.2.6 Climate change

We will use the sustainability tools to identify opportunities to contribute to an overall reduction in our carbon emissions. We will continue to provide climate literacy e-learning training for all staff who have delegated procurement responsibility and work collaboratively to identify further opportunities to support the delivery of our net zero plans.

3.2.7 Provision of food

We currently have no requirement to purchase food through a regulated procurement process. This means the general requirements of how we intend to improve health, wellbeing and education of communities and promote the highest standards of animal welfare are not applicable to our regulated procurement activity.

We will continue to review this position should our requirements change.

3.3 Priority three: raise procurement knowledge, skills and expertise

We will build an appropriate level of procurement capability across the organisation, proportionate to roles and responsibilities.

Procurement will be included in the induction programme for new staff, supported by a Procurement Policy Manual that sets out our procurement rules, governance framework, roles and responsibilities, and compliance requirements.

We will deliver appropriate training for staff with specific procurement responsibilities, ensuring they have the knowledge and skills required to undertake their roles effectively.

All staff responsible for managing contracts will be required to complete contract and supplier management e-learning modules. This will be supported by a Contract Management Handbook to enable consistent and effective management of contracts and suppliers across all levels of spend, with ongoing guidance, assurance and support from the Procurement Team.

The Procurement Competency Framework will inform the ongoing learning and development of the Procurement Team.

For staff outwith the Procurement Team, procurement related training needs will be identified and recorded through individual training and development plans as part of the learning and development process. The Procurement Team will maintain a central register of all procurement training undertaken to support oversight and assurance to continuous improvement.

We have in place a Counter Fraud and Corruption Framework which outlines where fraud and corruption may occur, who is responsible for reporting fraudulent activity and who to report it to. Appropriate preventative and detective controls, such as 'separation of duties' and robust systems of control, have been put in place to minimise the risk of fraud.

We continue to participate in the National Fraud Initiative (NFI), which is an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. All staff with delegated authority or a role in Procurement will receive Counter Fraud training.

We also have comprehensive whistleblowing guidance that supports employees to raise concerns about possible improprieties, including procurement related matters at the earliest opportunity and in an appropriate way.

Our Procurement Development Group meets at least twice annually to support procurement capability, knowledge sharing and continuous improvement across the organisation.

3.4 Priority four: provide timely performance information

Annual procurement performance reports will be shared with the Procurement Development Group for information and reported formally to the Care Inspectorate's Strategic Management Group, Finance and Resources Committee and Board.

These reports provide progress reports on the implementation of this strategy and include analysis of expenditure, supplier activity and procurement benefits and

savings. We will use the performance information to support continuous improvement.

3.5 Priority five: demonstrate a continuous improvement approach

We will continue to strengthen our procurement practice through internal and external scrutiny. The Care Inspectorate participates in the Procurement and Commercial Improvement Programme (PCIP). The last assessment was in 2024, where the assessment scored green for all assessed areas.

We review our procurement spend monthly and address any non-compliance directly with relevant staff. We will continue to review our business processes annually to make sure they are customer focussed, have appropriate internal controls and separation of duties.

We will continue to work closely with procurement users to understand their needs, identifying improvement opportunities. Savings and benefits delivered through procurement will be reported in the annual procurement report.

3.6 Priority six: deliver inclusive procurement

We will continue to embed equality, diversity and inclusion throughout all stages of our procurement activity. Our approach reflects the duties placed on the Care Inspectorate under the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

In line with the Public Sector Equality Duty (PSED), we will ensure the procurement practice gives due regard to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act
- b) advance equality of opportunity between people who share a relevant protected characteristic and those who don't
- c) Foster good relations between people who share a protected characteristic and those who don't.

To support this, we will:

- Make sure our contracts are designed in a way that is non-discriminatory, promotes fairness and supports equality of opportunity for our workforce and suppliers, and the people who use care services..
- Make sure that goods, works, and services provided by contractors meets the diverse needs of all users, taking account of accessibility, inclusion and the elimination of unintended barriers.
- Continue to use the Single Procurement Document (SPD) to assess suppliers' compliance with equality legislation and consider any history of professional misconduct or relevant convictions.
- Maintain a clause within our standard Terms and Conditions aligned to the Employment Relations Act 1999 (Blacklists) Regulations 2010, ensuring suppliers

do not engage in blacklisting activities and requiring corrective action where concerns arise.

By maintaining an inclusive approach, we will support supplier diversity, improve the accessibility of the goods, works and services we procure, and ensure our procurement practice reflect our wider organisational commitments to fairness, equality and human rights.

4.0 HEALTH & SAFETY

The Care Inspectorate is committed to making sure that health and safety considerations are embedded in our procurement activity. We have a Health and Safety Policy, associated procedures and guidance in place, and we expect our suppliers to demonstrate the same commitment to providing safe working environments and practices.

Where relevant and proportionate, we will request evidence from suppliers to confirm that they have appropriate health and safety management systems in place, including risk assessments, safe systems of work, and arrangements for incident reporting and investigation. These expectations apply to all contractors and subcontractors engaged through our procurement processes.

Our approach supports our statutory responsibilities and reflects our duty to provide safe environments for staff, suppliers, and the people who use our services.

5.0 DELIVERY OF STRATEGY

5.1 Communication

Our procurement activity is transparent, accessible and clearly communicated to stakeholders. We publish procurement information on our external website, including our Procurement Strategy, our Annual Procurement Reports, our two year forward plan, and supporting to guidance for suppliers.

We will communicate the approved strategy to all staff and make it publicly available via the Care Inspectorate website. In addition, all our contracts will continue to be published on the Public Contracts Scotland contract register, supporting transparency and supplier engagement.

5.2 Management and monitoring

The Procurement Team will lead on the implementation of this strategy, working with colleagues who have procurement responsibilities.

We will ensure that the priorities set out in the strategy are translated into clear activities through existing operational and financial planning processes, and we will identify procurement projects that require additional support or specialist input from the Procurement Team.

We will review the strategy and our associated procurement action plan annually. This review will assess progress across our priorities and will identify procurement activity that requires additional support from the Procurement Team. The outcome of this will inform the development of a refreshed action plan and will feed into organisational planning for the following year.

Through regular monitoring, we will ensure that procurement activity remains compliant, proportionate and aligned with organisational objectives, supporting consistent and effective procurement practice.

5.3 Reporting

As soon as practicable after the end of the financial year, we will publish an annual procurement report which will include:

- A summary of regulated procurements completed during the year covered by the report.
- An assessment of whether these procurements complied with the strategy.
- Non-compliant regulated procurements and planned actions to address future compliance for regulated procurement.
- A summary of community benefits delivered through regulated procurement.
- An outline of steps taken to support the involvement of SMEs, supported businesses and the third sector organisations.
- A summary of regulated procurements expected to commence in the next two financial years.
- Any other information required by Scottish Ministers.

We will also provide an annual procurement performance report to the Finance and Resources Committee and the Board, reporting procurement performance and progress towards achieving the strategy's priorities. We will publish this report on the Care Inspectorate's website.

6.0 SUPPORTING POLICIES

Our procurement activity is supported by a range of organisational policies and procedures that make sure that all purchasing decisions are lawful, transparent and aligned with our statutory responsibilities and organisational values. These policies provide a framework within which procurement is planned, delivered and governed, and they support the delivery of the six procurement priorities set out in this strategy.

The key supporting policies are:

- procurement policy
- purchase to pay procedures
- business travel and subsistence
- hybrid (working) policy
- information security policy
- information governance policy
- learning and development policy

- prevention and detection of fraud and bribery
- whistleblowing
- carbon management and sustainability
- health and safety
- equality and diversity

In addition to the policies listed above, this strategy is supported by wider corporate governance, risk, workforce, digital and ethical frameworks that collectively ensure procurement activity is well-controlled, resilient, inclusive and aligned with organisational priorities.



Title:	MONITORING OUR PERFORMANCE 2025/26 – QUARTER 4 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 Q4 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 Q4 2025/26:

5 met or exceeded target
3 did not meet the target

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

The Board is invited to:

1. Discuss and note the report.

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"/> Full DPIA completed	Not Yet <input type="checkbox"/>	No <input type="checkbox"/> Reason:

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

Reason for Confidentiality/Private Report: N/A – This is a public Board report. <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 4 REPORT

1.0 INTRODUCTION / BACKGROUND

Structure of this report

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

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

Types of performance measure

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

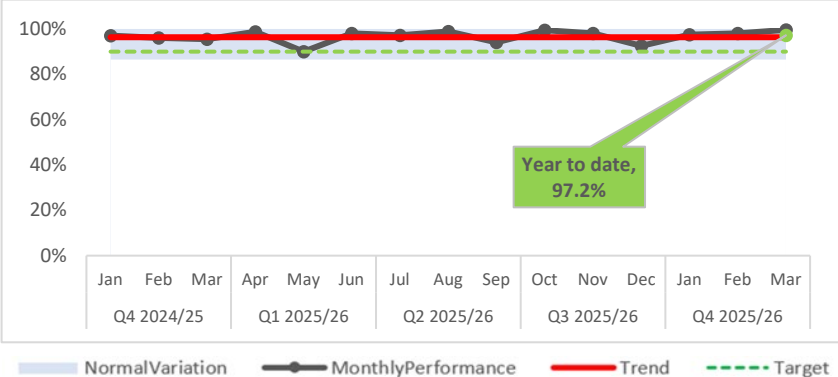
Summary of performance

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

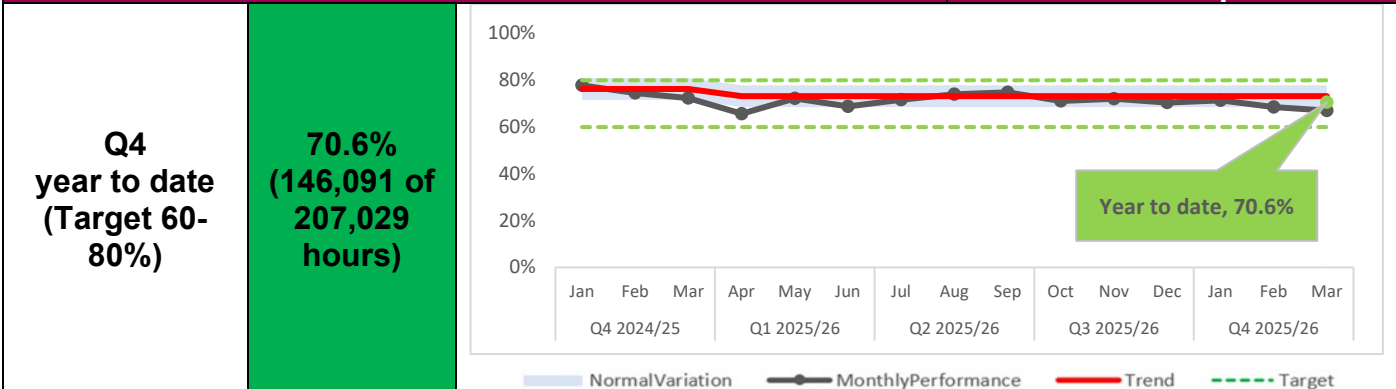
Strategic outcome: High-quality care for all	Strategic outcome: Improving outcomes for all	Strategic outcome: Our people are skilled, confident and well supported to carry out their roles
<p>KPI-1: % of people telling us that our scrutiny will improve care 97.2% [Target: 90%]</p>	<p>KPI-4: % of people telling us that our quality improvement support will improve care 98.9% [Target: 90%]</p>	<p>KPI-5: % staff completing core learning 77.8% [Target: 95%]</p>
<p>KPI-2: % scrutiny hours spent in high and medium risk services 70.6% [Target: 60-80%]</p>		<p>KPI-6: % staff sickness absence 6.4% [Target: 2.2%-4.5%]</p>
<p>KPI-3: % of complaints about care that were resolved within the relevant timescales (includes all methods of resolution) 88.0% [Target: 80%]</p>		<p>KPI-7: % staff turnover 8.6% [Target: <10%]</p>
		<p>KPI-8: Days per month that inspection volunteers and care experienced people are involved in our work 27.0 days [Target: 30 days per month]</p>
<p>Colour code: Target achieved, Slightly below target, Significantly below target.</p>		

2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 31 MARCH 2026

Strategic outcome: High-quality care for all

KPI-1: % of people telling us that our scrutiny will improve care		Ex Dir. Assurance and Improvement
Q4 year to date (Target 90%)	97.2% (2,011 responses)	
KPI/KOI links:	KPI-4	
<p>Analysis:</p> <ul style="list-style-type: none"> • Target met. Up to Q4 2025/26, 97.2% of respondents agreed that our scrutiny will improve care, a slight increase from 95.4% up to Q4 2024/25. • Most responses were from the Inspection Satisfaction Questionnaire (ISQ) completed by staff and managers (1,931 of 2,011), covering 1,033 services. Responses from people who use services, relatives and visitors remain very low (4 of 2,011). We also received 76 Registration Experience Applicant Feedback Survey responses up to Q4 2025/26. <p>Actions:</p> <ul style="list-style-type: none"> • Increase response rates: <ul style="list-style-type: none"> - Following a successful change to increase responses from managers and staff, the response levels remain high. We will continue to monitor their response rates closely. - We will undertake further research to understand the reasons for the low responses this year from people who use care services and their relatives and carers, and explore potential solutions to that. 		

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



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

Analysis:

- Performance remains within target range and normal limits.
- The proportion of time spent in high-risk services up to the end of Q4 (70.6%) is lower compared with the same period last year (76.5%). While the actual number of hours spent in high and medium risk services was lower compared to last year (146,091 hours by Q4 2025/26 compared to 152,279 hours by Q4 2024/25), the total hours spent was higher this year (207,029 hours) compared to the same period last year (199,157 hours), making the proportion of time spent in high risk services lower. (See also scrutiny table in appendix 1 for number of inspections completed).
- This pattern of a lower proportion of time spent in high and medium risk services this year compared to last year was evident across a number of the larger groups of service types, including care homes for adults, older people and children and young people; housing support services; support services - care at home; daycare of children services and childminders. This reflects our scrutiny inspection priorities for 2025/26. It can also be considered in the context of increasing quality evaluations of these service types (see KOI-1) and a decreasing number of services with poorer quality evaluations – 114 services with grades of less than adequate at the end of Q4 2025/26 compared with 142 at the end of Q4 2024/25 (KOI-3).

Actions:

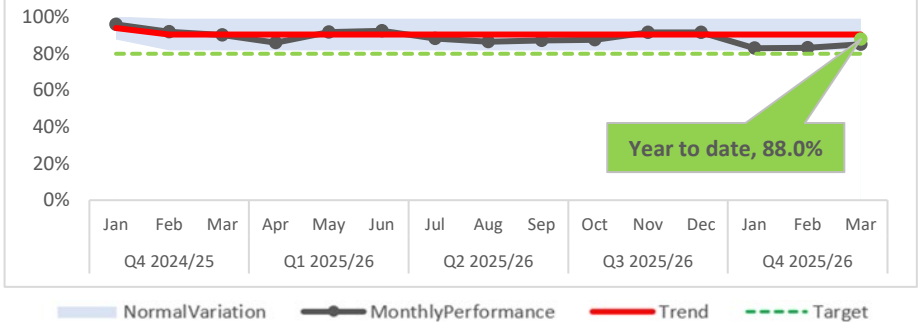
- We will continue to deliver our scrutiny plan and monitor our performance.

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

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

Q4 year to date (Target 80%)

88.0% (2,049 of 2,329 complaints)



KPI/KOI links | KPI-2, KPI-6

Analysis:

- At the end of Q4, performance was above target and within normal limits, maintaining the high level of complaints resolved within timescales.
- While we have resolved a similar number of complaints within timescales compared to last year, we have resolved a higher number of complaints overall (see Scrutiny & assurance activity table in appendix 1).

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 as opposed to anonymously. This means that we are able to verify information and progress the complaint via one of our resolution pathways to ensure any identified issues are resolved.
- 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.

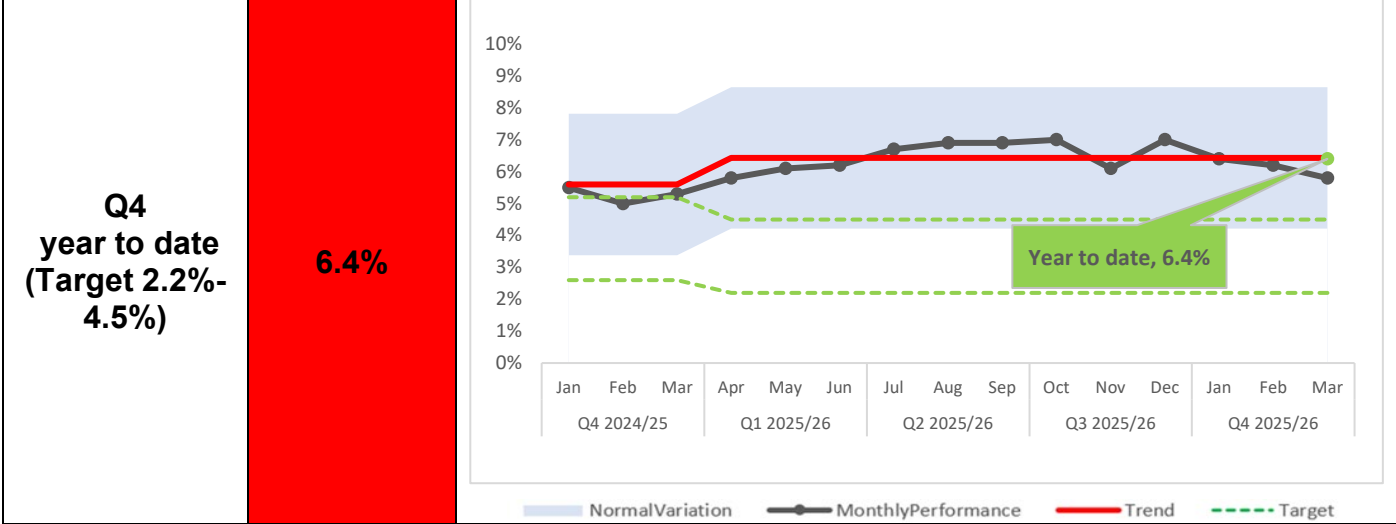
Strategic outcome: Improving outcomes for all

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)
Q4 year to date (Target 90%)	98.9% (517 of 523 responses)	
KPI/KOI links:	KPI-1	
<p>Analysis:</p> <ul style="list-style-type: none"> • Performance remains consistently above target. • The number of feedback questionnaire responses received this year is lower than in previous years (523 responses up to Q4 2025/26, compared with 1,092 up to Q4 2024/25). This reflects our strategic shift towards smaller, more targeted quality improvement (QI) interventions and away from larger, generic programmes. We anticipate this trend will continue throughout the year. This refined approach enables us to better support improvements aligned with inspection findings, enforcement actions, and complaints, resulting in more meaningful impact. • Further information about our quality improvement work can be found at How we support quality improvement Care Inspectorate website • Quality improvement consultancy work is captured in the quality improvement summary table in appendix 1. This ensures we can respond quickly to internal and external requests with specialist expertise. Up to the end of Q4 2025/26, we completed an average of 59 consultancy activities per month. <p>Actions:</p> <ul style="list-style-type: none"> • We continue to tailor and target Quality Improvement work in the right places, at the right time and with the right resources. 		

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
Q4 year to date (Target 95%)	77.8%	
<i>KPI/KOI links:</i>	KPI-6	
<p>Analysis:</p> <ul style="list-style-type: none"> • Performance remains below the target, with overall completion at 77.8%. Though, there was an overall increase of 2.3 percentage points in compliance since Q3 2025/26. • As for most of 2025/26, protection training is excluded from this reporting. The protection procedure is currently under review and, as a result, the associated training content is paused. Once the procedure is finalised, the training will be relaunched alongside updated materials. For Q4 2025/26, this KPI therefore reflects completion of the remaining four core learning modules only. • Core learning requirements vary each quarter due to differing module expiry dates. The data also excludes employees who are exempt from training due to long-term absence, including maternity leave, career breaks, and external secondments. • Cyber Security compliance exceeded the target at 97%, an increase from 95% at Q3 2025/26. Compliance for both, Health and Safety and Data Protection remained the same at 91% and 85% respectively. • Completion of the Equalities module improved from 91% to 94%. This follows revisions to the module to better reflect the role of the Care Inspectorate, including the option to complete the competency test at the outset. This change in approach, as well as a targeted emails issued in January to those who were non-compliant, could account for the increase in completion rates. <p>Actions:</p> <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 continues to be a topic of discussion at organisational and workforce development (OWD) stakeholder meetings, to provide support and encourage compliance. • We continue to highlight core learning topics 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. The recent work to tailor the equalities core learning module has included the strengthening of our evaluation approach. This enables us to monitor the impact of the changes and assess whether they are delivering improved participation. There was a continued focus on this topic throughout Quarter 4 with evaluation feedback gathered to inform any further refinements to the approach. Initial evaluation of feedback indicates the approach is viewed positively with adaptations to tailor content to the organisation appreciated by employees. • 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. 		

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



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

Analysis:

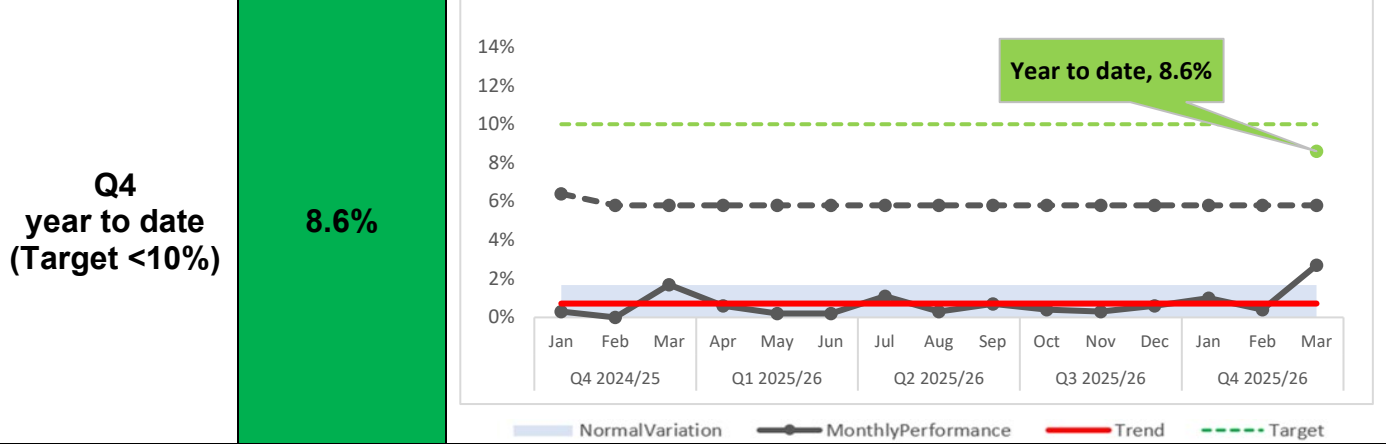
- Overall sickness absence was above the target range at 6.4%. Absence increased month on month between February and December 2025 (with a decrease in November) followed by a consistent downward trend between January and March 2026, from the highest level of 7.0% in December down to 5.8% in March.
- 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 conditions. 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:

- The Strategic Management Group is working with HR to review the management information available on sickness absence, to ensure it effectively supports managers to manage absence in their teams.
- We have launched an updated Maximising Attendance policy which provides clearer guidance and a consistent framework for managing attendance. Manager training is underway to support a confident and fair application of the policy.
- We are continuing to work closely with managers to help them monitor, understand and respond to sickness absence trends in their teams. Support and advice is tailored to support early and effective intervention.
- We are working closely with Occupational Health to ensure timely referrals and access to professional medical advice, supporting both staff wellbeing and management decision-making.
- We promote mental health resources available to staff, including the Employee Assistance Programmes (EAP). We are also exploring ways to further embed a culture of openness and early support around mental health.
- We are actively managing employee relations and performance management cases, ensuring they are progressed efficiently and sensitively. Where such issues are linked to absence, we are providing structured support to staff, enabling them to return to work where possible and appropriate.

- We are aligning our absence management approach with broader wellbeing campaigns, focusing on prevention and early intervention. This includes initiatives around stress awareness, workload management and healthy working practices.

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



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

Analysis:

- Staff turnover was below the target and within normal limits throughout the year until February 2026. There was a higher turnover rate of 2.7% in March 2026, when 19 people left the organisation in that month alone (of which 14 retired, 3 left voluntarily and 2 left for other reasons (e.g. temporary contract ended). This was outwith the normal range, and is the highest level (both in terms of rate and the number of people who left) over the past 5 years.
- Between 1 April and 31 March 2026, 58 staff left the organisation: 31 retired, 17 left voluntarily and 10 left for other reasons (e.g. temporary contract ended). This is higher than in 2024/25 when 37 staff left.

Actions:

- Performance remains below target overall and we will continue to monitor performance at a monthly frequency.

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)
Q4 year to date (Target 30 days per month)	27.0 days	

KPI/KOI links: N/A

Analysis:

- Year to date performance is below target of 30 days per month with an average of 27.0 days achieved.
- During Q4, inspection volunteers, including young inspection volunteers, were involved in participation activity on 61 days and other participation activities on 29.5 days.
- Over the year 2025/26 inspection volunteers contributed to a range of other participation activities, including:
 - Testing and providing feedback on the new digital complaints form under development.
 - Participating in development sessions for consultation on care home inspection design.
 - Engaging in shadowing and induction activities to build knowledge and ensure consistency in their role, while also supporting wider inspection activity.
 - Contributing to discussions on the development of peer support sessions for inspection volunteers.
 - Providing feedback on the induction process, helping to identify areas for improvement for future cohorts.

		Q4 Year to Date 2025/26 (total number of days)
Participation activity – Adult volunteers	Completed regulated inspections	154
	Complaints	0
	Adults strategic	29.5
Participation activity - Young volunteers	Completed regulated inspections	6
	Strategic	20
Other participation activities	Wider organisational participation development work	114.5
Total number of days		324

- Reduced capacity within the Participation and Equalities team has continued to affect the days we can support volunteers.
- There has been a sustained decline in volunteering across Scotland since 2020.¹ This wider national trend is reflected in the reduced number of volunteers contributing their time to the Care Inspectorate. Following the Covid-19 pandemic, the landscape for volunteer engagement has also become more complex, with increased support needs and shifting expectations around how individuals wish to volunteer. Despite this decline, we have continued to maintain a high level of support, to ensure volunteers meaningfully support the Care Inspectorate’s everyday business.

¹ [The State of Scottish Volunteering, Volunteer Scotland, April 2025.](#)

- A new recruitment website has been launched in partnership with Move On to support the recruitment of young inspection volunteers.
- The structured shadowing process continues to support effective onboarding and ensure inspection volunteers gain the necessary knowledge and confidence for their roles.

Actions:

- Promote inspection volunteer recruitment via social media, targeting younger inspection volunteer audiences.
- Provide IT equipment to promote wider participation and digital inclusion for inspection volunteers. This will include the necessary training delivery on IT and digital platforms for volunteers.
- Monitor recruitment and retention, onboarding, and shadowing processes for volunteers.

3.0 IMPLICATIONS AND/OR DIRECT BENEFITS

In addition to the performance measures reported here, the following annual reports will be submitted separately to the Board:

- Annual health and safety report
- Annual reporting statement on compliance with information governance responsibilities
- Annual reporting on our progress against the public sector equality duty.
- Budget monitoring, billing of care providers, debt analysis
- Annual procurement performance

3.1 Resources

There are no additional resource implications arising from this report.

3.2 Sustainability

There are no direct sustainability implications arising from this report.

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

This report relates to the monitoring of performance against the Care Inspectorate Corporate Plan 2022-25. This evidences the performance of the organisation in delivering strategic outcomes and as such provides a level of assurance and protection for people who experience care.

3.4 Customers (Internal and/or External)

This report includes a number of measures of customer satisfaction.

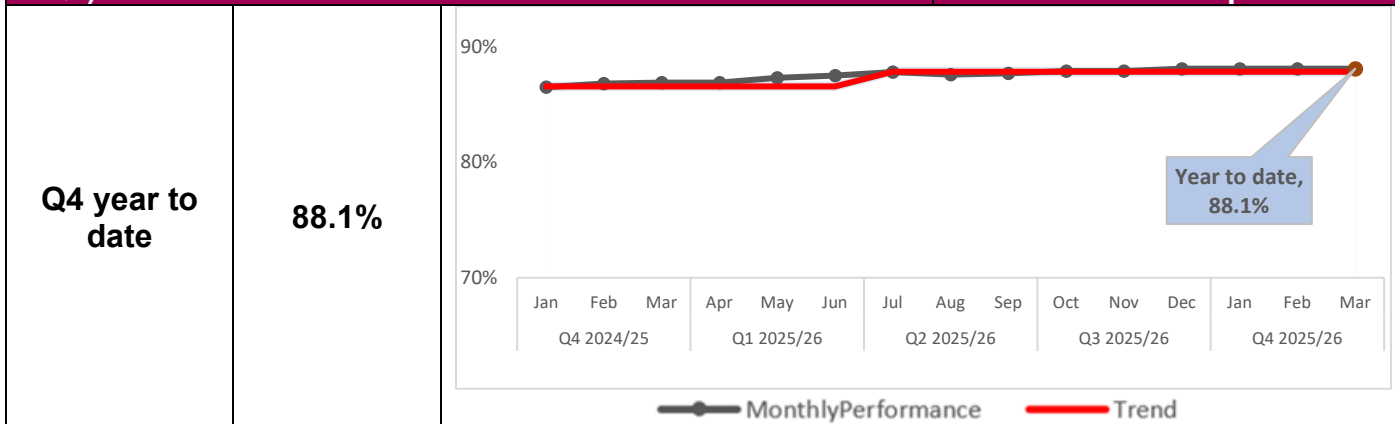
4.0 CONCLUSIONS/NEXT STEPS

The Board is invited to discuss and note the report.

Key Outcome Indicators (KOIs) and Scrutiny 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**



KPI/KOI links: KPI-2, KOI-3, KOI-4, KOI-5, KOI-6

Analysis:

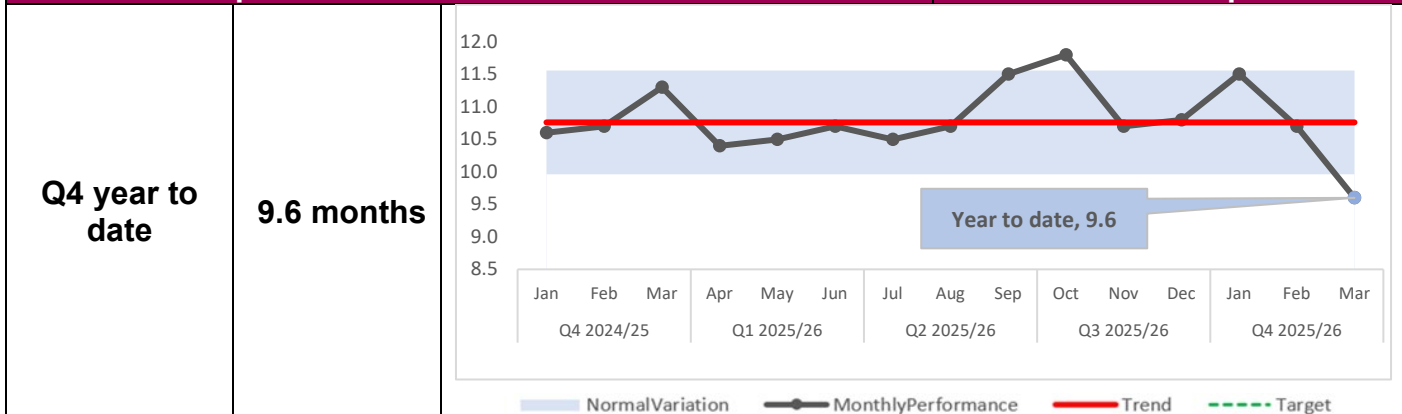
- At the end of Q4 2025/26, 88.1% of registered services were graded good or better across all KQs, an increase from 86.9% at Q4 2024/25 and 85.2% at Q4 2023/24.
- There is variation by type of service: adult daycare (94%), childminding (93%) and daycare of children (91%) are all statistically significantly above average, while care homes for older people (73%), care at home services (84%), fostering services (63%) and adoption services (62%) are statistically significantly below average.
- Compared to Q4 2024/25 grades for care homes for older people (+5 percentage points (pp)) and care homes for adults (+4pp) improved, while grades for fostering (-4pp) and adoption services (-3pp) declined.

Actions:

- Our focus this year was to carry out statutory and risk-based inspections and for Early Learning and Childcare services to carry out inspections based on risk, related to the information and data held.

KOI-2: % of services with good or better grades at first inspection following registration		Ex Dir. Assurance and Improvement
<p>Q4 year to date</p>	<p>73.7% (232 of 315 inspections)</p>	
<p><i>KPI/KOI links:</i></p>	<p>KOI-1</p>	
<p>Analysis:</p> <ul style="list-style-type: none"> Year-to-date performance remains positive: 73.7% of services received good or better grades at their first inspection after registration (Q4 last year: 71.2%). Between 01 April 2025 and 31 March 2026, 315 services received their first post-registration inspection, down from 431 during 2024/25. <p>Actions:</p> <ul style="list-style-type: none"> A dashboard is available to analyse and monitor grades at first post-registration inspections. We continue to prioritise first inspections for high-risk and low-quality services. We continue to take a pragmatic, proportionate approach to registrations, supporting local provision, particularly in rural areas, and positive outcomes for people experiencing care and connectedness with their communities. We continue to support services through registration, setting clear expectations against legislation, the Health and Social Care Standards and the quality frameworks used during inspection. 		

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



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

Analysis:

- Performance improved: the average time fell from 10.8 months at end of Q3 2025/26 to 9.6 months at the end of Q4 2025/26, which is below the range of expected variation.
- The number of services with grades of less than adequate fell from 124 at the end of Q3 2025/26 to 114 at the end of Q4 2025/26, and from 142 at the end of Q4 2024/25; the long-term trend is a decrease in services with grades of less than adequate.
- These services continue to represent a small and declining share of the sector: 1.1% of all non-cancelled services at the end of Q4 2025/26, down from 1.3% at the end of Q4 last year. This aligns with improving performance on KOI-1 (services graded good or better).
- At the end of Q4, 67% of these services had held the grades for less than the average of 9.6 months. Of the 114 services:
 - 33% (38 services) were equal to or above the average of 9.6 months.
 - 67% (76 services) were below the average of 9.6 months.
 - 46% (53 services) had the grades for less than 6 months.
 - 50% were early learning and childcare services, 32% were adult services and 18% were children and young people services.
 - 2 services were inactive services.
 - 2 services are the subject of ongoing enforcement action.
- In 2025/26 we prioritised statutory and risk-based inspections. For Early Learning and Childcare, we inspected based on risk, related to the information and data held. While this increases inspections of higher-quality services, we continued to target services most likely to receive lower grades.
- We will only increase grades once we are confident improvements will be sustained long term. As a result, this measure may improve slowly, particularly given ongoing financial and staffing pressures in the sector.

Actions:

- Continue to prioritise high-risk services (as evidenced by KPI-2), alongside statutory and frequency-based inspections and inspections related to the information and data held on services.
- Use the performance dashboard to provide scrutiny managers with clear oversight of services graded less than adequate.

KOI-4: % of services with expected grades or better		Ex Dir. Assurance and Improvement
Q4 year to date	98.4% (1,373 of 1,395 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 Q4 with 98.4% of services receiving expected grades or better. It is slightly lower compared to Q4 2024/25 when 98.9% of services received the 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 alongside statutory inspections and inspections related to the information and data held. 		
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

	Q4 Year to Date 2024/25	Q4 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
Inspections completed	4,407	4,773**	+8%
Serious concern letters issued	26	18	-31%
Improvement notice enforcements	33	21	-36%
Notice to cancel enforcements	2	3	*
Condition notice (incl. emergency condition notice)	3	2	*
Total complaints resolved (not inc. concerns logged as intelligence)	2,194	2,329	+6%
New registrations completed	522	551	+6%
Number of variations completed (not inc. typographical changes)	1,602	1,732	+8%

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

** final number of inspections completed in 2025/26 as at 20 May 2026.

Regulatory activity increased between April 2025 and March 2026 compared with the same period last year. We carried out 366 more inspections**, resolved 135 more complaints, and completed 29 more registrations and 130 more variations. The number of enforcement notices and letters of serious concern issued remained low during the year.

Our focus this year was on completing statutory and risk-based inspections. For Early Learning and Childcare services, we prioritised inspections based on risk, related to the information and data held.

In our most recent recruitment campaigns, we recruited 58 new inspectors, who took up posts during 2025/26. It typically takes 3–6 months to fully induct new inspectors and make them

inspection-ready. Some of the new inspectors have already led on inspections, while others are still at the stage of learning from other inspectors and supporting them at inspections, which means the full impact of the recruitment campaign will be more visible from 2026/27 onwards.

Strategic Inspections

	Q4 Year to Date 2024/25	Q4 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
Inspections completed (published)	15	7	-53%
Total staff survey responses received	5,950	2,371	-60%
Total people experiencing care engaged with	366	665	+82%
Total number of case files read	491	430	-12%
Number of serious incident reviews received	76	102	+34%
Learning reviews received (those that have proceeded to a learning review)	27	39	+44%
Learning review notifications received (notifications we have received that have not proceeded to a learning review)	52	46	-12%
Other review reports received	8	5	-38%

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 *.

The high volume of strategic inspections in 2024/25 was due to the additional Adult Support and Protection programme of inspections. This programme finished in July 2025, and consequently the number of inspections during 2025/26 fell compared with the previous year.

The number of staff survey responses and case files read also fell between 2024/25 and 2025/26. This was primarily due to additional scrutiny work during 2024/25, specifically: the adults' National Review of Social Work Governance thematic inspection, the Glasgow Children at Risk of Harm inspection and the Children's Care Experienced Young People Moving on thematic inspection. In 2025/26, we only supported one additional inspection outside of the original strategic scrutiny footprints, resulting in a corresponding reduction in the number of staff survey responses and case file read compared to the previous year.

The number of individuals receiving care that we engaged with increased from 2024/25 to 2025/26. The main reason for this was the remaining scrutiny activity supporting the Glasgow Children at Risk of Harm inspection, which began in Q4 2024/25, was completed in Q1 2025/26. As a significant proportion of on-site and engagement activity took place during Q1 2025/26, the total number of individuals receiving care who were engaged with was higher than in the previous year.

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
Q4 year to date	92.7% (2,278 of 2,458 services, from 45,645 responses in total)	
KPI/KOI links:	KOI-7	
Analysis: <ul style="list-style-type: none"> Up to the end of Q4, 92.7% of services had 90% or more respondents saying they were satisfied with the quality of care and support they receive. This represents a small increase in satisfaction compared with Q4 2024/25 (91.2%). Actions: <ul style="list-style-type: none"> We engage with people who use care services, their relatives and carers, and service staff in a range of ways, including through our feedback questionnaires (CSQs). From Q1 2026/27 our new eCSQs will be available for people who use services, relatives & carers, staff and other professionals. Paper CSQs are still available for housing support services and care homes for older people (service users), and we are reintroducing the paper CSQ for childminding services (parents). 		

Quality improvement and external communications summary year to date

	Q4 Year to Date 2024/25	Q4 Year to Date 2025/26	2025/26 vs 2024/25 year to date % change
External quality improvement events	73	79	+8%
Internal quality improvement events	8	26	+225%
Number of unique services engaged	88	92	+5%
Number of individuals engaged	3,509	4,543	+29%
Quality improvement consultancies	782	709	-9%
Website page views – Total	2,943,654 (from Q2)	4,087,991	N/A
Hub page views – Total	272,593	186,806	-31%

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

Quality improvement (QI) interventions are aligned to the Care Inspectorate's business operating model, and work on a risk-based approach. QI interventions are based on the principle of the right support, in the right place and at the right time. We align them with the key themes from our scrutiny work as well as broader issues identified across social care, including early learning and childcare. We continue to work with inspection and complaints colleagues to develop and deliver targeted QI programmes, such as the Care Home Improvement Programme (cohort 3 – Spring 2026), Stress and Distress programme and Early Learning and Childcare Improvement Programme. We have developed intensive QI interventions for the enforcement stage and work directly with large providers where serious issues are identified. We will continue to review our

recording mechanisms to ensure our reporting demonstrates not just volume but most importantly, the impact of quality improvement interventions (see also KPI-4).

Strategic outcome: Everyone’s rights are respected and realised

KOI-6: % services good or better for ‘How well do we support people’s wellbeing’		Ex Dir. Assurance and Improvement																																						
Q4 year to date	93.7%	<table border="1"> <caption>Monthly Performance Data for KOI-6</caption> <thead> <tr> <th>Quarter</th> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Q4 2024/25</td> <td>Jan</td> <td>92.8</td> </tr> <tr> <td>Feb</td> <td>92.8</td> </tr> <tr> <td>Mar</td> <td>92.8</td> </tr> <tr> <td rowspan="3">Q1 2025/26</td> <td>Apr</td> <td>92.8</td> </tr> <tr> <td>May</td> <td>92.8</td> </tr> <tr> <td>Jun</td> <td>92.8</td> </tr> <tr> <td rowspan="3">Q2 2025/26</td> <td>Jul</td> <td>92.8</td> </tr> <tr> <td>Aug</td> <td>92.8</td> </tr> <tr> <td>Sep</td> <td>92.8</td> </tr> <tr> <td rowspan="3">Q3 2025/26</td> <td>Oct</td> <td>92.8</td> </tr> <tr> <td>Nov</td> <td>92.8</td> </tr> <tr> <td>Dec</td> <td>92.8</td> </tr> <tr> <td rowspan="3">Q4 2025/26</td> <td>Jan</td> <td>92.8</td> </tr> <tr> <td>Feb</td> <td>92.8</td> </tr> <tr> <td>Mar</td> <td>93.7</td> </tr> </tbody> </table>	Quarter	Month	Performance (%)	Q4 2024/25	Jan	92.8	Feb	92.8	Mar	92.8	Q1 2025/26	Apr	92.8	May	92.8	Jun	92.8	Q2 2025/26	Jul	92.8	Aug	92.8	Sep	92.8	Q3 2025/26	Oct	92.8	Nov	92.8	Dec	92.8	Q4 2025/26	Jan	92.8	Feb	92.8	Mar	93.7
Quarter	Month	Performance (%)																																						
Q4 2024/25	Jan	92.8																																						
	Feb	92.8																																						
	Mar	92.8																																						
Q1 2025/26	Apr	92.8																																						
	May	92.8																																						
	Jun	92.8																																						
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	Dec	92.8																																						
Q4 2025/26	Jan	92.8																																						
	Feb	92.8																																						
	Mar	93.7																																						
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 Q1-Q3 2025/26 was sustained in Q4 2025/26. Similar to KOI-1, performance remains high. 93.7% of services were graded as good or better for ‘How well do we support people’s wellbeing’ at the end of Q4 2025/26 compared to 92.8% of services at the end of Q4 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. <p>N.B. A small calculation error was identified in this measure and the figures have been re-calculated for the whole of 2025/26. The overall trend as well as quarterly and year-end figures remain unchanged.</p>																																								

KOI-7: % of services with >90% of people telling us they make decisions about their own care		Ex Dir. Assurance and Improvement
Q4 year to date	88.0% (2,175 of 2,472 services, from 43,402 responses in total)	
KPI/KOI links: KOI-5		
Analysis: <ul style="list-style-type: none"> 88.0% of services had 90% or more respondents telling us they make decisions about their own care. The proportion of respondents who tell us that they make decisions about their care increased compared to Q4 2024/25 (83.4%). Actions: <ul style="list-style-type: none"> We have continued our work to develop questionnaires. See KOI-5 for further detail. 		

Technical Notes

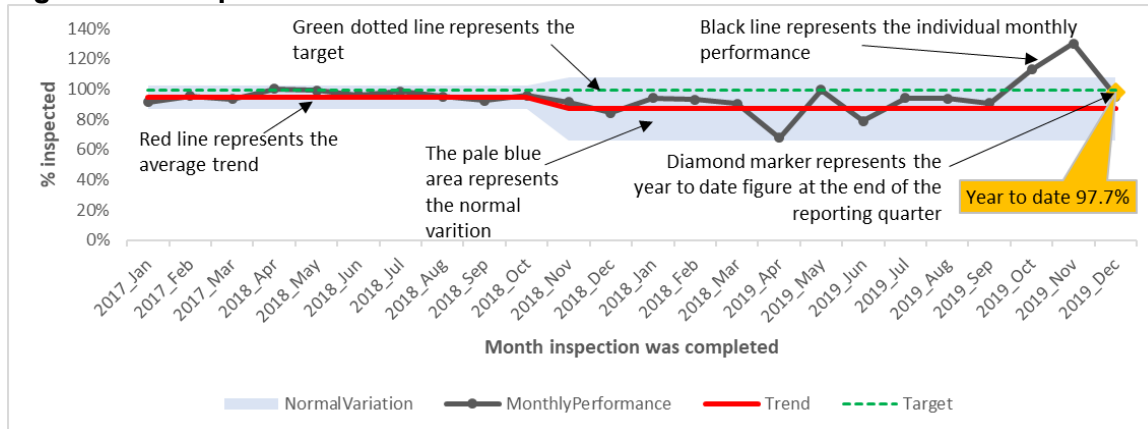
Data updates

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%.



Title:	KEY PERFORMANCE MEASURE TARGETS 2026/27
Author:	Ingrid Gilray, Intelligence and Analysis Manager
Responsible Director:	Gordon Mackie, Executive Director of Digital and Data
Appendices:	1. None
Consultation:	Head of Human Resources - KPI 9/10 Chief Inspector (Registration and Complaints) – KPI 4/5 Chief Inspectors Adults, Children and Young People, Early Learning and Childcare – KPI 2/3/7/11 Discussed and approved at the Strategic Management Group meeting held on 27 May 2026
Resource Implications:	No additional resources required.

EXECUTIVE SUMMARY
The Board approved the new five year corporate plan and associated performance measures in March 2026. This paper sets out the proposed targets for the new Key Performance Indicator (KPI) measures.
The Board is invited to:
1. Approve the proposed target for each KPI.

Links	Corporate Plan Outcome (Number/s)	All outcomes and Key areas	Risk Register (Yes/No)	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 checked="" type="checkbox"/> (One is planned or is already in progress)	No <input type="checkbox"/> Reason:

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

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.

KEY PERFORMANCE MEASURE TARGETS 2026/27

1.0 INTRODUCTION / BACKGROUND

Following Board approval of our corporate plan and associated performance measures in March 2026, this paper sets out proposed targets for each of the KPIs that we will report against from 1 April 2026.

Most KPIs will be measured from the start of 2026/27, and we have focussed on identifying targets for each of these KPIs. Where possible, we have used benchmarks, historic data and forecasting to establish likely performance over the year. We have aimed in most cases to set challenging but realistic targets. As previously highlighted to the Board, some KPIs are under development as we work towards measuring them during 2026/27, therefore no targets are proposed for these measures yet.

Most measures will be impacted in some way by the transition to our new digital platform later this year, and we have made allowances for that in the targets we have set.

The following table sets out the proposed targets and the timescales for implementation.

Proposed Targets for each KPI 2026/27

Ref Current New	Measure	Target	Rationale	timescale
KPI-1	% of people telling us that our scrutiny supports improvements in care	90%	No change. This is a long-standing target that remains challenging but achievable. Therefore no change proposed.	Immediate
KPI-2	% Statutory inspections completed	100%	Statutory inspections include the first inspection of care homes, care at home and secure accommodation services in a year. They are a priority in our approved inspection plan alongside high-risk services. There are several factors that will impact our inspection capacity this year. We are in the process of recruiting to a number of additional inspector posts, and our new inspectors take around six months before they are fully productive. Therefore, we will not have the full additional inspection capacity for at least a further year. In addition, we expect reduced inspection capacity as we implement our new digital platform.	Immediate

BOARD MEETING 4 JUNE 2026

**Agenda item 11
Report No: B-06-2026/27**

Ref Current New	Measure	Target	Rationale	timescale
			<p>Given these resource constraints, and the need to inspect higher risk services as well, then we expect this will be a challenging target to achieve.</p>	
KPI-3	% services outwith expected inspection frequency	<=40%	<p>This target was projected based on the inspection plan for 2026/27. For Adults and Children and Young People services then our focus this year is on completing statutory and high-risk services, and as a consequence it will take longer before we inspect other services. If all inspections on the inspection plan are completed during the year, then 40% of services will be outwith frequency at 31/3/2027.</p>	immediate
KPI-4	% registrations completed within agreed timescales (3 months for childminders, 6 months for other service types)	10%-point increase per year.	<p>Overall, we achieved these timescales in 38% of new registrations last year.</p> <p>Performance in 2025/26 was lower than in previous years, and was impacted by staffing issues including staff absences, and vacancies including in key management posts. All posts are now filled, and we anticipate higher levels of capacity and improved management oversight during 2026/27.</p> <p>Our commitment to support the development of the Stage 2 platform also impacted capacity during 2025/26, and we anticipate some short-term decrease in capacity as we transition to the platform followed by improvements to throughput during the second half of the year.</p> <p>As well as the above factors impacting our capacity, the volume of work undertaken by the registration function continues to increase. Over the last three years this includes a 22% increase in the volume of new registrations completed; a 9% increase in the volume of variations; an 11 % increase in the number of illegally operating services investigated. We anticipate these trends increasing.</p> <p>We aim to improve performance to 80% during the lifetime of the corporate plan. We propose to achieve this incrementally with an initial 10 percentage point increase during 2026/27.</p>	Immediate

BOARD MEETING 4 JUNE 2026

**Agenda item 11
Report No: B-06-2026/27**

Ref Current New	Measure	Target	Rationale	timescale
KPI-5	% of complaints about care investigated by the Care Inspectorate that were resolved within the relevant timescales (within 40 days)	80%	During 2025/26 we completed complaint investigations within 40 days in 69.1% of cases, down from 80.5% the previous year. During the year there were staffing issues that affected capacity, including long term sickness absence and staff vacancies. In addition, the team dedicated time to support the development of Stage 2 during 2025/26. The majority of vacancies have now been filled which will increase capacity during 2026/27. In addition, we expect that, although there may be reduced capacity for a period during the transition to the new Stage 2 platform, we will achieve efficiencies during the second half of the year once on the new platform. A target of 80% is stretching but achievable.	Immediate
KPI-6	% of assurance and improvement interventions, consultations that include direct input from people who experience care and their families.	To be confirmed	We will develop the means to measure this during 2026/27.	2027/28
KPI-7	% responses confirming CI staff take trauma informed approach.	80%	We continue to embed a compassionate trauma-informed and trauma-responsive approach. This measure is a composite measure based on nine questions in the inspection satisfaction questionnaire survey. Responses to all nine questions must be positive for the KPI to be met. From responses received during 2025/26, we met the KPI in 89% of all responses. Given this is a new measure and may be impacted by a higher number of new staff and the implementation of Stage 2, then we propose setting a realistic target of 80% for this first year.	Immediate

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Agenda item 11
Report No: B-06-2026/27

Ref Current New	Measure	Target	Rationale	timescale
KPI-8	Development of new care standards (due summer '26) Year 1: % of frameworks revised Year 2: % frameworks implemented	To be confirmed	We await the development of the new standards before we can plan our work to review the frameworks.	During 2026/27
KPI-9	% staff absence	<=6%	<p>Our sickness absence rate has been rising over time, from 4.8% in 2021/22 to 5.3% in 2024/25 and with a further rise to 6.4% in 2025/26.</p> <p>This reflects the post-pandemic experience of other public sector organisations in Scotland. For example, the most recent data published for local authorities (National Benchmarking Overview report 2024/25) shows a similar post-pandemic increase with an overall rate of 6.3% for non-teaching staff during 2024/25. Similarly, NHS Scotland reported an overall sickness absence rate of 6.4% for 2024/25.</p> <p>Scottish Government/Civil Service staff absence rates have tended to be lower, and the latest figures available show a sickness rate of just under 4% in 2024/25.</p> <p>We have taken account of the CIPD public sector average, which is around 5.8%, although they note this is based on a small number of organisations.</p> <p>Note that the benchmarking data above was only available for up to 2024/25. If other organisations have had a similar experience to the Care Inspectorate over the last 12 months, then this rate may now be considerably higher in comparable organisations, possibly closer to 7%.</p> <p>Given this we propose a target sickness absence rate of less than or equal to 6%.</p>	Immediate

BOARD MEETING 4 JUNE 2026

Agenda item 11
Report No: B-06-2026/27

Ref	Measure	Target	Rationale	timescale
Current New KPI-10	% staff turnover	<=10%	<p>No change.</p> <p>Turnover has remained below 10% since September 2023, reaching a low of 5.2% in June 2025. The rate has risen steadily since then rising to 8.6% at 31 March 2026.</p> <p>Although more staff tend to leave in March each year than any other month, the number of staff who left in March 2026 was the highest monthly number since April 2021. Note that, because this measure is calculated using a rolling average, then the turnover for the next 11 months will be high, even if the monthly rate is much reduced for the rest of the year.</p> <p>The latest published data for NHS Scotland shows a turnover rate of 6.9% for 2024/25.</p> <p>Our staff demographic profile, with an overall older workforce leading higher levels of retirement, is also worth noting.</p> <p>A turnover rate of less than or equal to 10% would enable the Care Inspectorate to continue to maintain a relatively stable workforce.</p>	Immediate
KPI-11	Time to write an inspection report: % draft reports sent within 15 working days	85%	<p>As we move to our new digital platform this year, we anticipate efficiencies including a reduction in report writing time. We will monitor the time it takes to send a draft inspection report following an inspection. We currently aim to do this within 15 working days. Taking an average over the last 3 years, we issued 78% of draft reports within this timescale. The trend has been improving over time, and in the last year we achieved this in 82% of draft reports sent. We propose to increase that to 85% this year.</p>	immediate
KPI-12	% services onboarded onto new system	To be confirmed	We enable and support service providers to securely access, update and share vital information.	2026/27

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

No additional resources required.

2.2 Sustainability

Not applicable.

2.3 Policy

Not applicable.

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

Our performance measures will help us monitor the delivery of our corporate plan objectives and key areas.

2.5 Customers (Internal and/or External)

Our performance measures and associated targets provide transparency and enable our Board, the public and other customers to hold us to account for our performance.

3.0 CONCLUSIONS/NEXT STEPS

Following approval by the Board we will implement these targets in our first report on our new set of performance measures, which will be presented to the next Board meeting.



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 at its meeting on 12 May 2026
	2.	Draft Minutes of Finance and Resources Committee of 12 May 2026
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 May 2026 and highlights those matters being referred to the Board for consideration and decision. A copy of the draft minutes of the meeting is attached at Appendix 2, which gives more details on the business conducted.

The Board is invited to:

- | | |
|----|--|
| 1. | Note the summary points outlined in Appendix 1 and the issues referred to the Board for discussion/decision. |
| 2. | Note the contents of the draft minutes of the Finance and Resources Committee meeting of 12 May 2026. |

Links	Corporate Plan Outcome (Number/s)	N/A	Risk Register (Yes/No)	No
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For Noting	X	For Discussion	X	For Assurance	X	For Decision	
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BOARD MEETING 4 JUNE 2026

**Agenda item 12
Report No: B-07-2026/27**

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 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: 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.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
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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.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

QUARTERLY UPDATE TO THE BOARD ON BUSINESS UNDERTAKEN BY THE FINANCE AND RESOURCES COMMITTEE

A meeting of the Finance and Resources Committee was held on 12 May 2026. The Convener wishes the Board to note the detailed discussions held on the undernoted items.

Key issues discussed at the meeting

- **Annual Report And Accounts And Financial Position Update**
The Committee received detailed information on the good progress being made in the preparation of the annual report and accounts and that the expected year-end position for 2025/26 is an underspend of approximately £75k. The Committee was also pleased to note improved debt management performance following earlier system migration issues, with a reduction in debt outstanding.
- **Staff Governance Framework – progress and timeline**
The Committee received an update from the Head of OWD on the development of the Staff Governance Framework. A prioritised delivery plan has now been agreed with the Strategic Management Group, with completion scheduled for quarter 3 of 2026/27. The Committee will be kept informed through quarterly updates as work progresses.
- **HR Annual Report**
The report covering HR activity during 2025/26 was discussed by the Committee, noting that future priorities had not been included at this stage, pending the arrival of the new Executive Director and further work arising from the independent review of the HR function.
- **HR Review – forthcoming action plan and Committee oversight**
The Committee will have oversight and monitor progress of the operational action plan aligned to the recommendations arising from the independent review of the HR function. It is planned for a focussed session to be held at the August committee meeting. The new Executive Director of Corporate Services will be in post by the time of that meeting and will have a key role in taking forward the action plan.
- **Disciplinary Policy**
The committee commented on the draft Disciplinary Policy and made suggestions to strengthen the presentation.
- **Outcomes And Learning From Appeals Sub-Committees**
The Committee received the first of the quarterly reporting on appeals sub-committees outcomes, presented in the template agreed by members. Some minor modifications will be made to the narrative accompanying the reporting template and it has been agreed that discussion on this item will be taken under Part B of the agenda at future meetings.
- **Informal Resolution – the role of the trade unions**
The committee received a presentation from the Joint Chair of the Partnership Forum on the role of the trade unions in informal resolution.

- **Update on Organisation Structure**

The Committee received an update from the Chief Executive on the organisational structure, one of the standing items of committee business, and received assurance that discussions with the recently appointed Chief Nursing Officer would be progressed at a meeting later that week. The Committee has requested feedback on outcomes from that meeting.

- **Risk Assurance**

The Committee agreed that there were no new risks identified as a result of the business conducted.

Issues referred for discussion/decision by the Board.

Draft Procurement Strategy April 2026 To March 2031

The Committee has considered the draft procurement strategy and recommends it to the Board for approval, noting that this features on the Board agenda under item 9.

Liaison with HR Colleagues in Healthcare Improvement Scotland

This action relates to establishing contact between our two organisations for the purposes of comparing sickness absence reporting processes. At the Committee meeting on 12 May, it was confirmed that initial and follow-up requests had been made to HIS by the Head of HR, however, no response had been received. The Committee agreed that the matter should be brought to the attention of the Board, as it had also been discussed at a previous Board meeting.

Co-option process for Standing Committees

The Committee reviewed the draft co-option process to be followed when co-opting a member on to one of its committees. The committee discussed potential amendments to strengthen the approach where recruitment does not result in a suitable candidate. The revised process is presented to the Board for comment and approval under item 12.1 of the Board agenda.

Code of Conduct for staff

The committee reviewed, and commented heavily, on the Code of Conduct. The revised code is presented to the Board for comment and approval.

Audrey Cowie, Convener

Fiona McKeand, Executive and Committee, and Corporate Support Manager



Title:	PROCESS FOR COMMITTEES TO ACCESS SPECIALIST SKILLS, EXPERIENCE AND KNOWLEDGE
Author:	Audrey Cowie, Convener, Finance and Resources Committee Kenny Dick, Head of Finance and Corporate Governance
Responsible Director:	Jackie Irvine, Chief Executive
Appendices:	1. Procedural document
Consultation:	- The Finance and Resources Committee and the Audit and Risk Committee
Resource Implications:	No

EXECUTIVE SUMMARY

The Care Inspectorate's Reservation of Powers and Scheme of Delegation permits the Audit and Risk Committee (ARC) and Finance and Resource Committee (FRC) to access specialist skills, knowledge and experience by either co-opting a person to the committee for a period not exceeding one year or by procuring independent specialist advice

Appendix 1 sets out the proposed process for Committees to access such specialist skills, experience and knowledge.

This document was presented to the FRC at its meeting on 12 May 2026, when the Committee agreed to recommend it to the Board for approval, with recommendations on how the process could be strengthened.

Similarly, the ARC discussed the proposal at its meeting on 14 May 2026 and was in agreement with the views of the FRC.

The Board is invited to:

- | | |
|----|---|
| 1. | To note the details of further advice provided to the FRC and the ARC contained within the post-meeting notes of the FRC draft minutes under item 12.0 of this Board meeting. |
| 2. | To discuss and approve the proposed process for co-opting to Committees of the Board. |

Links	Corporate Plan Outcome (Number/s)		Risk Register (Yes/No)	
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For Noting		For Discussion	X	For Assurance		For Decision	X
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BOARD MEETING 4 JUNE 2026

Agenda item 12.1
Report No: B-08-2026/27

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: There is no direct impact on people with protected characteristics.

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>

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 meeting.
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.
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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.

Process for Committees to Access Specialist Skills, Experience and Knowledge

Our Reservation of Powers and Scheme of Delegation (RoPSoD) permits the Audit and Risk Committee (ARC) and Finance and Resource Committee (FRC) to access specialist skills, knowledge and experience by either a) co-opting a person to the committee for a period not exceeding one year or b) procuring independent specialist advice (RoPSoD paras 5.4.1 and 6.5.1.)

This procedural document sets out the process for Committees to access such specialist skills, experience and knowledge.

A - Co-option

Where a committee agrees that co-opting an additional member to the committee to provide specialist skills, experience and knowledge would be of benefit, the process for engaging a co-opted member is as follows:

1. The committee convener prepares a report to Board requesting Board approval to seek the appointment of a co-opted member. If the need is urgent the Chair of the Board can approve subject to ratification at the next available Board meeting. (RoPSoD paras 2.4.2, and 3.5.3). The report to specify if the co-opted member is to be remunerated and if so the proposed daily / hourly rate. The proposed daily / hourly rate cannot exceed the rates paid to Board members. (RoPSoD para 3.5.3).
2. Once approved the co-option opportunity must be advertised in an open, fair and transparent manner with the advert clearly detailing the role descriptor, to include the specialist skills, knowledge and experience required and which elements are mandatory. The committee convener will approve the advert and the HR team will support the committee convener and will ensure the opportunity is appropriately advertised. All recruitment costs to be attributed to the HR recruitment budget.
3. Short-listing criteria must be transparent and safe recruitment arrangements made clear, to include PVG check and endorsement / reference from a trusted source.
4. Shortlisting and selection of candidates to be undertaken by the committee convener and at least one other member of the committee. The Head of HR will organise support for this process step.
5. Successful candidate to be sent a letter of appointment setting out terms and conditions, rate of remuneration, period of appointment (must not exceed one year) and role descriptor. The HR team will provide support for this process. Remuneration cost and reimbursement of expenses will be attributed to the Board members' cost centre.
6. Should the above steps (2 – 5) fail to attract an appropriate candidate with the required specialist skills, experience and knowledge, the Board should be consulted on next steps to include consideration of directly approaching an individual identified as having the required specialist skills, experience and knowledge. The Board must give approval for this approach.

B - Procurement

Where a committee agrees that procuring an organisation to provide specialist knowledge, experience and knowledge would be of benefit, the process is as follows:

1. The committee convener prepares a report to Board requesting Board approval to procure independent specialist advice. If the need is urgent the Chair of the Board can approve. (RoPSoD para 3.5.2). The report to specify the specialist knowledge, skills and experience required, the preferred procurement route and budgeted cost. The Procurement team will support the convener in the preparation of this report.
2. Once approved, one of the Care Inspectorate's approved procurement routes must be followed. Evaluation of competing bids will be undertaken by a panel consisting of the committee convener and at least one other member of the committee. The Procurement team will support this process step.
3. The Procurement team will undertake the process for appointing the successful bidder and communicating with unsuccessful bidders on behalf of the committee convener.



Title:	AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD		
Author:	Ronnie Johnson, Committee Convener		
Responsible Director:	Not Applicable		
Appendices:	1.	Quarterly Update to the Board on Business Undertaken by the Audit and Risk Committee	
	2.	Draft Minute of Audit and Risk Committee of 14 May 2026	
Consultation:	Not Applicable		
Resource Implications:	No		

EXECUTIVE SUMMARY	
The Board were to note the draft minute of the Audit and Risk Committee held on the 14 May 2026 and the Audit and Risk Committee’s Quarterly update to the Board.	
The Board is invited to:	
1.	Note the draft minute of the Audit and Risk Committee meeting held on 14 May 2026.
2.	Note the contents of the Audit and Risk Committee’s Quarterly update to the Board.

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

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: 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.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

**QUARTERLY UPDATE TO THE BOARD ON BUSINESS UNDERTAKEN BY THE
AUDIT AND RISK COMMITTEE**

A meeting of the Audit and Risk Committee was held on 14 May 2026.

Key issues discussed by the Committee:
<ul style="list-style-type: none"> • Good progress in implementation of recommendations and that the Staff Code of Conduct Policy would be presented to the Board at its meeting on 4 June and if approved would complete the implementation of the Fraud Prevention, Detection and Response recommendation contained in the Internal Audit Follow-Up Reviews • Positive assurance provided in the Internal Audit Annual Report 2025/26 • Approved the Revised Strategic Internal Audit Plan • Very positive report on Equality, Diversity and Inclusion and suggested opportunities be sought for external recognition • Supported rationale behind the slight delay in the go-live date in the Digital Delivery and Change update • Positive SIRO Annual Report • Good progress achieved in a challenging year for the team as outlined in the Annual Counter Fraud report • Congratulated team on achieving Gold Cyber Assurance Standard. • Some risks might need to be reframed following discussion at the forthcoming Board Annual Strategic Risk Register session. • Noted progress in Assurance Mapping and that 2nd line of defence assurance has been amended to reflect that it is no longer considered essential for the Executive Director of Corporate Services to be a fully qualified Accountant on the basis that appropriate finance qualifications and skills were available within the wider team.
Issues referred for discussion/decision by the Board
No items to be referred.

Ronnie Johnson
Convener



Title:	COMPLAINTS ABOUT THE CARE INSPECTORATE: ANNUAL EXTERNAL PERFORMANCE REPORT 2025/26
Author:	John Elliott, Manager for Complaints about the Care Inspectorate
Responsible Director:	Jackie Irvine, Chief Executive
Appendices:	1. Annual Complaints Performance Report 2025/26
Consultation:	Report presented to the Strategic Management Group (SMG) on 27 May 2026
Resource Implications:	No

EXECUTIVE SUMMARY

The Scottish Public Services Ombudsman requires all public bodies, including the Care Inspectorate, to publish an annual performance report.

This paper presents the annual External Performance Report on the work of the Complaints about the Care Inspectorate function for the period 1 April 2025 to 31 March 2026.

The purpose of the report is to share complaint handling data, including organisational learning prior to its publication on our website.

The Board is invited to:

- Note and make comment on the report before publication.

Links	Corporate Plan Outcome (Number/s)	4	Risk Register (Yes/No)	No
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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"/> (One is planned or is already in progress)	No <input checked="" type="checkbox"/> Reason: An EqlA is not required for this statistical report.

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 and no sensitive data is being processed as part of this statistical report.

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

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

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.



Annual Complaints Performance Report 2025/2026

Publication date: (to be added by Comms)

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Introduction

About the Care Inspectorate

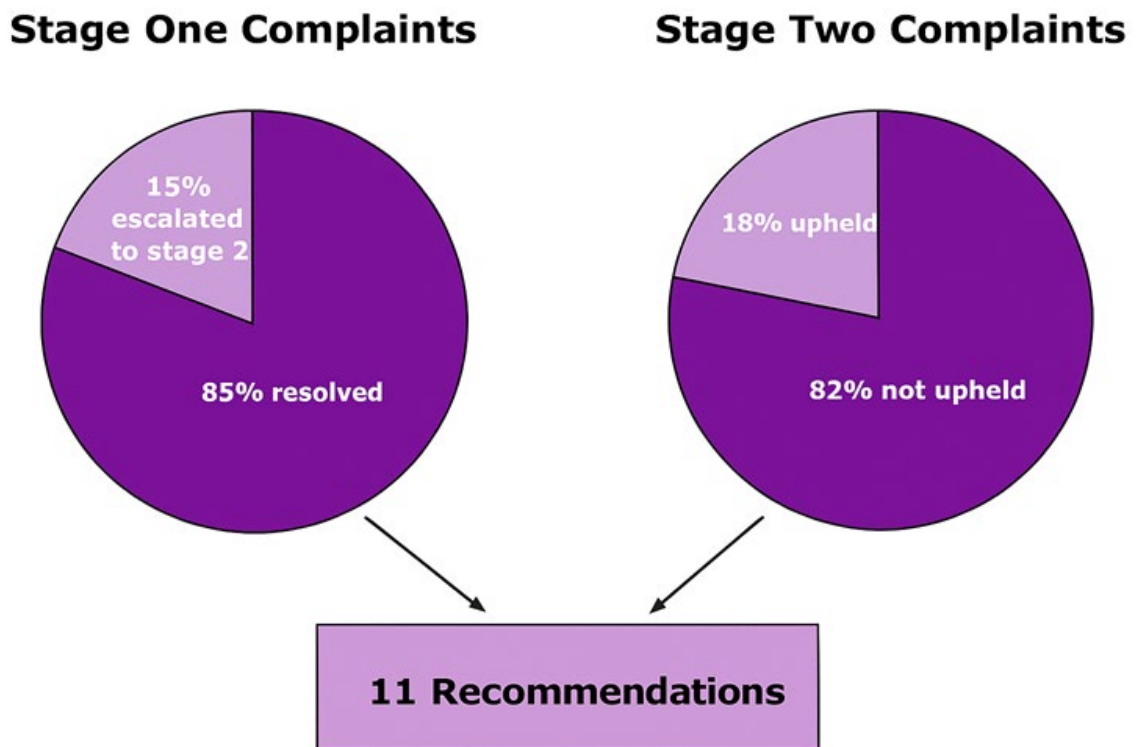
The Care Inspectorate regulates and inspects all registered social care services in Scotland. From childminders and early learning and childcare, to care homes for adults and older people, it's our job to make sure that people experience high-quality care.

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

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

Complaints about the Care Inspectorate

Key Findings/ Outcomes



The Key Findings provide a general overview of complaint handling outcomes. Full details and a detailed breakdown of the data are set out later in the report.

Complaint about the Care Inspectorate

The Care Inspectorate’s complaints policy and procedures reflect our commitment to valuing complaints as a source of information to improve how we work. Our approach is based on the Scottish Public Services Ombudsman’s (SPSO) Model Complaints Handling Procedure (MCHP). <https://www.spsso.org.uk/the-model-complaints-handling-procedures>

We monitor and report on our performance in handling complaints about the Care Inspectorate in line with the requirements of the SPSO. The consistent application and reporting of performance against SPSO Key Performance Indicators (KPIs) enables us to assess how effectively we are meeting the standards set out in the Model Complaints Handling Procedure (MCHP). We also use this information to compare, contrast, and benchmark our performance with other organisations, supporting shared learning and continuous improvement.

This report relates specifically to complaints about the work of the Care Inspectorate. Complaints about care services themselves are managed and reported separately.

Our reporting model aligns with the requirements of the SPSO’s MCHP and its associated KPIs. Under this framework, we, and other public bodies, are required to report against the following indicators:

Table 1

	SPSO Key Performance Indicators
SPSO KPI 1:	The total number of complaints received and managed at each stage of the complaints process.
SPSO KPI 2:	The number and percentage of complaints at each stage that were closed in full within the set timescales of 5 working days for stage1 and 20 working days for stage 2.
SPSO KPI 3:	The average time in working days for a full response to complaints at each stage.
SPSO KPI 4:	The outcome of complaints at each stage.

This year’s Complaints Annual Performance Report presents information about the way we have managed complaints about the Care Inspectorate between 1 April 2025 and 31 March 2026.

Part 1: Key Performance Indicators – Quantitative data

KPI 1 – Total of complaints received

Total number of complaints received	Value
Number of complaints that were received	142
Number of complaints that were managed at stage 1	47
Number of complaints were managed at stage 2	74
Complaints escalated from stage 1 to stage 2.	7
Number of complaints that were revoked	14

Commentary

The Care Inspectorate has seen an increase in complaints about our work over the past 12 months, the majority of which relate to the Assurance and Improvement work. Other national regulators, including the Care Quality Commission in England, the Welsh Care Inspectorate, and the SPSO, have also reported similar increases, suggesting that our figures reflect a broader sector-wide trend.

Recording practices have also changed over the past year. We have reviewed how dissatisfaction is recorded to ensure we take a more consistent approach when concerns are raised within correspondence, particularly where the complaint is not the primary reason for contact. This change in approach has contributed to an increase in the number of complaints recorded, including those that were later revoked.

KPI 2 - Complaint handling timescales

Number and % of complaints at each stage that were closed in full within the set timescales of 5 and 20 working days	Value	Value (%)
Number and % of stage 1 complaints closed in full within 5 working days.	34	72%
Number and % of stage 2 complaints closed in full within 20 working days.	59	80%
Number and % of complaints closed in full after escalation within 20 working days.	6	86%

Commentary

All complaints received were acknowledged within three working days. There were 47 Stage 1 complaints, 34 were resolved within the five working days.

There were 74 Stage 2 complaints, of which 59 were completed within the 20 working days.

Reasons for delays were a combination of staff availability, including annual leave, and complainant availability at different stages of the complaints process.

The data on complaint handling is positive, and the overall process is effective. While KPIs are important in guiding system improvements, delays do not indicate a failing. It is essential that we maintain a person-centred approach when managing complaints, particularly where interactions involve sensitive and complex issues.

KPI 3 - Time in working days for a full response

Average time in working days for a full response to complaints at each stage	Average
Average time in working days for a full response to complaints at stage 1	6 days
Average time in working days for a full response to complaints at stage 2	19 days
Average time in working days for a full response to complaints escalating from stage 1 to stage 2	15 days

Commentary

The average time taken to conclude complaints was positive and broadly in line with SPSO timescales.

KP4 – Outcomes at each stage

Outcome of complaints at Stage 1	Value	Value (%)
What % of complaints closed at stage 1 were upheld.	0	0%
What % of complaints closed at stage 1 were partially upheld.	0	0%
What % of complaints closed at stage 1 were not upheld.	0	0%
What % of complaints closed at stage 1 were resolved.	40	85%
Escalated to Stage 2	7	15%
Total	47	100%

Outcome of complaints at stage 2	Value	Value (%)
What % of complaints closed at stage 2 were upheld.	13	18%
What % of complaints closed at stage 2 were partially upheld.	0	0%
What % of complaints closed at stage 2 were not upheld.	61	82%
What % of complaints closed at stage 2 were resolved.	0	0%
Total	74	100%

Outcome of complaints after escalation from stage 1 to stage 2	Value	Value (%)
What % of complaints closed after escalation were upheld.	0	0%
What % of complaints closed after escalation were partially upheld.	0	0%
What % of complaints closed after escalation were not upheld.	7	100%
What % of complaints closed after escalation were resolved.	0	0%
Total	7	100%

Commentary

A range of factors contribute to dissatisfaction with our work and influence fluctuations in where complaints are directed. These include media focus on a provider, the complexity and volume of decision-making, funding pressures, and increasing demands on both the public and service providers. These influences are reflected in the distribution of complaints, the majority of which relate to the Assurance and Improvement Directorate.

Forty of the 47 Stage 1 complaints (85%) were resolved at this stage, demonstrating that most expressions of dissatisfaction were addressed promptly at source and to the satisfaction of those raising concerns. The remaining seven complaints (15%) progressed to Stage 2.

Of the 74 Stage 2 complaint investigations, 61 were not upheld and 13 were upheld. The investigation process is clearly set out in outcome letters, including the evidence considered and the rationale for the decisions reached.

Part 2: Learning from complaints

Complaint Themes

Complaint themes	<ul style="list-style-type: none"> - Scrutiny decisions - Scrutiny outcomes - Communication - Clarity or rationale for decisions - Delays in progressing work - Application or interpretation of external guidance
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A range of factors contribute to dissatisfaction with our work and influence fluctuations in where complaints are directed. These include media scrutiny, the complexity and volume of decision-making, funding pressures, and increasing demands on both the public and service providers. These influences are reflected in the distribution of complaints, the majority of which continue to relate to the Assurance and Improvement Directorate.

The quality of communication is a key feature in many complaints. This includes dissatisfaction with how decisions are communicated, concerns about a lack of communication, and the extent to which the Care Inspectorate provides a clear and sensitive rationale for its decisions. This has placed a stronger emphasis on trauma-informed and person-centred approaches across all interactions.

The Care Inspectorate is committed to high-quality communication and continuous improvement in this area, as it aligns with our core values and the standards set by our organisation.

Learning

Findings from complaint investigations inform key learning themes at both individual and organisational levels. The Care Inspectorate is committed to identifying learning and supporting staff and organisational development in all complaints, whether upheld or not.

Learning themes	<ul style="list-style-type: none"> - Consistency in recording a rationale for decisions - Consistency in communicating decisions - Knowledge gaps - Consistency in trauma informed communication - Guidance updates to support consistent practice
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Communication remains the most significant area for learning for the organisation. Where learning is identified at an individual level, it is typically addressed through additional training or reflective practice taken forward within supervision.

At an organisational level, updating internal practice guidance supports greater consistency and helps reinforce clear expectations for practice.

We have also seen an increase in complaints submitted using AI-generated content. This can present resource challenges, as submissions may be lengthy and make it more difficult to clearly identify the specific areas of dissatisfaction. This is an emerging issue being experienced across a range of regulators. In response, the Care Inspectorate has provided information on our website to potential complainants on the use of AI in complaint submissions.

Recommendations

During 2025/26, investigations into complaints about the Care Inspectorate resulted in 11 improvement recommendations. These related to staff support and development, including additional training, reflective supervision, and enhanced quality assurance. We also recommended that internal and external guidance be reviewed in light of our findings.

This approach to learning and improvement underpins our work and is central to the culture of the Complaints function.

Going Forward

A focus on learning and continuous improvement underpins the work of the Complaints function. As a regulator, we have a responsibility to report on care quality and support improvement in Scotland. This often requires us to engage in challenging situations and communicate difficult messages. This can lead to expressions of dissatisfaction about our work.

We also have a duty to deliver our work to a high standard, demonstrating professionalism and upholding our core values. We recognise that we will not always get it right. In such instances, we will acknowledge this, apologise, and take steps to put matters right.



Title:	STAFF OF CODE OF CONDUCT
Author:	Lucy Finn, Head of Human Resources
Responsible Director:	Edith MacIntosh, Executive Director of Assurance and Improvement
Appendices:	1. Staff Code of Conduct
	2. Staff Code of Conduct Consultation Log
Consultation:	As outlined in the consultation log – policy review group, Strategic Management Group (SMT), Partnership Forum and Finance and Resources Committee
Resource Implications:	No

EXECUTIVE SUMMARY
The Staff Code of Conduct is submitted to the Board for review and approval.
The Board is invited to:
1. Approve the Code of Conduct

Links	Corporate Plan Outcome (Number/s)	4	Risk Register (Yes/No)	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: Covered under general EQIA for people policies

BOARD MEETING 4 JUNE 2026

Agenda item 17
Report No: B-11-2026/27

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: Covered under general DPIA for people policies and handling of HR data

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.
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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.

STAFF CODE OF CONDUCT**1.0 INTRODUCTION / BACKGROUND**

Our code of conduct creates a positive and respectful work environment. It establishes clear expectations for employee behaviour, interactions and professional relationships, promoting mutual respect and professionalism, in line with our values. The code of conduct links to our other policies to ensure compliance. It is principles-based and focusses on culture and values, with our policies covering specific procedures.

1.1 Consultation

The Staff Code of Conduct was reviewed by Partnership Forum (PF) in October 2025 and relevant changes incorporated. In January 2026, the SMG approved the code, and PF formally ratified this in March 2026.

As per policy approval arrangements, the Finance and Resources Committee has reviewed the Code prior to it now being presented to the Board for approval.

All comments during consultation are recorded on the consultation log with details of whether these have been accepted and where changes have been made.

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

There are no additional resource implications as a result of this report. Policy review work is undertaken as part of the regular workplan of the Human Resources function.

2.2 Sustainability

This report is for information only and there are no sustainability issues

2.3 Policy

There are no direct policy implications in relation to this report.

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

The Code of Conduct is part of our commitment to support Corporate Plan Outcome 4: Our People are skilled, confident and well supported to carry out their roles.

Having a clear, up to date code ensures our employees and managers are well supported and equipped to deliver their roles and can deliver a high-quality service which will in turn improve the provision of care.

2.5 Customers (Internal and/or External)

This report is for information only and there are no direct customer issues or benefits because of it, however, engaging with the Policy Review Group, the SMG and Partnership Forum as part of the policy review and approval process ensures that we receive relevant customer feedback which informs and improves this work.

3.0 CONCLUSIONS/NEXT STEPS

Once approved, Human Resources will engage with Internal Communications to publish the Code and ensure that employees are aware of the update.

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1. Introduction

1.1 What is a code of conduct and why is it important

A code of conduct creates a positive and respectful work environment. It establishes clear expectations for employee behaviour, interactions and professional relationships, promoting mutual respect and professionalism, in line with our values. The code of conduct links to our other policies to ensure compliance, it is principles based and focusses on culture and values, with our policies covering specific procedures.

We expect the highest standards of integrity and conduct from our employees. The Code of Conduct sets out the expectations for our behaviour and conduct in the workplace. It is designed to help all employees to achieve and maintain standards of conduct and to encourage and support our employees to improve as appropriate.

Excellent conduct and high standards of behaviour are essential to ensure we have a confident and competent workforce that are equipped to help us to achieve the strategic objectives set out in our Strategic Plan and statutory objectives.

This code supports fair and consistent treatment of all employees while promoting the standards of conduct expected and allowing us to be experienced both internally and externally as working with professionalism and integrity.

1.2 Scope

The code applies to all temporary and permanent Care Inspectorate employees, including volunteers. While there are different arrangements for workers seconded to the Care Inspectorate, and for locums and agency workers, we will always expect the highest standards of behaviour and conduct in line with our own code of conduct. Advice is available from the Human Resources team at: humanresources@careinspectorate.gov.scot

Our Board Members are appointed by Scottish Ministers. They are also bound by the Scottish Government's terms and conditions of appointment and the Care Inspectorate Board Members Code of Conduct.

In addition, our employees in scrutiny and assurance roles must comply with certain standards of professional conduct and practice. These standards are set out within the Scottish Social Services Council Code of Practice. Employees registered with other professional bodies are also required to adhere to these organisation's codes of conduct.

1.3 Behavioural Expectations

RELATIONSHIPS

Conduct towards colleagues

Employees should respect each other, behaving in an appropriate manner and in accordance with the principles of our policies on Equality and Diversity and Dignity at Work. Inappropriate behaviour towards colleagues eg behaviour which constitutes bullying or harassment is not acceptable in the workplace and will not be tolerated.

Board Members

Our employees and board members should treat each other with courtesy and respect and work compatibly together to achieve our aims and objectives. Employees are responsible for ensuring that they provide positive support and assistance to board members through the course of their work.

Contractors, sub-contracts and suppliers

All employees must ensure that any dealings with contractors, sub-contractors or suppliers are fair and impartial and that our procurement rules are in place.

1.4 Legislation

To make sure that we are compliant with employment laws and legislation, we have listed below the legislation that links across to our code of conduct.

- Equality Act 2010.
- Health and Safety at Work Act 1974.
- The Management of Health and Safety at Work Regulations 1999 (this document clarifies and is more explicit in what employers are required to do to manage health and safety under the Health and Safety at Work Act).
- Human Rights Act 1998.
- Data Protection Act 2018.
- Working Time Directive 1998.
- Care Inspectorate Data Protection Policy 2023
- General Data Protection Regulation (2016/679 EU)
- European Convention on Human Rights (ECHR) as applied by the Human Rights Act 1998, specifically:
 - Article 8 – right to respect private and family life.
 - Article 9 – freedom of thought, conscience and religion.
 - Article 10 – freedom of expression.

1.5 Data protection

When dealing with issues under the Code of Conduct, we will process personal data collected in accordance with our data protection policy. In particular we record only the personal information required and keep the information only for as long as necessary.

1.6 Monitoring and review

Human Resources, the Partnership Forum and Strategic Management Group are responsible for monitoring this code. The code will be reviewed on a three-yearly basis or earlier if legislation changes.

Minor amendments will be recorded in the change log with updates made to version control. Consultation will be held through the policy review group and the strategic management group for any significant changes required.

2. Principles

2.1 Code specific

This Code of Conduct provides guidance to employees on how to ensure that actions and behaviours are consistent with our values. This Code of Conduct should be read in conjunction with other professional codes of conduct, where applicable.

In operating this code, the following principles will be followed:

- we expect our employees to follow our Code of Conduct at all times as well as any standard of conduct governed by their professional body (where relevant)
- we expect our employees to make sure they understand our Code of Conduct and how it relates to their work. Employees are encouraged to seek further advice from their line manager, Human Resources or staff side trade union representative, if they are unclear on any aspect of this code
- we will encourage and support employees to maintain standards of conduct even where this means having a difficult and direct conversation. We will deal with matters confidentially, consistently and promptly
- we are committed to valuing diversity and improving opportunity for all
- we respect the confidentiality of personal and corporate information
- we comply with laws, regulations and avoid conflicts of interest
- we reject bribery and corruption and avoid being compromised by gifts
- we support those who have any suspicions of any misconduct, malpractice, illegal or unethical behaviour and report their concerns in confidence to the appropriate channels
- we are committed to deterring all intentional breaches and abuses of our financial systems and procedures. In all cases where it is in the public interest, we will instigate investigations in pursuit of criminal or civil action in collaboration with the police as appropriate. Any cases where prosecutions are successful will be published to act as a further fraud and corruption deterrent
- employees should be aware that failure to comply with the Code of Conduct may be a disciplinary matter
- we will comply with the relevant ACAS Code of Practice
- where unsatisfactory conduct is found to be a result of ill health, or poor performance from a lack of ability, skill and/or experience then this can also be dealt with through our other policies eg Maximising Attendance Policy, Capability Policy.
- all employees will be treated fairly and consistently under this code and in particular if any employee requires specific support and assistance due to them having a protected characteristic under the Equality Act 2010 they will be accommodated appropriately.

2.2 Values

When applying this code, we expect our staff and our managers to treat each other with dignity and respect by acting in accordance with our organisational values.

Our values support our vision and shape our culture and are reflected in everything that we do, including our working practices.

- **Person-centred:** we put people, empathy, compassion and kindness at the heart of everything we do.
- **Equity:** we embrace diversity and nurture an inclusive environment where everyone is supported to achieve equal outcomes.

- **Integrity:** we act impartially, fairly and consistently, upholding transparency and accountability in all our actions.
- **Respect:** we value everyone's dignity and are respectful in everything we do.
- **Impact:** we focus on making a positive impact for everyone experiencing care in Scotland whilst ensuring our work delivers the best value to the public.

3. Roles and responsibilities

3.1 Board

People management policies which include any of the following are reserved for the Board:

- associated additional costs that are not contained within the current budget
- any proposed fundamental change to terms and conditions of employment
- where the Board has a clearly defined role to play.

The Board is responsible for:

- making sure the structure of the organisation is fit for purpose to deliver objectives
- making sure that the application of this code does not breach any statutory requirement placed upon the Care Inspectorate
- making sure that the Chief Executive and SMG have in place appropriate and up to date policies and procedures for the effective management of employees
- making sure those policies and procedures are applied fairly and in accordance with the law.

3.2 Strategic Management Group (SMG)

The SMG are responsible for:

- the approval of this code
- overall responsibility for the implementation of the code and to create a culture in which all employees can flourish through interesting and rewarding work
- delegating responsibilities related to the code to line managers
- making sure that employees are treated consistently and fairly, with no pre-judging of any request, being mindful of the needs of the organisation as well as that of the individual.
- making sure that managers and employees receive appropriate development, support and training to implement the code appropriately
- making sure that the application of this code and procedure does not breach any statutory requirement placed upon the Care Inspectorate
- ensuring that changes to people management policies not retained for the specific approval of the Board are reported to the Board on a quarterly basis for endorsement.

3.3 Line manager

The line manager is responsible for:

- acting in a fair and consistent way, being open and honest
- dealing with issues kindly, sensitively and showing compassion

- respecting confidentiality and only sharing information, as appropriate, with relevant postholders
- considering our responsibilities under the Equality Act (2010) and, where appropriate, make reasonable adjustments for any individual who may have a disability or other protected characteristic
- considering any health impact and considering supports such as occupational health.

3.4 Employee rights and responsibilities

3.4.1 Rights

We expect the highest standards of integrity and conduct from all employees. All employees have a right to:

- work free from harassment or intimidation regardless of disability, sexual orientation, sex, race, religion or belief, marriage and civil partnership, pregnancy and maternity, gender reassignment or age
- be spoken to politely and be treated with respect
- be treated fairly and courteously by colleagues and those outside the organisation
- be treated fairly in recruitment, training and promotion
- be listened to and have their point of view considered
- a private life and commitments outside of work respected
- speak out if felt to be a victim of bullying, harassment or intimidation and have this complaint taken seriously and properly investigated.

3.4.2 Responsibilities

All employees are responsible for:

- ensuring their behaviour (at work or outside of work) and appearance at work or whilst representing the Care Inspectorate, does not reflect negatively or impact on us in a way that would bring our reputation into disrepute or cause a loss of public confidence in our work
- acting professionally in dealings with colleagues and all external stakeholders– treating everyone with fairness, courtesy and sensitivity to their needs and situation
- learning from any mistakes
- taking responsibility for personal learning and development and support the learning and development of colleagues
- not discriminating unlawfully, for example, in making decisions
- not putting pressure on others to discriminate unlawfully
- taking action if made aware of or are witness to any improper conduct, including any act of harassment or discrimination
- not be under the influence of alcohol or illegal drugs whilst working
- not deceiving or knowingly misleading others, including the public, other employees, the Strategic Management Group, the Board, Ministers or Scottish Government
- ensuring that our resources are used in the most appropriate manner as befits public money
- recognising that they are representatives of our organisation and as such their appearance reflects our culture and external image, contributing to an overall impression of the organisation. It is expected that all employees will use a common sense approach and ensure they are dressed in a smart and professional manner appropriate to the setting/audience. If an employee's personal appearance is not considered to be of an appropriate standard the line manager will speak to the

employee concerned to discuss their concerns sensitively and in private. If appropriate, the manager will advise the employee of the impact this has on other colleagues or on our image both internally and externally. If there are circumstances that make it difficult for employees to follow our dress code, for health reasons for example, they should discuss with their line manager to identify any support that we can provide.

3.5 Human resources responsibilities

Human Resources are responsible for:

- updating this code in line with the agreed schedule, or as changes occur, to comply with employment and other pertinent legislation, best practice and the Care Inspectorate people strategy
- developing this code collaboratively to meet legal and business requirements
- developing template letters, forms and guidance if required
- making sure the process is followed in line with the code
- reminding employees and managers of their responsibilities under the code, if required
- monitoring use of the code and reporting any non-compliance to Heads of Department/Directors.

3.6 Partnership forum responsibilities

- Following approval by the Executive Team and Strategic Management Group, the Partnership Forum will ratify the code. Ratification by the Partnership Forum confirms the code's approval and authorises its official implementation

3.7 All parties' responsibilities

- Must treat any information communicated to them in connection with any issues raised under the Code of Conduct as confidential. Involvement and awareness of the cases being dealt with under this procedure will be restricted appropriately.

4. Code of Conduct procedure

4.1 When to use this procedure

This procedure is designed to protect the Care Inspectorate, managers, employees and casual workers. It is not possible to provide an exhaustive list of examples of when to use this procedure, but some examples are detailed below.

4.1.1 Confidentiality

Every employee, whether permanent or temporary, is required to respect the confidentiality of information which comes into their possession during the course of their employment. The general duty of confidentiality is expected of employees both within and outwith their working environment. If an employee has any doubt about disclosing information to a third party, they must refer the matter to their manager for guidance. The unauthorised disclosure of confidential information will be viewed as a serious breach of this code and may be treated as a disciplinary offence.

We register with the Information Commissioner Office (ICO) and have a legal duty to

protect data we hold. This means we will process the data we hold lawfully and securely. We hold this information to help us carry out our responsibilities. Under General Data Protection Regulation (GDPR) this is called carrying out a public task. We will retain information for as long as we consider necessary to support our statutory functions and to satisfy any legal, accounting, or reporting requirements. At the end of this period the information will be deleted or destroyed in line with our retention schedule.

Private information relating to an employee

Private information concerning any employee will not be supplied to any person outwith the service of the Care Inspectorate unless the employee's consent has been obtained first. This will not apply where there is a statutory duty to provide information, or if required to do so by a Court order or warrant.

Contact with the media

When writing or speaking publicly (either via the internet, in a formal speech or informally at a meeting) all employees should be aware that they are representing the Care Inspectorate. Even where there is an understanding that only personal opinions are being expressed, employees should err on the side of caution and refrain from passing comment on any aspect of the Care Inspectorate's work, which could bring our reputation into disrepute. Speeches or articles, which relate to our work, should be cleared with the Head of Corporate Policy and Communication before entering the public domain.

Employees should not make direct contact with the media or respond to media enquiries unless it has been agreed in advance that they should do so. All media enquiries should be directed to the Head of Corporate Policy and Communication in the first instance.

Digital security

We use a large amount of information to operate effectively, and the majority of this information is in digital format and held in IT systems. It is essential that this information is managed effectively so that it remains secure, accessible to authorised users and its integrity is protected. Our IT team sets standards outlining the way digital information and IT systems should be managed and operated to ensure we comply with its obligations in relation to IT security.

All employees are responsible for following our IT security standards and for keeping any equipment issued to them safe as well as taking all reasonable steps possible to prevent its theft or damage. On leaving the Care Inspectorate, employees must return all items to our digital team.

4.2 Conflict of interest

The Scottish public has a high expectation of public bodies and the way in which they should conduct themselves in undertaking their duties. All employees must meet those expectations by ensuring that their conduct is above reproach.

During employment, all employees must ensure that the best interests of the Care Inspectorate are considered at all times and that they are mindful not to allow any private interests to influence their decision making. It is the responsibility of individual employees to judge whether an interest is sufficiently relevant to require declaration and employees are advised to err on the side of caution. Should there be any doubt as to whether an interest should be declared, employees should liaise with their line manager in the first instance.

4.2.1 Declaring interest

It is important that the public can have confidence that decisions made by the Care Inspectorate are not influenced by personal interests. All employees are required to declare interests which could be in conflict or be perceived by the public to be in conflict, with their duties as a Care Inspectorate employee.

Employees must not allow any private interests to influence the decisions they make in relation to work or use their position to further their own interests or the interests of others who do not have a right to benefit under our policies. Employees must declare any private interests which a stakeholder or member of the public might reasonably believe could influence their judgement in their role with the Care Inspectorate. Any interest in our work that an employee has, or a close family member or member of their household has, must be declared to their line manager.

Employees should report a potential conflict of interest immediately to their manager to discuss whether it requires completion of the Conflict of Interest Declaration (COID) form – see appendix 1. If the manager determines that there is no conflict of interest the COID form does not need to be completed but the manager must make a note of this for the employee's file and pass to HR.

If the manager determines that there is a conflict then the employee must complete the COID form. It is the employee's manager who is responsible for the decision about whether the conflict of interest requires action considering each in its own right.

All employees will be issued with a COID form annually and these should be completed and returned to HR, even where there is a nil return.

Managing declarations

The manager must send the completed COID form to HR where it will be stored securely to ensure confidentiality. If our Professional Standards and Practice team need to see the form they can access it if there is a relevant reason, for example if questions arise or complaints are made in the future. The COID form provides evidence that the potential conflict of interest was identified and considered and provides a record of the outcomes/decisions made following this declaration.

Any decisions relating to the declaration, including any controls to manage risk must be recorded on the form. Consideration must be given to whether or not any interested party (e.g. service provider) should be informed of the concern and decision.

It is the responsibility of the employee when the potential conflict arises to ensure the declaration is shared or revisited if there are any changes to management arrangements. It is important to acknowledge that risk does not always stay at the same level and is often situational.

4.2.2 Secondary employment

We will normally allow employees to undertake alternative, additional paid employment or work of a voluntary nature unless there is a clear conflict of interest or it is likely to have a negative effect on their work for us. The exception to this is where the Care Inspectorate is, or could be, involved and/or where the work in any way affects our interests as an organisation.

If any employee wishes to carry out other paid employment while working for us then they must let their line manager know first and then advise the Head of Human Resources for

formal approval. This is intended to protect employees and to ensure that a consistent approach is taken across the organisation and appropriate advice is given in relation to the Working Time Regulations. Only when written approval from HR is obtained, can employees be involved in any other paid employment.

4.2.3 Commercial interests

All employees must be fair and impartial in their dealings with contractors, sub-contractors and suppliers. They must notify the Chief Executive in writing if it comes to their knowledge that the Care Inspectorate has entered, or is about to enter into, a contract in which they have a personal financial interest either directly or indirectly.

4.2.4 Lectures, broadcasts etc.

The Care Inspectorate will normally allow reasonable time off during working hours for employees to accept invitations to give lectures appropriate to their professional/occupational standing providing prior approval is obtained from their line manager.

Any fees received for activities of this nature carried out within normal working hours, excluding out of pocket expenses, will be paid to the Care Inspectorate, unless time off is set against the employee's annual leave entitlement.

Fees may be retained by the employee for any work of this nature which is carried out in the employee's own time. Where an employee regularly carries out such activities in their own time, they must keep their line manager informed in order that they can be satisfied that these activities are not likely to have a detrimental effect on the employee's ability to work effectively for the Care Inspectorate.

4.2.5 Other conflicts of interest which must be declared:

- before engaging in any political activity all employees must first obtain written permission from their line manager. Senior Managers within the Care Inspectorate are bound by their contract of employment to obtain consent from the Chief Executive before engaging in any political activity. Public resources must not be used for party political purposes and employees cannot carry out any political activity, including social media activity, which could call into question their political impartiality.
- employees must discuss their intentions with their line manager to jointly determine if there are any implications for their role with the Care Inspectorate or for the organisation itself
- if any employee is a member of a club/organisation, private or otherwise, or work with a voluntary group which might result in a conflict of interest with any aspect of their employment with the Care Inspectorate, then this must be declared
- any personal relationship with another employee, or potential employee, where either party are asked to participate in a decision-making process (e.g. recruitment, discipline, control of resources etc) which affects the other person.

4.3 Fraud, bribery and corruption

Definitions of fraud, bribery and corruption can be found in the Counter-Fraud, Bribery and Corruption Framework.

We are committed to preventing any acts of fraud, bribery or corruption involving or affecting the organisation and will co-operate fully with any legal investigation into alleged activity.

Employees should follow the Framework when reporting any suspicions in this regard. The Care Inspectorate will work actively to promote an anti-fraud culture, the aim being that employees, contractors, consultants and others will come to regard fraud as unacceptable. Further information can be found in the Framework and the Financial Crime Action Plan available on our intranet.

4.4 Acceptance of gifts and hospitality

The acceptance of gifts, hospitality and services from interested business parties could be presented as promoting a conflict of interest that might arguably have compromised the impartiality of employees in decisions that they were required to make.

Where gifts or hospitality have been received, the gift must be of a nominal or notional value. A gift should not be accepted if the cumulative value from any one organisation or individual exceeds £200 in any 12-month period or £50 for any one gift.

Employees should inform the Head of Finance and Corporate Governance or the Head of Finance and Procurement of the details of gifts or hospitality accepted or declined. This will be recorded in the Gifts and Hospitality Register.

The Chief Executive may, in exceptional circumstances, override the above principles where members and staff are able to demonstrate that the business needs of the Care Inspectorate justify it. The Chief Executive's approval of the acceptance of the gift should be sought as soon as the gift or hospitality is offered.

The Financial Regulations are approved by Finance and Resources Committee and outline the latest position for the organisation.

4.5 Potential for Criminal Proceedings

Employees must advise line managers as soon as practicable, should they be:

- arrested
- charged with a criminal offence
- subject to a police investigation.
- employees must immediately advise their line manager of any criminal convictions, including driving offences (excluding parking offences) which lead to loss of driving licence in which they use their car in relation to their role or where they have a leased car.

5. Concerns about improper conduct and whistleblowing

It is the responsibility of all employees to ensure that the Care Inspectorate processes and procedures are applied properly, and in line with this Code. No one should be asked to do something which they believe to be:

- illegal, improper or unethical
- in breach of a professional code

- maladministration, fraud or misuse of public funds
- inconsistent with the Code.

We support any employee to raise a qualifying disclosure under the Public Interest Disclosure Act 1998 (The Act) through our Whistleblowing Guidance. Employees should follow the Fraud, Bribery and Corruption Framework when reporting any suspicions regarding fraud.

Employees may also have concerns regarding professional misconduct or financial malpractice which they believe may put colleagues or the organisation itself at risk.

We are committed to creating an environment in which employees feel they can raise concerns at an early stage when still a concern rather than feeling that they must wait for proof of wrongdoing before being able to raise the issue. By doing this, issues can be resolved swiftly and any damage to individuals or the organisation kept at a minimum.

6. Equality and diversity

The Care Inspectorate are committed to creating an inclusive and respectful workforce by preventing and eliminating unlawful and unfair discrimination, harassment and victimisation. We will prevent these in every way possible. The principles of equality and diversity underpin all our people management policies and are at the heart of all our employment processes and every interaction we have. We will treat all workers and job applicants with dignity and respect recognising the value of each individual and embracing the values of diversity. Equality and diversity is not about treating everyone the same. It's about:

- adopting an equality, diversity and a human rights-based approach in all work
- the elimination of discrimination (direct or indirect)
- delivering equality of opportunity.

We are committed to contributing to ensuring that equality, diversity and human rights is adopted by all by making sure that we celebrate differences and that no-one faces discrimination or obstacles due to protected characteristics or personal circumstances.

7. Sources of support

Human Resources team
The Employee Assistance Programme
Occupational Health
Trade Union representative
ACAS Code of Practice

8. Related documents

The Care Inspectorate people management policies and procedures to be considered in the review and application of the Code of Conduct include:

- Disciplinary Policy
- Dignity at Work Policy

- Maximising Attendance Policy
- Alcohol & Drugs Misuse Policy
- Capability Policy
- Equality and Diversity Policy
- Whistleblowing Guidance
- Corporate Health and Safety Policy
- Counter Fraud, Bribery and Corruption Framework
- Prevention of Fraud Policy
- Social Media Guidance
- ICT Security Policy
- Financial Regulations



Appendix 1 – Conflict of interest declaration

Conflict of Interest Declaration

Employees should report a potential conflict of interest immediately to their manager to discuss whether it requires completion of the Conflict of Interest Declaration (COID) form below. If the manager determines that there is no conflict of interest the form does not need to be completed but the manager must make a note of this for the employee’s file and pass to HR.

If the manager determines that there is a conflict then the employee must complete the COID form below. The employee’s manager is responsible for the decision about whether the conflict of interest requires action.

I....(employee name).....have discussed a potential conflict of interest with my line manager and my manager has determined that there is a conflict of interest in line with section 5.2.1 of the Care Inspectorate’s Code of Conduct. I understand that the form will be stored securely to ensure confidentiality and should the Professional Standards and Practice team need to see the form they can access it if there is a relevant reason, for example if questions arise or complaints are made in the future. The COID form provides evidence that the potential conflict of interest was identified and considered and provides a record of the outcomes/decisions made following this declaration.

Name of person(s) making declaration	Job title and department	Date reported to manager

<p>Description of potential conflict of interest</p>
<p>Recommendation to manager</p>

<p>Manager's decision including control measures</p> <p>I agree/disagree with XXX recommendation. We have considered the evidence from XXX and I agree with the XXX.</p> <p><i>If applicable</i></p> <p>We do think/do not think there is any need in this case to make any comments about the potential conflict of interest to the service and feel that this declaration is sufficient in the event of any questions being asked later.</p>
<p>Name of Manager:</p>
<p>Date completed:</p>
<p>Was decision communicated to individual making declaration:</p>

The manager must send the completed COID form to HR where it will be stored securely to ensure confidentiality.

Consultation Log – Code of Conduct Policy – 2023-24

Current Policy – October 2019-2022 (Pub Code = OD-0714-008)

Feedback from Human Resources		
Date	Comment	Action
December 2023	General changes.	General changes – no content removed. Soften wording and language. Text and sections re-ordered where necessary to ensure language, style and format streamlined and consistent.
	Additions.	Adopted new style template that includes format and standard content at Items 1, 2 and 3. This ensures consistency and ease of reading throughout the CI policies.
	Additions.	Included 2 appendices i.e.: App 1 - Dress code guidance App 2 - Conflict of Interest declaration form (COID)

Feedback from Policy Review Group		
Date	Comments	Action
June 2024	<p>Change the language to “we” rather than the CI throughout the document. Soften the language to be more inclusive and up to date.</p> <p>Include what is a code of conduct and why it is important. Scope - remove reference to senior management within scope – should say “all”. Scope – reword and provide more clarity re Board members and link it over.</p> <p>Relationships – the section on relationships is duplicating the policies which cover bullying/harassment etc.</p> <p>Legislation – if this is to remain in the policy, need an overarching statement to say why its included.</p> <p>Employee responsibilities - treat ‘complainants’ – should just be everyone, not treating complainants differently to how we treat everyone else.</p> <p>Employee responsibilities - dress code – the language we use around that. Clothing type might be appropriate to the setting/audience. Rather than targeting specific items of clothing like frayed jeans etc.</p> <p>Previous PRG meeting, consensus was that we don’t need it. Just need one paragraph doesn’t need to be a whole page of guidance.</p>	<p>Actioned.</p> <p>Actioned. Actioned. Actioned.</p> <p>Leave as is – used to provide context.</p> <p>Actioned.</p> <p>Removed and included in bullet point above.</p> <p>Reworded para and removed appendix.</p> <p>Removed.</p> <p>Actioned – updated.</p>

	<p>Remove item 4 – code of conduct policy – a repeat of the introduction and therefore superfluous</p> <p>Contact with the media – updated to Head of Corporate Policy & Communication.</p> <p>More guidance for managers around the conflict-of-interest part. There must be room for specific circumstances and individual needs, considering each.</p> <p>Secondary employment process – be clearer in terms of the decision-making process.</p> <p>Under “other conflicts of interests” – unsure what the following statement means “complaints have been received from any individual known personally by the employee”.</p> <p>Conflict of interest, managing declarations – references Professional Standards.</p> <p>Equality & Diversity section.</p>	<p>Reworded text.</p> <p>For future action.</p> <p>Removed.</p> <p>Updated.</p> <p>Simplified and reworded last para.</p>
<p>November 2024</p>	<p>Sections formatted to ensure our people management policies are consistent.</p>	<p>Introduction added before policy purpose. Guiding principles wording reviewed and updated to improve tone, values reviewed and updated to make each value specific to the code of conduct policy, equality and diversity statement added.</p>

	Roles and responsibilities of the trade unions not included in current policy.	Section added, ratification of the policy has also been included in the Strategic Management Group section.
	Support section is not detailed and provides a list only.	Section developed to include details of the support that is available.

Feedback from Partnership Forum (Staff Side)		
Date	Comment	Action
June 2024	No feedback received from Partnership Forum (Staff Side)	No actions.

Feedback from SMG		
Date	Comment	Action
May 2025	Change language used to British spelling	Actioned
	Update to include revised values	Actioned
	Query regarding volunteers, not the same as our employees but should be covered the policy.	Query fully considered. A separate page will be created for our volunteers that is separate but aligned to both the Disciplinary policy and the Code of Conduct. Link to the page will be created on the intranet from the Disciplinary and Code of Conduct policies.
	Chief Inspector Feedback – 25 May 2025 Consideration to be given to Care Inspectorate staff not offering services for a profit by themselves or any family members/close friends.	Under review

	Annual declaration to be completed by all staff in which any connection to a care service (family and friends) is declared. Add to policy and declaration form.	
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Specific feedback from Kenny Dick – Head of Finance and Corporate Governance		
Date	Comment	Action
Aug 2025	Section 1.2 - Board members are not 'employed' and remove reference to 'on board' and add in specific Board Code of Conduct	Changes made - actioned
	Remove references to Counter Fraud Services as no longer in operation	Actioned
	Section 4.3 - Bribery and Corruption – update to Fraud, Bribery and Corruption and suggested text amendment. Remove references to Counter Fraud services	Actioned
	Section 5 – raising concerns – clarity that fraud concerns should be raised via the framework and not the whistleblowing procedure	Actioned
Specific Feedback from CE at PF		
Oct 2025	Section 1.6. Monitoring and Review should be changed to: Human Resources, the Partnership Forum and Strategic Management Group are responsible for monitoring this policy. The policy will be reviewed on a three-yearly basis or earlier if legislation changes.	Actioned
Oct 2025	Need to add into Roles and Responsibilities: Following approval by the Executive Team and Strategic Management Group, the Partnership Forum will ratify the policy. Ratification by the Partnership Forum confirms the policy's approval and authorises its official implementation.	Actioned – addition of 3.6
Partnership Forum feedback		

Oct 2025	CI employees used to receive a SSSC code of conduct and booklet on joining - have we dropped that in favour of a CI policy only - if so will we be producing an "easy-read" CI version?	The updated code will be published following comms checks to ensure it is in plain language and accessible
SMG		
Jan 2026	<p>Noted all employees were expected to complete a mandatory conflict of interest declaration, with annual updates or updates in response to any change in circumstances.</p> <p>Examples of conflicts of interest and scenarios were discussed, including practical illustrations from HR processes and the recruitment process.</p> <p>Clarification was sought regarding consultation log information for inspectors and for employees with paid employment outside the Care Inspectorate, including considerations around sickness and capability.</p>	<p>Agreed that we will issue all staff with the declaration form on an annual basis and these should be returned including a nil response. Code updated to include this</p> <p>Examples have now been published on the intranet – these include recruitment and procurement w</p> <p>Agreed that responsibility for managing potential conflicts would rest with line managers.</p> <p>Clear criteria would be established for managing issues such as overtime or capability concerns – but these would be part of other employee processes and not the Code.</p>
Feedback from Finance and Resources Committee		
May 2026	General comments regarding the Code of Conduct being used as part of the procedure followed when there is a requirement to manage employee conduct. However, there is no reference to managing employee conduct and no information regarding the procedure to be followed.	<p>The Code of Conduct covers behaviours/rules that employees must adhere to.</p> <p>The Disciplinary Policy outlines that informal management action should be</p>

		taken with regards to first and small conduct issues before moving to any formal disciplinary processes.
	The document is 14 pages long which is not excessive, however there is information in it that would be better placed in appendices, or through hyperlinks, to assist the reader in focusing on the content of the actual policy. Suggest making reference, in the introduction to the policy, to an appendix with the procedure to be followed when managing employee conduct.	This is a code not a policy. Employees are managed under relevant policies – for example Disciplinary or Counter Fraud and all procedures are laid out in these policies.
	Some general comments regarding typos/grammar etc – these are highlighted in yellow below and the action listed is relevant for all	All policies are reviewed by the Comms team prior to publication and they will ensure: <ul style="list-style-type: none"> • Plain language • Spelling and typos • Hyperlinks are inserted • The code is published on the intranet with navigable sections and the ability for the reader to navigate straight to the required section
	Section 1.1, second paragraph; I would suggest removing “set of guidelines” and inserting “has the status of policy and sets out the expectations ...”	It is not a policy and so have not actioned this statement so as not to confuse, but have changed the paragraph to state: <i>The Code of Conduct sets out the expectations for our behaviour and conduct in the workplace</i>
	Section 1.1, “to” is used too many times in paragraphs 2 and 3. This is a minor point, but a grammatical one.	Comms action

Section 1.1, 4th paragraph, 2nd line, change text to "... and allows us to be perceived both internally and externally as working with professionalism and integrity".	Have changed to: <i>experienced both internally and externally as working with professionalism and integrity.</i>
Section 1.2 regarding SCOPE: change reference to "Our Board Members are appointed by the Scottish Government Public Bodies Appointments" as this is inaccurate, to "Our Board Members are appointed by Scottish Ministers".	Actioned – change made
Section 1.2, 2nd paragraph, provide a hyperlink to the Board Members' Code of Conduct.	Comms action
Section 1.3, change the title from "Definitions" to "Behavioural Expectations" as that is what the section is about.	Actioned – change made
Section 1.3, 1 st paragraph, provide a hyperlink to the Dignity at Work policy	Comms action
Section 1.3, last paragraph, the reference to procurement rules appears misplaced in a Code of Conduct. Is this not more operational guidance than guidance on appropriate conduct / behaviour?	This is regarding how we behave with contractors, sub-contracts and suppliers so relates to behaviours
Section 1.4 regarding Legislation. I would suggest introducing this in general terms (one sentence) and moving the detail to an appendix.	Listing these in the code is in keeping with the style of other policies
Section 1.5, provide a hyperlink to the Data Protection Policy.	Comms action
Section 2.1, change reference to "guidance" to "direction". Policy is about providing direction and is not optional, whereas guidance can be taken or left.	The use of the word guidance is more in keeping with our values and language approved by staff side. Direction is more punitive and may suggest disciplinary action prior to when we would instigate this.
Section 2.1, I am unclear whether we need this list of bullets as well as the information covered in section 3.4. Please cross-check for duplication here. If the list of bullets is to be retained then categorise them into Legal, Ethical / Public Interest, Employer Responsibilities,	The list is in keeping with the style of other policies – but Comms will review and action for duplication etc

	Employee Responsibilities, and number the list as 2.1.1, 2.1.2, etc. This will assist the reader who wishes to reference a particular clause.	
	Section 2.2, regarding values, this concept should only be introduced in general terms and the detail either moved to an appendix or a hyperlink provided.	When reviewing all our people policies we are adding our values in this style – as agreed via SMG.
	Section 3 regarding Roles and Responsibilities, the title should be changed to “Roles and Responsibilities for Policy Development and Approval” and the detail moved to an appendix or a hyperlink provided. In addition, section 3.5 regarding HR responsibilities should be incorporated here. The information is, I feel, too general for a specific policy on a Code of Conduct.	This is in keeping with the style of all people policies to give clarity as to who has responsibility for which area of the policy including development and approval
	Section 3.4, as previously indicated (13 above), this needs to be cross-referenced to section 2.1	Comms action
	Section 3.4, change title to “Employee’s Rights and Responsibilities” and split ‘Rights’ and ‘Responsibilities’ into 3.4.1 and 3.4.2 with sub-numbers.	Actioned
	Section 3.5 regarding HR responsibilities, as indicated above, this should be incorporated into the section on Roles and Responsibilities.	HR responsibilities, section 3.5 are already included in the overarching Roles and Responsibilities section – 3.0. Not actioned
	Section 4 is entitled the Code of Conduct procedure . The title should be changed and all reference to ‘procedure’ should be removed and changed to ‘policy’ as this section outlines the Code of Conduct. We should differentiate between guidance and policy. Policy is not optional. As the Code of Conduct is not optional the use of ‘guidance’ appears inappropriate. This needs to be addressed to avoid confusion.	The code is an overarching outline of ethical expectations and rules of behaviour for employees - it’s a master document that links to other policies to ensure compliance. The distinction between the Code and policies is that policies cover specific procedures whereas the code is principles based - focussing on culture and values

		<p>However, given the feedback, we have added an overarching statement in the Introduction to state:</p> <p><i>The code of conduct links to our other policies to ensure compliance, it is principles based and focusses on culture and values, with our policies covering specific procedures.</i></p> <p>We have also removed references to procedure/guidance and have referred specifically to 'code' throughout</p>
	<p>Section 4.5, change the title from 'Contact with Police' to 'Potential for Criminal Proceedings'. 'Contact with the police' could be a legitimate professional activity.</p>	<p>Actioned</p>



Title:	DRAFT SUSTAINABILITY PLAN
Author:	Gillian Berry, Finance and Procurement Manager
Responsible Officer:	Kenny Dick, Head of Finance and Corporate Governance
Responsible Director:	Jackie Irvine, Chief Executive
Appendices:	1. Draft Sustainability Plan 2. Draft sustainability action plan
Consultation:	Strategic Management Group and Finance and Resources Committee have considered earlier version of this report.
Resource Implications:	No

EXECUTIVE SUMMARY

This report presents the draft 2026–2031 Sustainability Plan, which outlines the Care Inspectorate’s approach to meeting its statutory climate change duties and contributing to Scotland’s national sustainability goals. As a designated ‘Major Player’ under the Climate Change (Scotland) Act 2009, the Care Inspectorate is required to act in ways that reduce greenhouse gas emissions, support climate adaptation, and promote sustainable operations.

The draft plan is aligned with:

- Climate Change (Scotland) Act 2009
- Climate Change (Emissions Reduction Targets) (Scotland) Act 2019
- Procurement Reform (Scotland) Act 2014
- Scottish National Adaptation Plan (SNAP3)
- United Nations Sustainable Development Goals (SDGs)

The draft plan is supported by an action plan which will be reviewed annually. The delivery of the action plan will be monitored during 2026/27 to determine if additional resources require to be allocated to this area of work.

The Finance and Resources Committee considered the draft action plan at their meeting of 11 November 2025. The report recommended allocating additional resource but this could not be agreed at that time as we did not know if our bid for additional funding for the 2026/27 budget was to be successful. The Committee agreed the Sustainability Plan should be considered by Board once the resource position is clearer.

BOARD MEETING 4 JUNE 2026

**Agenda item 18
Report No: B-12-2026/27**

The Board is invited to:	
1.	Approve the draft Sustainability Plan and supporting action plan for 2026-2031 as the organisation's strategic framework for meeting statutory climate duties and progressing towards net zero.

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

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

Data Protection Impact Assessment Screening		
Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	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.

DRAFT SUSTAINABILITY PLAN

1.0 INTRODUCTION

This draft Sustainability Plan sets out our proposed approach to embedding sustainability across all aspects of our organisation's operations, in alignment with national climate targets, United Nation's sustainable development goals and public sector duties. It outlines our approach to reducing emissions, adapting to climate risks, and embedding sustainability across governance, operations, and procurement. The plan reflects our role as a public sector scrutiny body and the need for leadership, accountability, and cross-functional collaboration. Delivery will require resourcing beyond current capacity, and senior management engagement will be critical to ensuring the plan is embedded, actionable, and aligned with our corporate objectives.

2.0 LEGAL FRAMEWORK

The draft Sustainability Plan is aligned with key legal duties for sustainability in the public sector including:

1. Climate Change (Scotland Act) 2009
2. Climate Change (Emissions Reduction Targets) (Scotland) Act 2019
3. Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015
4. Amendment Order 2020
5. Community Empowerment (Scotland) Act 2015
6. The Equality Act 2010 and The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
7. Procurement Reform (Scotland) Act 2014

The draft plan aligns with the United Nation's Sustainable Development Goals (SDGs) and supports delivery of Scottish Government's goal to achieve net zero emissions in Scotland by 2045.

3.0 CURRENT STATUS

While we prepare an annual sustainability report in the Annual Report and Accounts and report annually on the mitigation and adaptation efforts in the Public Bodies Climate Change Duties Reporting return, there is a requirement to report wider than we currently do and to have a defined pathway to achieving net zero. The following are key areas where investment is required:

- There is no defined pathway to achieving net zero by 2045, despite this being a statutory target for public bodies.
- The previous Carbon Management Plan expired in 2023 and has not been replaced. Without a current plan, our ability to track, model, and reduce emissions is limited.

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- Sustainability is embedded in our procurement practice, however this is constrained by limited capacity.
- There is poor uptake of sustainability training.
- Current staffing levels do not support proactive sustainability development.
- Additional effort is required to move beyond compliance and embed sustainability across operations, governance, and service delivery.

3.1 Recent Developments

A Sustainability Champions Group has been established. These meetings provide a forum for discussion, learning and action. This group has representation across the organisation and is intended to help embed the sustainability agenda throughout the Care Inspectorate. Developing this group and sustaining a regular meeting frequency has been constrained by capacity.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

4.1 Resources

Delivery of the plan may require additional dedicated resource to manage, co-ordinate and deliver the action plan. There is limited available capacity within the current staffing structure to support this.

The action plan sets out what we expect can be delivered, what may be deliverable and what is unlikely to be delivered within existing resources. It is proposed to review progress against the action plan during the first nine months of 2026/27 to determine if any additional resource is required for 2027/28 onwards. A report on progress against the 2026/27 actions and ongoing resource requirement will be submitted to the February 2027 SMG for consideration alongside the 2027/28 draft budget.

Effective delivery of the plan requires sustainability to be embedded in practice across the organisation and staff time for training and supporting initiatives will be required.

4.2 Sustainability

The implementation of this plan will deliver a range of economic, social and environmental benefits. The delivery of the plan specifically relates to the United Nations Sustainable Development Goals:

- Goal 3, Good health and wellbeing
- Goal 4, Quality education
- Goal 10, Reduced inequalities
- Goal 16, Peace, justice and strong institutions

4.3 Policy

As made clear throughout, the report should be considered within the context of the United Nations Sustainable Development Goals, the Scottish Government's commitment to net-zero greenhouse gas emissions by 2045, and the associated duties placed upon public bodies in climate change legislation.

At the time of preparing this report, there were Scottish Parliament elections being held in May 2026, with climate change likely to be the subject of debate. Future political discourse on the topic may be impacted by the nature of the next administration and the new parliamentary arithmetic.

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

Embedding sustainability into the delivery of social care and social work services offers wide-ranging benefits that directly support the wellbeing of individuals, communities, and the workforce.

4.5 Customers (Internal and/or External)

Embedding sustainability into social care and social work enhances service resilience, supports healthier environments and promotes equity for the people and communities we serve. Sustainable practices also contribute to improved staff wellbeing, cost efficiency, and public trust, strengthening the overall quality and continuity of care across Scotland.

5.0 CONCLUSIONS/NEXT STEPS

The draft Sustainability Plan sets out a clear framework for meeting our statutory climate duties and embedding sustainability across the Care Inspectorate. While current activity meets minimum legal requirements, there is no defined pathway to net zero, and our Carbon Management Plan is out of date. We will monitor resourcing during 2026/27 with a view to ensuring we are resourced to move beyond compliance and fully realise the benefits of sustainable development.

Approval of the draft plan will signal our commitment to progressing this agenda.

Foreword by Chief Executive

I am pleased to introduce our 2026-2031 Sustainability Plan, setting out a clear and ambitious path to reduce our environmental impact, support climate resilience, and contribute to a healthier, fairer future for all.

The climate crisis is also a public health crisis. Rising temperatures, extreme weather, and air pollution are already affecting the wellbeing of communities across Scotland. We recognise the vital link between a healthy environment and the health and wellbeing of the people we support. Our plan reflects this understanding—placing sustainability at the heart of how we work, how we travel, how we use resources, and how we lead by example.

Scotland has set a legally binding target to reach net zero greenhouse gas emissions by 2045, and we are fully committed to playing our part. This plan outlines how we will reduce our carbon emissions, adapt to the impacts of climate change, and embed sustainability into every aspect of our work.

We have already made significant progress, but we know there is more to do. Achieving our goals will require collective effort, innovation, and a shared sense of purpose. I encourage every colleague to engage with this plan, reflect on how sustainability can be part of your role, and take pride in the contribution you make.

Together, we can build a more sustainable, resilient, and equitable future—for the people we serve today and for generations to come.

Jackie Irvine

Chief Executive

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Introduction

The 2026-2031 Sustainability Plan

The Care Inspectorate's 2026-2031 Sustainability Plan reaffirms our commitment to reducing environmental impact and embedding sustainability across all areas of our operations. Aligned with the United Nations Sustainable Development Goals (SDGs) and the Public Bodies Climate Change Duties, this plan outlines objectives, targets and actions to further integrate sustainability into our core functions and decision-making processes.

In line with the Scottish Government's national target, we are working towards achieving net zero greenhouse gas emissions by 2045, with interim goals to track and drive progress. The plan further addresses the need for adaptation to the impacts of climate change, ensuring that our services remain resilient and responsive in the face of sustainability challenges.

"As a designated 'Major Player' under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order, the Care Inspectorate is committed to leading by example across the public sector. Our approach to sustainability goes beyond reducing greenhouse gas emissions—it reflects our broader responsibility to the people who use care services and the communities we serve. We are determined to drive meaningful change and help shape a more sustainable and equitable future for all."

The Sustainability Plan is accompanied by a detailed Action Plan that outlines SMART (Specific, Measurable, Achievable, Relevant and Time-bound) initiatives for emissions reduction, adaptation, and sustainable operations. This plan will be reviewed and reported on annually to make sure we remain on track to meet our sustainability goals. We recognise that future changes in policy and legislation may impact our approach, and we are committed to reviewing and updating the actions set out in this plan as necessary.

Continued engagement with our staff, stakeholders, and the communities we serve is vital to the success of this plan. Every member of the Care Inspectorate has a role to play in achieving our objectives, and every aspect of our operations can make a meaningful contribution to our sustainability goals. It is essential that we recognise the importance of communicating the contents of this plan, to make sure that everyone understands their role in driving our sustainability agenda forward. We will aim to foster a culture of sustainability within the Care Inspectorate, where every member of staff is empowered to contribute to our goals and take action to reduce our environmental impact. We will work collaboratively to identify opportunities for improvement and innovation in our sustainability practices.

Aligning our plan with national climate targets and the UN Sustainable Development Goals helps us to:

- Deliver high-quality care by ensuring our services are resilient, efficient, and environmentally responsible.
- Improve outcomes by addressing the health and wellbeing impacts of climate change on the people we support.
- Uphold rights by promoting fairness, inclusion, and a just transition to a low-carbon future.
- Support staff by building knowledge, confidence, and wellbeing through training and sustainable working practices.

The Care Inspectorate

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

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

We employ around 650 staff who work across Scotland, specialising in health and social care, early learning and childcare, social work, children's services, and community justice. We currently occupy 9 offices throughout Scotland. We continue to consider our Estate requirement when lease break options provide this opportunity.

Climate Change

In April 2019, Scotland declared a global climate emergency, making it one of the first countries in the world to do so. The changing climate is referred to as a global emergency because of the rate at which greenhouse gas emissions are increasing, leading to irreversible damage to our planet and society if not addressed urgently. The impact of climate change is already being felt across the globe, through rising temperatures, extreme weather events, and changes in ecosystems.

Climate change is the result of human activities, particularly the burning of fossil fuels, deforestation, and industrial processes, which release greenhouse gases (GHGs) into the atmosphere. These gases trap heat, causing global warming and triggering a cascade of environmental consequences, including rising sea levels, ocean acidification and biodiversity loss.

Climate change is not a distant threat, it is happening now. Disruptions will continue to affect how we live, work, and care for one another. Climate change influences the health and wellbeing of the people we serve, the resilience of the communities we

support, and the sustainability of the systems we rely on. It demands urgent action across all sectors, including from public services such as the Care Inspectorate.

Mitigation and Adaptation

Addressing climate change requires action on two interconnected fronts: mitigation and adaptation.

Mitigation focuses on reducing the root causes of climate change—primarily by cutting human caused greenhouse gas (GHG) emissions, often referred to as carbon reduction. This involves transitioning to low-carbon energy sources, improving energy efficiency, and transforming how we travel, build, and consume.

Adaptation, on the other hand, is about preparing for and responding to the inevitable impacts of climate change. This includes strengthening infrastructure, protecting vulnerable communities, and ensuring that services and ecosystems can withstand changing conditions such as extreme weather and sea level rise.

In this sense, mitigation and adaptation are intrinsically linked and are required as two simultaneous courses of action. This dual approach means reducing our own carbon footprint while also ensuring that our services are resilient to climate-related disruptions. It means planning for the future while acting decisively in the present.

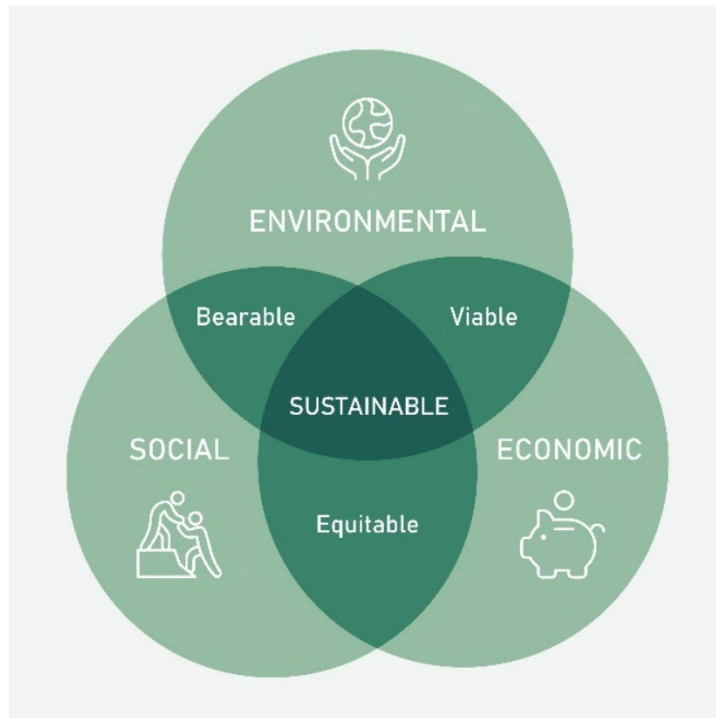
Sustainable Development

The concept of sustainable development was formally introduced in the landmark 1987 report by the World Commission on Environment and Development, titled Our Common Future. It defined sustainable development as:

Development that meets the needs of the present without compromising the ability of future generations to meet their own needs.

Sustainability requires ensuring that its three pillars of economic growth, social progress, and planetary health are coordinated and mutually reinforcing. In doing so, sustainable development not only supports the present wellbeing of communities but also secures the resilience and wellbeing of future generations.

The plan is underpinned by the three internationally recognised pillars of sustainability: environmental protection, social equity, and economic responsibility. These pillars provide a holistic framework that makes sure our actions address climate change and also supports the wellbeing of people and the resilience of public services.



Legislative Context

The Climate Change (Scotland) Act 2009 places clear and binding duties on public bodies to support Scotland's transition to a low-carbon, climate-resilient future.

These duties are threefold:

1. Reducing greenhouse gas emissions

The first duty requires public bodies to contribute to the delivery of Scotland's climate change targets, including the legally binding target of achieving net zero emissions by 2045, as well as meeting the 5-yearly carbon budgets set by the Scottish Government

2. Supporting the Scottish National Adaptation Plan (SNAP)

The second duty requires public bodies to contribute to the delivery of the Scottish National Adaptation Plan, which sets out actions to help Scotland adapt to the impacts of climate change. The third Scottish National Adaptation Plan (SNAP3) covers the years 2024-2029 and identifies long-term adaptation objectives for Scotland.

3. Acting in the most sustainable way

This duty requires public bodies to consider the environmental, social, and economic impacts of their decisions and operations. It promotes a holistic

approach to sustainability, ensuring that public services are delivered in a way that supports long-term wellbeing and environmental stewardship.

As a designated 'Major Player' under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015, the Care Inspectorate has a statutory obligation to report annually on its compliance with these duties. Major Players are public bodies with high impact and influence, as well as bodies that provide an auditory or regulatory function.

The United Kingdom is a signatory to the Paris Agreement, which commits countries to hold "the increase in the global average temperature to well below 2°C above pre-industrial levels" and pursue efforts "to limit the temperature increase to 1.5°C above pre-industrial levels". Scotland has set one of the world's most ambitious climate targets through the Climate Change (Emissions Reduction) (Scotland) Act 2019, aiming to reach net zero greenhouse gas emissions by 2045—five years ahead of the UK's target. Previous interim national targets were determined to be unachievable and will be replaced by carbon budgets in 2025.

As a public body, the Care Inspectorate has a responsibility to contribute to these national and international targets and to demonstrate leadership in addressing the climate emergency. The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 requires public bodies to report on their target date for achieving zero direct emissions, as well as targets for reducing indirect emissions as part of their annual reporting.

Approach to Net Zero

The Sustainability Plan defines how we will build on our work to date, integrating environmental and social considerations into our decision-making processes and operations.

In line with guidance from the Scottish Government, we will adopt the following approach to net zero:

1. **Focus on emissions reduction;** doing all we can to reduce our direct and indirect emissions as close to zero as we can, as soon as we can.
2. **Tackle our whole environmental footprint;** acting on our indirect emissions, whether in Scotland or abroad, to make sure that we are genuinely reducing the environmental impact of our activities.
3. **Use best evidence;** taking the most ambitious action possible by keeping our targets under review as new evidence and climate solutions are found.
4. **Work collectively, share successes and build expertise;** sharing our lessons and standing ready to support others.

5. **Make sure that our climate action delivers wider benefits;** making certain that our plans are in line with a just transition.

A Just Transition

A just transition is rooted in the principle that the shift to a sustainable, low-carbon economy must be fair, inclusive, and equitable. While urgent environmental action is essential, we recognise that the social and economic impacts of this transition must be carefully managed to avoid exacerbating existing inequalities. Our mission is to make sure that our journey toward net zero not only reduces emissions, but also uplifts communities by addressing poverty, reducing inequality, and creating decent, fair work that benefits local people. We are committed to building a future where climate action and social justice go hand in hand.

Delivering Co-Benefits

As we work toward a net zero Scotland, we are equally focused on unlocking the wider benefits that sustainability can bring to people, places, and public services. Actions aimed at climate change mitigation and adaptation can lead to advantages that go beyond environmental outcomes, including social and economic improvements, often referred to as co-benefits. Decoupling economic growth and greenhouse gas emissions can help lower air pollution, improve public health, enhance energy security, reduce exposure to energy price fluctuations, support innovation, and generate employment opportunities. As we identify the actions we will take to mitigate and adapt to climate change, we will prioritise approaches and actions that deliver co-benefits for local communities.

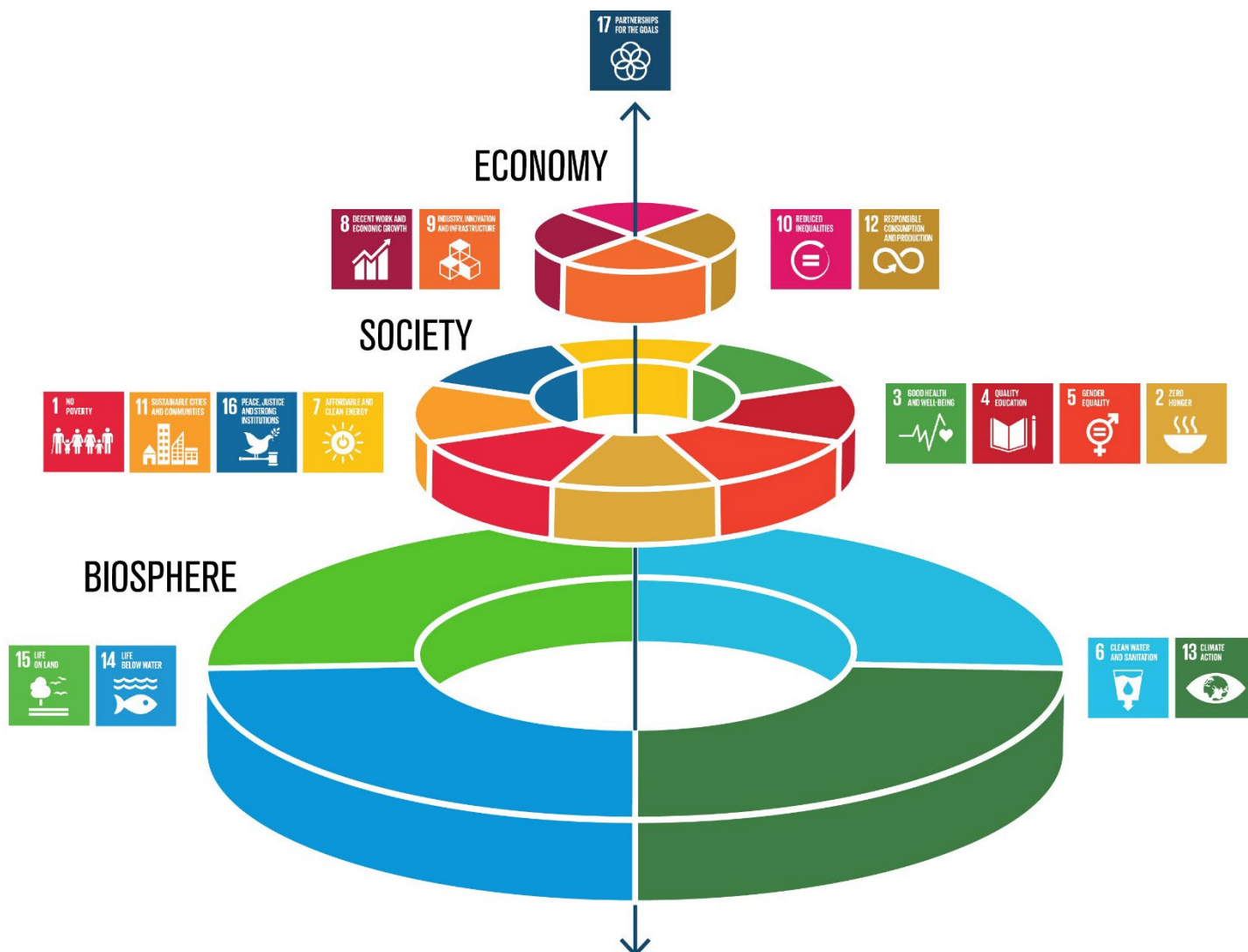
Our Commitment to the United Nations Sustainable Development Goals

The Care Inspectorate is committed to the United Nations Sustainable Development Goals (SDGs), a global framework for achieving a better and more sustainable future for all. The goals were adopted by all United Nations Member States during the 2015 United Nations Sustainable Development Summit and provide a shared blueprint for peace and prosperity for people and the planet, now and into the future.



The United Nations Sustainable Development Goals

The 17 SDGs address global challenges such as poverty, inequality, climate change, environmental degradation, peace, and justice, and they are interconnected, meaning that progress in one area depends on the development of another. The 'SDG Wedding Cake' illustrates the SDGs as a nested system, where economies are embedded in societies, and societies are embedded in the biosphere. SDG 17 runs through all the goals, emphasising the need for collaboration across all sectors.



SDG Wedding Cake, developed by the Stockholm Resilience Centre

While we acknowledge the interconnected nature of all 17 SDGs, and that our operations makes a direct and indirect impact on several of these goals, the Care Inspectorate makes a particularly strong contribution to Goal 3 (Good Health and Well-being), Goal 4 (Quality Education), Goal 10 (Reduced Inequalities), and Goal 16 (Peace, Justice, and Strong Institutions). These goals were identified by Managers in our Assurance and Improvement Directorate as most relevant to our scrutiny and improvement function.



The Care Inspectorate's Key Contributions to the UN Sustainable Development Goals

Linking our sustainability plan to the SDGs allows us to align our efforts with global priorities and demonstrate our commitment to sustainable development.

Sustainability is not just about reducing our carbon footprint; it is about creating a better future for the people we serve and the communities we operate in. By integrating the SDGs into our sustainability plan, we can make sure that our actions contribute to a more sustainable, equitable, and resilient society. The Action Plan that accompanies this Sustainability Plan outlines how our chosen initiatives align with the SDGs, linking our sustainability ambitions to international efforts, and further demonstrate our commitment to sustainable development.

Through this plan, we aim to centre our successes and ambitions related to Goal 13 (Climate Action), by setting clear targets, defining actionable steps, and establishing a roadmap for reducing emissions, enhancing resilience, and integrating climate considerations across our operations.



The National Performance Framework

Our sustainability ambitions are also grounded in the values and priorities of the Scottish National Performance Framework (NPF), which sets out a vision for a more successful, inclusive, and sustainable Scotland. The NPF is Scotland's wellbeing framework, guiding public sector action and measuring progress toward national outcomes that matter to people and communities.

As a public body, we have a statutory duty under the Community Empowerment (Scotland) Act 2015 to have regard to the National Outcomes in everything we do. This means considering how our work contributes to these outcomes and ensuring that our decisions and actions support Scotland's wider ambitions.

Importantly, the NPF is directly aligned with the SDGs. By aligning our sustainability efforts with the NPF, we are also contributing to Scotland's delivery of the SDGs, ensuring our local actions support global ambitions.

Alignment with Existing Plans, Policies and Strategies

Corporate Plan

The Care Inspectorate's 2026-2031 Corporate Plan refers to this Plan as being our route to reduce our emissions and contribute to reaching net zero by 2045.

Estates Strategy

The Care Inspectorate's 2023-2029 Estate Strategy states that property decisions should 'support our commitment to the sustainability agenda and the principles of equality and diversity'. Decisions will also be made with consideration to transport links to make sure efficient working, which in turn will enable more sustainable travel modes. We will also share accommodation with other public bodies and make use of joint on-site administrative services where appropriate, ensuring efficient and sustainable working in line with Scottish Government guidance.

Procurement Strategy

Our 2026-2031 Procurement Strategy consists of six priorities. Priority two: 'deliver sustainable procurement' takes account of a range of considerations related to social, environmental and economic sustainability. Aims include prompt payment to suppliers and sub-contractors, Fair Work considerations, community benefits, supplier diversity, fair and ethical trading, and greenhouse gas emissions reductions. The Strategy further states that employees with delegated procurement responsibility will undergo climate literacy e-learning, and that the Care Inspectorate will work to identify further opportunities within procurement to support our carbon reduction efforts. Our annual Procurement Report shows progress against our strategy and is available on our website.

Business Travel and Subsistence Policy

Our Business Travel and Subsistence Policy guiding principles includes managing business travel responsibly to support our environmental goals and wider sustainability commitment. The Care Inspectorate encourages our employees to opt for public transport over driving when it is reasonable, safe and cost-effective to do so. When evaluating best value, we consider the greenhouse gas emissions and overall environmental impact of each mode of travel and consider ways to reduce pollution and traffic congestion. Employees are encouraged to car share where possible to reduce the number of single occupancy car journeys.

Equality, Diversity and Inclusion Strategy

At the Care Inspectorate, we strive to put equality and diversity at the heart of all we do. The [2021-2025 Equality, Diversity and Inclusion Strategy](#) sets out our vision, commitment and priorities to make sure that "we respect, protect and fulfil human rights and live free from discrimination." Our belief is that by creating an organisational culture where everyone feels included, respected and valued, we will achieve the best possible outcomes for people who experience care.

Digital Transformation Strategy

The Care Inspectorate's 2022-2025 IT and Digital Transformation Strategy reads: "we deliver excellent digital services to our stakeholders which are reliable, secure, efficient, well managed and sustainable". It further asserts that in delivering digital services, we aim to protect the environment by delivering sustainable solutions that minimise harm to it and that "we are mindful about our impact on future generations".

Biodiversity Reporting

Healthy communities rely on healthy ecosystems. The Nature Conservation (Scotland) Act 2004 mandates that all public sector bodies in Scotland must promote biodiversity conservation. Additionally, the Wildlife and Natural Environment (Scotland) Act 2011 requires bodies to publicly report on their adherence to this biodiversity duty every three years. Our most recent Biodiversity Report was published in 2024 and outlines the measures in place to protect and encourage thriving ecosystems.

The Care Inspectorate's Carbon Footprint

The Care Inspectorate has made significant strides in reducing its carbon footprint over the past 10 years. We have measured our greenhouse gas emissions since the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 came into force, and we have since then implemented various initiatives to reduce our environmental impact. In this first year, emissions across all three Scopes totalled 1,329 tCO₂e. Our first Carbon Management Plan, covering the years 2012-2018, set the foundation for our sustainability efforts. The 2018-2023 Carbon Management Plan built on this foundation, focusing on reducing our carbon footprint by 28% from our 2015/16 baseline by 2023.

Year	Emissions (tCO ₂ e)	Change from previous year (tCO ₂ e)	% Reduction from baseline	Notes
2015/16	1328			
2016/17	1127	-201	-15%	
2017/18	992	-134	-25%	
2018/19	913	-79	-31%	
2019/20	839	-74	-37%	
2020/21	186	-654	-86%	
2021/22	272	+87	-79%	
2022/23	526	+254	-60%	

Year	Emissions (tCO2e)	Change from previous year (tCO2e)	% Reduction from baseline	Notes
2023/24	507	-19	-62%	
2024/25	1,068	+561	-20%	Includes homeworking, hotel stays and commuting. Without these added categories, 2024/25 emissions come to 480 tCO2e - a 64% reduction from our baseline.

Emissions reductions from baseline to date

We officially met the 28% reduction target in 2018/19 when emissions had reduced by 31% from our baseline. The onset of the Covid-19 pandemic in 2020 brought about an unprecedented shift in working patterns and service delivery. As a result, emissions dropped sharply to 186 tCO2e in 2020/21, representing an 86% reduction from baseline. This was largely due to the widespread suspension of travel, reduced building occupancy, and a shift to remote working. Since then, emissions have gradually increased as activities returned to normal. In 2024/25 our reporting scope expanded to include the additional Scope 3 category of homeworking, staff commuting and hotel stays. These additions have contributed to a rise in reported emissions, with 2024/25 showing 1,068 tCO2e.

As of 2024/25, we have reduced our greenhouse gas emissions by 20% since 2015/16. This however includes additional emissions categories that we did not measure as part of our baseline. The increase in reported emissions last year is due to the inclusion of new emissions sources, and a rebound in activity following the Covid-19 pandemic. When comparing only the emissions categories that were included in the original 2015/16 baseline, the adjusted total for 2024/25 is 587 tCO2e. This equates to a 64% reduction from the baseline.

Emissions categories	2024/25	2015/16
	Performance	Baseline

Total CO ² Emissions	1,067.7 tCO ₂ e	1,327.9 tCO ₂ e
Total Travel CO ₂ (scope 1 & 3) ¹	783.2 tCO ₂ e	756 tCO ₂ e
Total Energy CO ₂ (scope 1, 2 & 3)	128.0 tCO ₂ e	569 tCO ₂ e
Total Waste CO ₂ (scope 3)	0.1 tCO ₂ e	1.6 tCO ₂ e
Total Water CO ₂ (scope 3)	0.5 tCO ₂ e	1.3 tCO ₂ e
Total Homeworking CO ₂ (scope 3)	155.9 tCO ₂ e	Not applicable

Breakdown of emissions in 24/25 and 15/16 by category

We have achieved our reductions to date through a combination of measures, including energy efficiency improvements, waste reduction initiatives, and promoting hybrid working practices. The two largest emissions categories are the same in 2024/25 as they were in 2015/16 – travel and energy. Due to the nature of our work, and with this year's addition of commuting and hotel stays as emissions categories, travel represents 73% of the Care Inspectorate's total emissions in 2024/25. Gas, electricity and water together corresponds to 33% of the total emissions in 2024/25. This equates to a real reduction in costs of £837,466.

Expenditure categories	2024/25	2015/16
	Performance	Baseline
Travel Expenditure (scope 1 & 3)	£ 882,098 ²	£ 960,873
Energy Expenditure (scope 1 & 2)	£ 137,733	£ 145,509
Waste Expenditure (scope 3)	£ 1,849	£ 21,279
Water Expenditure (scope 3)	£ 10,595	£ 36,267

Breakdown of expenditure in 24/25 and 15/16 by category

Our commitment to environmental responsibility is reflected not only in a reduction in emissions, but also in our expenditure. Comparing our 2024/25 expenditure with those in our 2015/16 baseline, we see consistent downward trends in across all of our major categories: travel, energy, waste and water. By investing early in sustainable practices, we have seen a reduction in operational costs over time, while making a positive contribution to climate action.

¹ Includes hotel and commuting

² Excludes the cost of commuting which isn't held

Our Successes

We have delivered several projects over the last 15 years to contribute to the Care Inspectorate’s decarbonisation. A summary of these successes and achievements is set out below:

Office-Based Sustainability Measures

We’ve implemented a range of sustainability measures across our offices to reduce energy, water, and resource consumption. These include energy-saving technologies like LED lighting, voltage optimisation, and efficient equipment; water-saving cistern optimisers; and waste reduction initiatives such as removing desk bins, using recycled paper, and eliminating personal printers. Additionally, digital transformation projects help cut down on paper use as well as business travel, supporting a more sustainable workplace.

Conscious Travel Practices

Approval is required for all non-regulatory and improvement travel, with a strong preference for public transport to reduce greenhouse gas emissions. Investment in our IT hardware and software support remote collaboration, reducing the need for in-person meetings. Additionally, inspection planning tools help assign the nearest qualified inspector to each visit, further minimising travel and enhancing productivity. Additionally, the Cycle to Work Scheme promotes active, low-carbon commuting options for staff.

Sustainability Champions Group

To support our internal decarbonisation actions, we have established a staff network to support sustainable development. The Sustainability Champions Group was set up in 2026 and provides a forum for discussion, learning and action.



Care Inspectorate’s Sustainability Milestones

Our Vision for Sustainability

In delivering our services, we aim to rigorously assess and take responsibility for the environmental impact of our operations. We aim to set a high standard in environmental stewardship within the care sector, ensuring that our practices not only meet the immediate needs of our service users but also safeguard our natural surroundings for the future. We are dedicated to fostering a long-term culture where environmental responsibility is embedded in every aspect of our work.

By 2031: We are a leading contributor to a low-carbon, inclusive, and sustainable economy in Scotland, and remain firmly on track to becoming a net-zero organisation. Through innovation, collaboration, and sustained action, we will eliminate emissions at their source, support a just transition, and contribute meaningfully to a thriving, low-carbon economy.

By 2045: We are a fully net-zero organisation—eliminating or offsetting all greenhouse gas emissions across our operations and value chain. Our efforts continue to contribute to reducing inequalities, enhancing quality of life, and empowering individuals and communities to thrive.

To remain adaptable and make sure we follow the most current recommendations in achieving our ambitions for a net zero Care Inspectorate by 2045 or earlier, we will develop renewed Sustainability Plans at 5-year intervals.

Plan Themes and Key Objectives

To achieve our vision for sustainability, we have identified the following themes and key objectives:

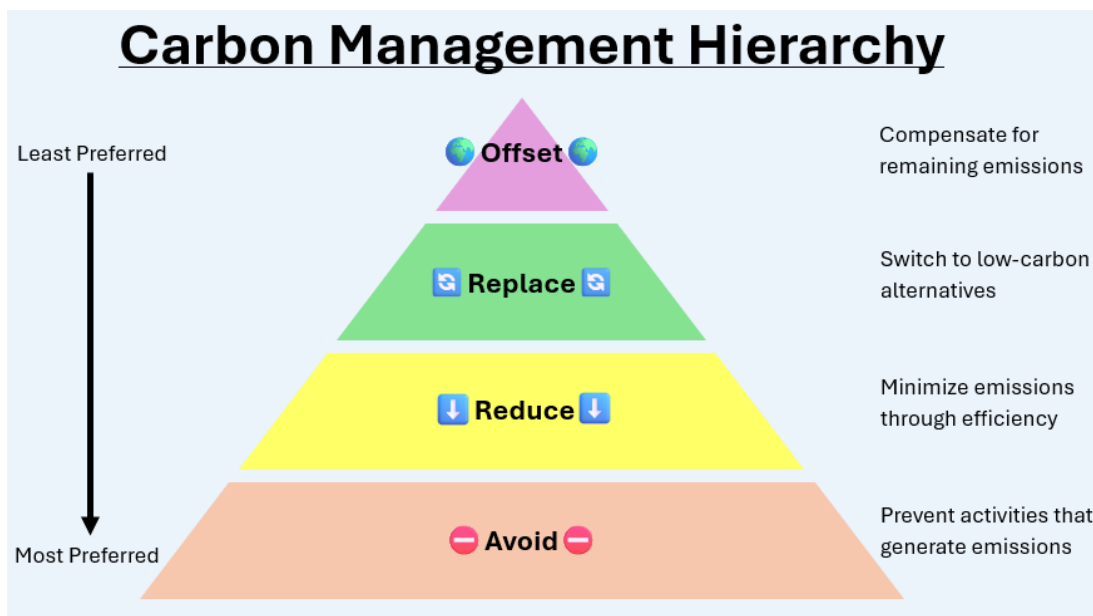
1. We manage and monitor our business travel and commuting emissions, encouraging staff to use the most carbon-efficient modes of transport and reducing the need for travel where possible.
2. We maintain and improve our energy efficiency and consumption, ensuring that our buildings are as energy efficient as possible and that we use renewable energy sources where feasible.
3. We continue to integrate sustainability into our procurement processes, making sure that we consider the environmental and social impacts of our purchasing decisions.
4. We promote sustainable operations and governance, ensuring that sustainability is embedded in our decision-making processes and that we lead by example in the public sector.
5. We reduce our waste and promote a circular economy, ensuring that we minimise waste generation and maximise recycling and reuse of materials.
6. We support our staff in adopting sustainable practices, providing training and resources to help them reduce their environmental impact both at work and at home.

7. We grow our understanding of climate risks and opportunities, ensuring that we are prepared for the impacts of climate change and can take advantage of opportunities to promote sustainability.

The First Duty: Reducing Greenhouse Gas Emissions

We are committed to achieving net zero emissions by 2045, with interim targets to progressively reduce our carbon footprint. If we, through regular review and emissions reporting, find that we can achieve net zero sooner, we hope to bring this date forward if possible.

We will follow the mitigation hierarchy, which prioritises reducing emissions at source, followed by minimising emissions through energy efficiency and renewable energy sources, and finally offsetting any remaining emissions through credible carbon offsetting schemes. This approach makes sure that we take a comprehensive and responsible approach to emissions reduction, addressing the root causes of our carbon footprint while also recognising the potential future need for offsetting emissions that cannot be eliminated. Before considering the use of carbon offsetting, our priority is to reduce our emissions as much as possible at the source. Offsetting will potentially have a part to play in our journey toward achieving net zero, but it must not be a substitute for direct action.



Emissions Boundary

To make sure there is transparency and accountability in our environmental impact reporting, we have established a clearly defined emissions boundary that comprehensively encompasses all Scope 1 and Scope 2 emissions, along with selected categories of Scope 3 emissions. This boundary reflects our commitment to transparency and alignment with current Scottish Government and Sustainable Scotland Network (SSN) guidance.

The Greenhouse Gas Protocol defines three scopes of emissions to help organisations measure and report on their carbon footprint. Scope 1 emissions are direct emissions from sources that an organisation owns or controls, such as fuel combustion in fleet vehicles or on-site heating systems. Emissions that are indirectly produced through purchased electricity, heat, or steam are referred to as Scope 2 emissions. Scope 3 emissions include all other indirect emissions that occur in an organisation's value chain, including emissions from business travel, commuting, waste disposal, and procurement. By identifying and addressing emissions across all three scopes, we can develop a comprehensive decarbonisation strategy.

Our emissions boundary applies to all of our operational sites, including our headquarters in Dundee and our regional offices across Scotland. However, we recognise the practical challenges associated with data collection across a diverse estate. Many of our offices are shared with other public sector organisations and this often means that we have limited access to direct utility consumption data. In cases where site-specific data is unavailable, we estimate consumption based on averages for the offices for which we do have available data. Scope 1 emissions include all direct greenhouse gas emissions from sources that are owned or controlled by our organisation, such as fuel used in Care Inspectorate-owned vehicles and gas used in heating our accommodation. Scope 2 emissions cover indirect emissions from the generation of purchased electricity that we consume in our operations. Together, these represent the core operational emissions over which we have the most direct influence.

In addition to reporting on our direct emissions (known as Scope 1) and the emissions from the energy we purchase (Scope 2), we also report on selected Scope 3 emissions. These are indirect emissions that result from our activities but occur outside our direct control. The categories currently included in our Scope 3 reporting are: water consumption, electricity transmission and distribution, waste management, business travel, hotel stays, staff commuting, and homeworking. These categories have been selected based on their relevance, materiality, and the availability of reliable data. We recognise that understanding and managing Scope 3 emissions is an evolving process, and we are committed to continually reviewing and refining our boundary as our data quality improves and our understanding of our value chain emissions deepens.

The following table provides an overview of the Care Inspectorate’s emissions boundary divided into the relevant scopes.



Care Inspectorate’s Emissions Boundary

Reduction Targets

In setting our emissions reduction targets for the coming year, we have modelled long-term emissions trajectories over the next two decades. This modelling compares two strategic options for achieving net zero: one aligned with the Scottish Government’s national target of 2045, and a more ambitious internal target of 2040. While our minimum commitment is to meet the 2045 target, we are actively working toward the earlier 2040 goal. Should our resources, capacity, and progress allow, we will accelerate our efforts to reach net zero ahead of schedule.

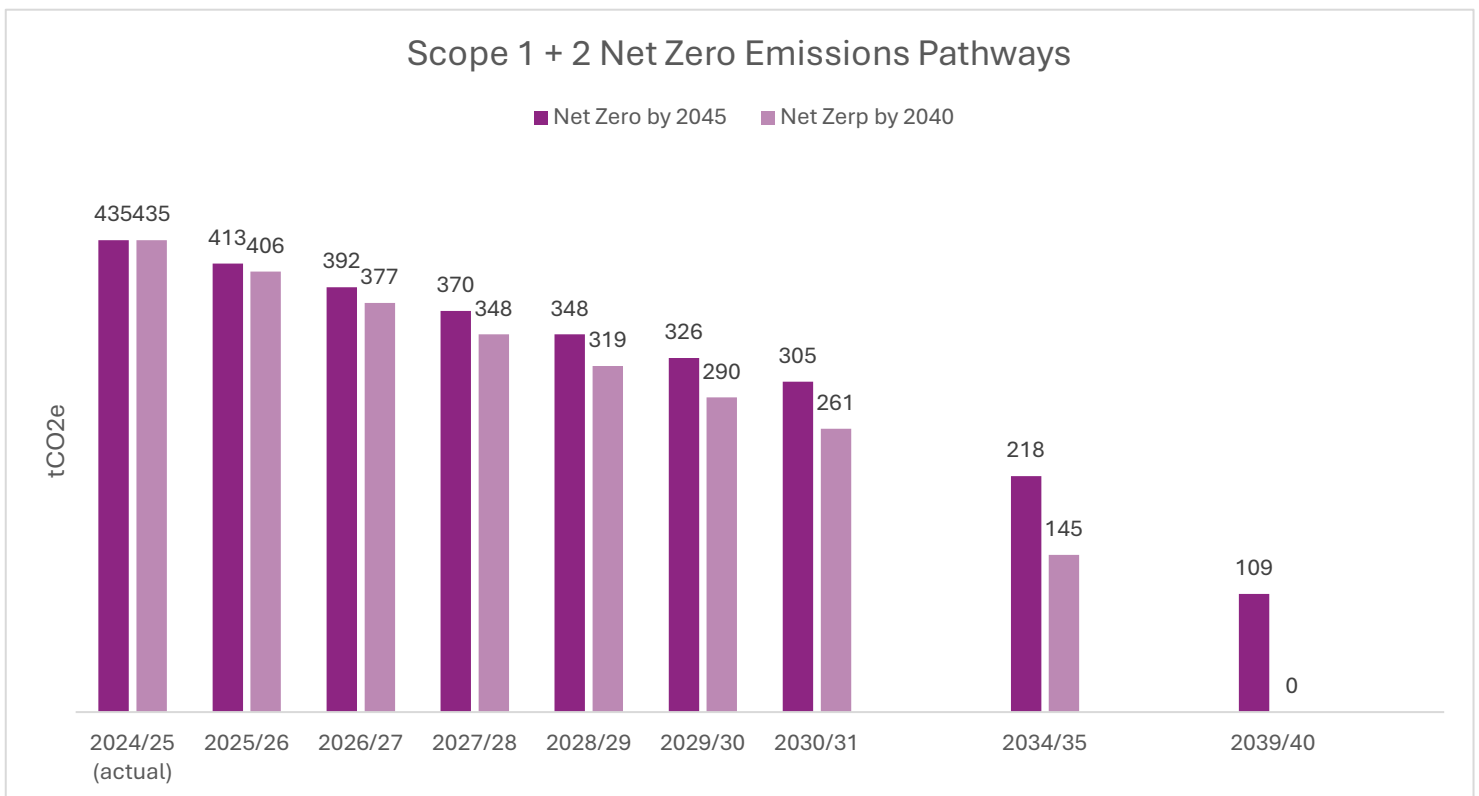
To make sure clarity and accountability, we have aligned our approach with the Greenhouse Gas Accounting Protocol and Scottish Government guidance by separating our decarbonisation pathways into two distinct streams: one for Scope 1 and 2 emissions, and another for Scope 3 emissions.

Scope 1 and 2 emissions, those from sources we own or control directly, such as on-site fuel use and purchased electricity, are within our operational control. This allows us to track and manage reductions with a high degree of confidence.

Scope 3 emissions are more complex and represent areas we can influence but often lack direct control over. Since 2024/25, we have expanded the categories we include in our Scope 3 reporting, adding three new emissions sources. While this broadens the scope and accuracy of our reporting, it also introduces discontinuity in our data, making it difficult to compare emissions trends across years. We are also yet to measure all of our scope 3 emissions, as there is not yet a suitable and reliable measure of emissions from procured goods and services.

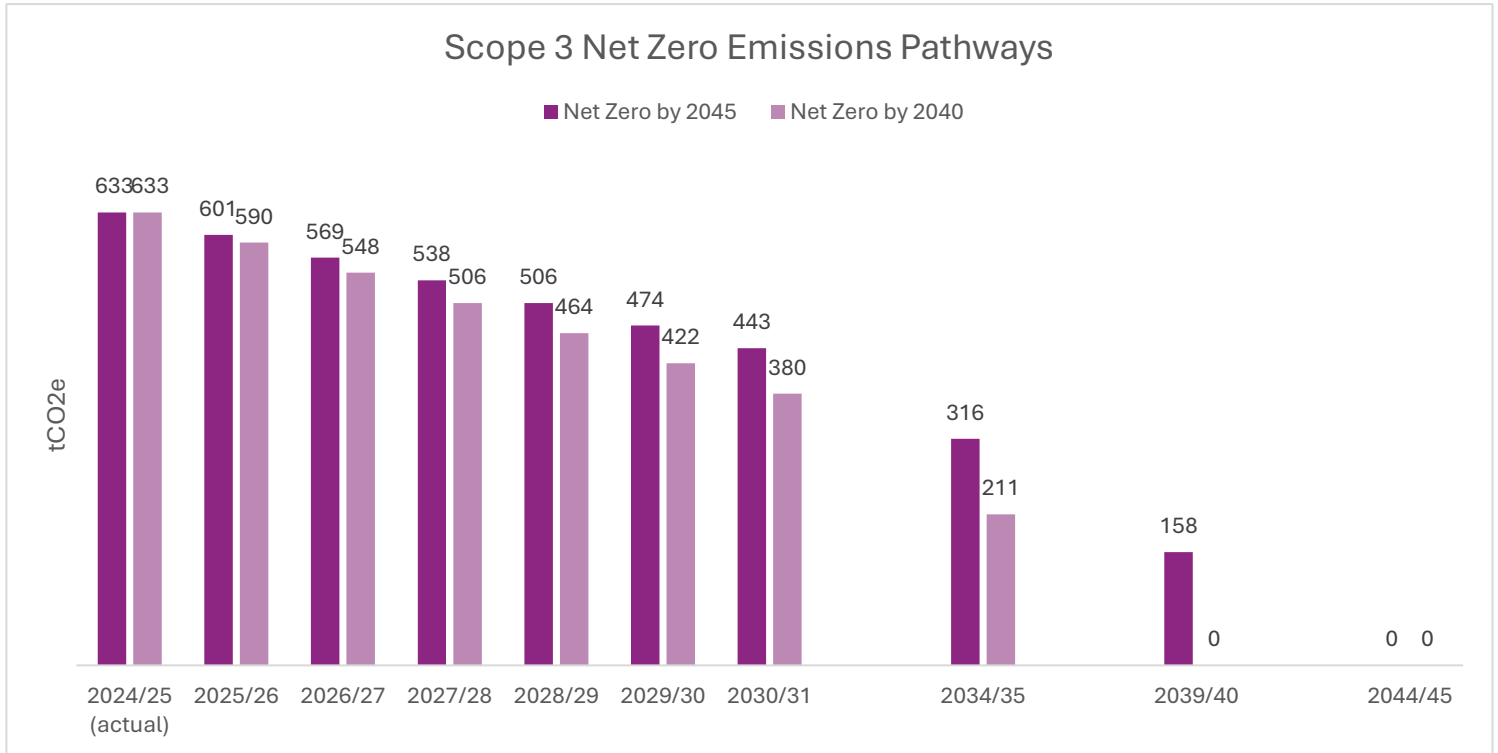
To reach net zero by 2045, we are required to reduce emissions by 5% year on year until 2044/45. To reach net zero by 2040, our reduction rate instead needs to be 6.7% per year. Whether we follow the 2045 pathway or accelerate toward 2040, our commitment remains the same: to reduce emissions as far and as fast as we can, in line with our responsibilities as a public body and our role in Scotland’s transition to net zero.

The graph below illustrates the trajectory for scope 1 and 2 combined, comparing both the 2045 and 2040 pathways.



Care Inspectorate’s Scope 1 and 2 Emissions Reduction Pathways, showcasing reductions needed to reach net zero by 2045 and 2040 respectively

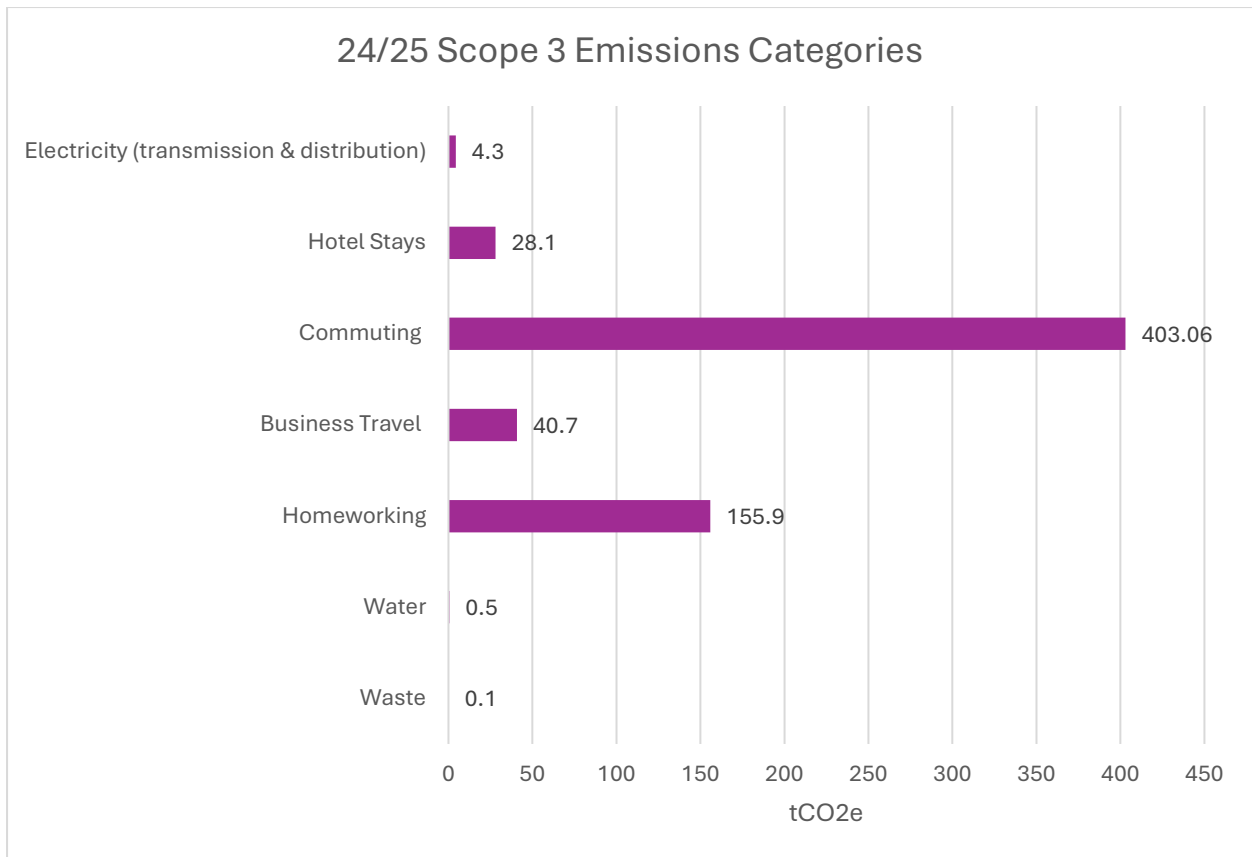
We have modelled a similar emissions trajectory for our Scope 3 emissions, recognising that this pathway may need to be adjusted over time as our emissions boundary expands. In the meantime, this pathway provides a valuable framework for planning and prioritising action across our wider operations. The graph below illustrates two potential pathways to net zero for Scope 3: one aligned with the national 2045 target, and a more ambitious trajectory aiming for 2040.



Care Inspectorate’s Scope 3 Emissions Reduction Pathways, showcasing reductions needed to reach net zero by 2045 and 2040 respectively

The graph below illustrates the breakdown of the Care Inspectorate’s scope 3 emissions by category. Commuting, which was added as a category this year, is by far the largest contributor to both our scope 3 emissions and our total emissions.

While some of our employees already commute using active travel or lower-carbon options such as rail or bus, our internal travel survey revealed that 83% of the total kilometres travelled to and from work are by single-occupancy car. This highlights a significant opportunity for emissions reduction within our commuting footprint. The travel survey had a 17% response rate (n=115) and was answered by employees with a range of different working patterns and office bases.



Breakdown of Scope 3 Emissions by Category (2024/25)

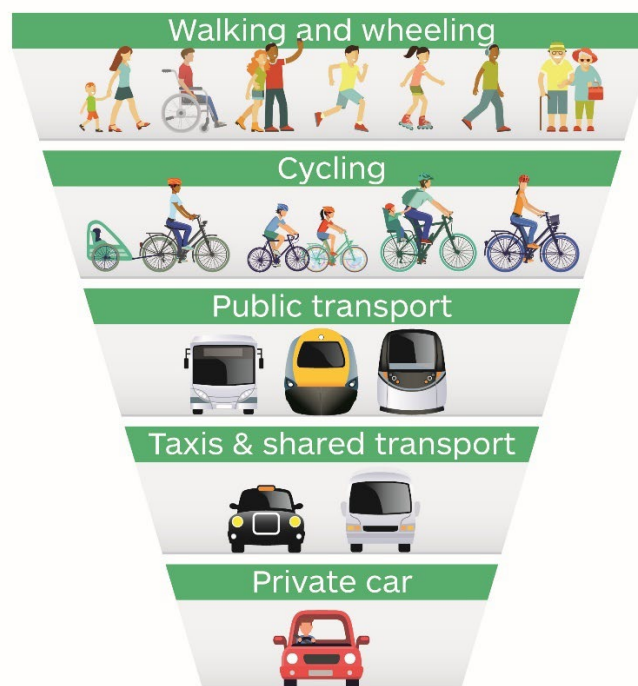
Given the significance of commuting in our Scope 3 emissions—accounting for 64% of the total—we are setting a dedicated target to reduce emissions from staff commuting by 10% by 2031. This target reflects our commitment to addressing the largest contributor within our indirect emissions and supports our broader net zero ambitions. We will work to achieve this through a combination of sustainable travel initiatives, flexible working arrangements, and staff engagement. Our aim is to empower staff with practical, accessible alternatives that reduce emissions while supporting wellbeing and work-life balance.

Priority Area: Sustainable Travel

In-person collaboration is key to our work at the Care Inspectorate, and travel is an important element of delivering our services across Scotland. However, travel is also a large contributor to our greenhouse gas emissions, and our impact on the planet. In the year 2024/25, travel related emissions accounted for 783 tCO₂e and made up 73% of our total emissions. Due to the rural nature of large parts of Scotland, it is sometimes difficult to travel long distances without the use of a car. It is however important that we do what we can as an organisation, to select more sustainable modes of transport where possible and cut down on travel where we are able to do so. Due to the nature of our work at the Care Inspectorate, in-person presence is often essential for delivering our regulatory services. As a result, travel is frequently required.

Adopting more sustainable travel options offers a range of additional benefits. These include reducing air and noise pollution, alleviating congestion, promoting healthier lifestyles, and enhancing staff wellbeing. We already have several measures in place to reduce travel emissions, such as a Cycle to Work Scheme, improved IT hardware and software and inspection planning tools allowing us to select the closest inspector with the correct specialism for an inspection. Our Business Travel and Subsistence Policy encourages the use of public transport where appropriate, as well as car sharing and the leasing of low emission vehicles over single occupancy use of internal combustion engine vehicles.

Prioritising Sustainable Transport



The Sustainable Travel Hierarchy, Transport Scotland

Over the next five years, we will work to integrate the Sustainable Travel Hierarchy across our operations, fostering a culture where staff feel confident and supported to adopt sustainable travel choices. Future travel will be planned with a holistic approach, where we carefully evaluate the environmental, social, and economic impacts against the anticipated benefits of each journey. Staff will also continue to be supported to make use of hybrid working arrangements, and meetings will be held in a hybrid environment wherever possible and appropriate, limiting the need to travel to the office more days than necessary. We will continue to encourage car-sharing among staff, both for business travel and commuting, and set up a dedicated channel for this. We commit to creating a Travel Plan, with individual actions for our different offices to incentivise active and sustainable travel.

Communications Objective: We work to make sure that Care Inspectorate employees feel confident in 'if' and 'how' they should travel for business. Our staff are aware of the incentives, policies and facilities in place to support them making sustainable travel choices, both when it comes to commuting and business travel.

Priority Area: Energy-Efficient Offices

Energy use is the Care Inspectorate's largest emissions category, and our estate is absolutely central to our efforts to reach net zero Scope 1 and 2 emissions by 2045. We currently operate across 11 offices across Scotland, 8 of which are shared with other public sector bodies. We have come a long way on our estates decarbonation journey, and we have reduced our energy emissions by 78% since our 2015/16 baseline (2024/25 figures). The Care Inspectorate does not own any offices, and we therefore have limited ability to significantly change or alter the buildings we occupy. However, there are still things we can do to contribute to the decarbonisation of our estate.

The emissions reduction journey will be different for all of our offices, with each requiring a specific approach. We will work with our landlords to assess and review environmental performance and encourage them to implement changes that help us mitigate and adapt to climate change. We will aim to have 'green' clauses included in all new leases, with commitments from our landlord to work to improve the energy efficiency and overall environmental impact of an office. Since we share several of our offices with other public bodies, there is a lot of opportunity for learning from each other. We aspire to foster a culture of collaboration, where best practices in sustainability, innovation, and operational efficiency are openly shared and jointly developed to benefit all partners involved

In addition to improving the energy efficiency of our offices, another key factor in reducing energy related greenhouse gas emissions is by reducing the amount of energy we use in the first place. This will be achieved by encouraging a culture of switching off appliances and optimising office temperatures to make sure they are set to energy-saving levels when possible, embedding low-carbon behaviours across the organisation.

Communications Objective: We raise awareness and drive behavioural change among staff and partners by promoting energy-saving practices and highlighting the benefits of increased energy efficiency across our office spaces, ultimately supporting our sustainability goals and reducing our environmental impact.

Carbon Offsetting

While not in scope for the 2026-2031 Sustainability Plan, the Care Inspectorate might not be able to reduce our emissions to absolute zero, and carbon offsetting might therefore become a future consideration. As a public body, it is our duty to reduce absolute emissions as much as we can before turning to offsets. We will observe the Scottish Government's stance that offsetting should not be treated as a

replacement for emissions reductions, but as an addition to them where emissions are unavoidable. This principle will guide our approach throughout the duration of the 2026–2031 plan.

In line with national guidance, public bodies are expected to use offsetting to achieve net zero for Scope 1 and 2 emissions. For Scope 3 emissions—those arising from our supply chain and other indirect sources—we will focus on influencing partners and suppliers to adopt their own insetting or offsetting strategies.

For the duration of this plan, we will focus exclusively on reducing emissions at the source. However, we will also begin to explore the potential role of offsetting in the next planning cycle. Specifically, we will investigate whether offsetting schemes could form a supporting pillar of the 2031–2036 Sustainability Plan. Should offsetting become necessary, we will prioritise the purchase of credits from domestic projects that contribute to Scotland's natural capital and support national progress toward achieving net zero by 2045.

The Second Duty: Contributing to the delivery of the Scottish National Adaptation Plan

Priority Area: Adapting to Climate Change

Scotland is already experiencing the tangible effects of climate change, and it is essential that we adapt to these changes to safeguard our services and the people who rely on them. The physical impacts—such as increased flooding, rising temperatures, and more frequent extreme weather events—pose significant risks to the continuity and quality of public services, particularly in health and social care.

The 10 warmest years on record in Scotland have all occurred since 1997, with the warmest year being 2022 (accurate as of June 2025). The average temperature for the decade 2014–2023 was 1.02 degrees above the 1961–1990 average. The average annual rainfall between 2014 and 2023 in Scotland also increased by 10% compared to the 1961–1990 average. The mean UK sea level has risen by approximately 18.5 cm since the early 1900s, and the rate of the sea level rise has accelerated in recent decades.

These environmental changes are not occurring in isolation. The social and economic consequences of climate change are likely to disproportionately affect vulnerable and disadvantaged populations, including older adults, people with disabilities, and those living in poverty. As climate-related disruptions intensify, they threaten to exacerbate existing inequalities and place additional strain on already stretched services.

Moreover, the changing climate presents growing risks to both the mental and physical health of people living in Scotland. Heatwaves, poor air quality, and

displacement due to flooding can lead to increased illness, stress, and trauma—especially among those with pre-existing health conditions. These impacts also challenge the resilience of Scotland's health and care systems, requiring proactive adaptation to make sure continuity of care and protection of public health.

The impacts of climate change in Scotland are expected to continue to include warmer and drier summers, milder and wetter winters, intense rainfall events and rising sea levels. Even with global efforts to mitigate greenhouse gas emissions, we will need to adapt to a certain level of climate change due to the greenhouse gas emissions that have already been released into the atmosphere. The Intergovernmental Panel on Climate Change (IPCC) defines climate change adaptation as: *“the process of adjustment to actual or expected climate and its effects, in order to moderate harm or exploit beneficial opportunities.”*

To this end, we will work to understand the climate risks and opportunities that may affect our operations and the people we serve. This includes identifying potential impacts on our services and accommodation, and developing adaptation strategies to mitigate these risks, ensuring that our services remain accessible, safe, and equitable in the face of a changing climate. The Scottish National Adaptation Plan 2024-29 places responsibility on the Care Inspectorate to share guidance with care services on how to prepare for and respond to extreme weather events:

To strengthen the resilience of social care services' systems and policies to more extreme weather, the Care Inspectorate will share guidance (from Scottish Government and Public Health Scotland) with providers through our information channels. (Scottish National Adaptation Plan 2024-2029)



Scottish National Adaptation Plan outcomes and their relationship to the UN Sustainable Development Goals, The Scottish Government

We are committed to ensuring that our adaptation efforts align with the adaptation outcomes set out in the 2024–2029 Scottish National Adaptation Plan. This plan provides a national framework for building resilience to climate change across Scotland, and we recognise our responsibility as a public body to contribute meaningfully to its delivery. Our organisational functions are particularly aligned with the SNAP outcome that “public services are collaborating in effective and inclusive adaptation action.” This means we actively seek to foster partnerships, share knowledge, and coordinate efforts with other public sector bodies to make sure that adaptation is integrated across services and communities.

To support this, we will continue to make full use of the guidance, tools, and training provided by Adaptation Scotland, which plays a key role in supporting public sector adaptation planning. We also intend to formalise our engagement by becoming a

member of the Public Sector Climate Adaptation Network (PSCAN), enabling us to stay informed of best practices, policy developments, and collaborative opportunities.

In addition, we will implement a structured approach to monitoring climate-related risks and impacts on our organisation. This includes regularly assessing how climate change may affect our operations, assets, and service delivery. Any risks identified through this process will be integrated into our corporate risk registers, ensuring they are considered in strategic planning and decision-making.

Communications Objective: We work to enhance our understanding of climate change's impact on our operations, the services we inspect, and the surrounding environment to make sure informed and responsible decision-making.

The Third Duty: Acting in the Most Sustainable Way

In alignment with the third climate change duty under the Climate Change (Scotland) Act 2009, we are committed to acting in the way we consider to be most sustainable when carrying out our functions. This duty goes beyond environmental performance alone and requires us to integrate social and economic performance in a holistic approach to sustainability. We aim to not only contribute to climate resilience and environmental stewardship, but to social equity and economic stability too, delivering sustainability efforts that provide broad and lasting benefits for current and future generations.

Priority Area: Governance

Effective governance is essential to make sure the successful delivery of the Sustainability Plan and its accompanying actions. The figure below sets out the structure for how sustainability is currently governed at the Care Inspectorate.



Care Inspectorate Governance Structure of Sustainability and Climate Change

Currently, all papers presented to the Strategic Management Group and the Board and its Committees are assessed in terms of their sustainability implications. By integrating sustainability principles into our governance structures, we make sure that every decision we make considers not only immediate outcomes but also the broader and longer-term impacts on people, the planet, and public value.

To achieve net zero, it is clear that the Care Inspectorate will need to adopt significant changes to our organisational culture, behaviours and mindset. Our Sustainability Plan is ambitious, requiring change across many areas of our organisation. We therefore must take a collaborative approach to delivering it, engaging meaningfully with colleagues from across the Care Inspectorate. Beyond monitoring and reporting on our emissions, we recognise that carbon management needs to be embedded within our directorates, and that employees should understand the impact of their actions on the organisation's greenhouse gas emissions. This will require essential engagement and accountability for senior staff and stakeholders.

Communications objective: Sustainability and climate change issues are integrated into what we do and how we work, and employees are aware of their roles and responsibilities in ensuring ambitious environmental and sustainability performance.

Priority Area: Sustainable Procurement

While not currently included in our emissions scope, we recognise that our procurement practices are critical to forging a sustainable future. Our commitment is to make sure that every procurement decision is made with a clear focus on delivering tangible environmental, social and economic benefits, as per the Sustainable Procurement Duty within the Procurement Reform (Scotland Act) 2014. We also continue to implement the Scottish Government's 2023-2028 Public Procurement Strategy, which sets out key objectives for public bodies in delivering the Sustainable Procurement Duty.

The Care Inspectorate's 2026-2031 Procurement Strategy outlines our commitment to delivering sustainable procurement and sets out key objectives related to the three pillars of sustainable development. For larger contracts, we employ the sustainability test and integrate sustainable criteria into the specification of products or services whenever possible. Additionally, we link these sustainability considerations to our evaluation criteria to make sure that our procurement processes support environmental and social responsibility. We include a sustainability statement in all invitations to tender and ask for evidence of the suppliers' environmental commitment where this is part of the quality criteria. All employees with procurement responsibility are to complete the Scottish Government climate literacy e-learning, and to consider the environmental, social and economic impact of their purchases.

We are dedicated to avoiding unnecessary purchases and reducing consumption by opting to use less of what we buy. Where appropriate, we will shift our focus from acquiring physical products to engaging services that meet our needs. We will also enhance sustainability through re-use and recycling initiatives and by fully addressing end-of-life management for the products we do acquire. We will make sure that Care Inspectorate staff feel confident in 'whether', 'what', 'how', 'how much' the organisation buys, and that the complete life-cycle of each purchase is assessed to make sure long-term sustainability and adherence to [the Scottish Policy Procurement Note 3/2022](#). We will, where possible, opt for goods that are lower in emissions, ethically sourced and produced and contribute to Scotland's wider sustainable economy and the transition to a circular economy. We will work to better understand our Scope 3 emissions, and report on them as guidance becomes available. This will enable us to take greater responsibility for our full carbon footprint and drive reductions beyond the current boundaries of our net-zero target.

Communications Objective: We will clearly communicate the rationale for responsible purchasing to colleagues across the Care Inspectorate with delegated procurement responsibility, ensuring staff understand the procurement expectations placed on them.

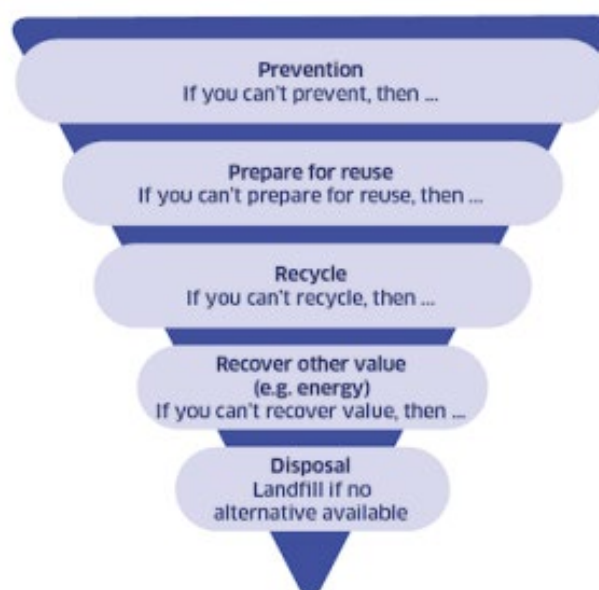
Priority Area: Circular Economy

A circular economy is an economic system aimed at eliminating waste and the continual use of resources. Unlike the traditional linear model, which follows a take-make-dispose pattern, the circular economy is regenerative by design, representing a fundamental change in how we view resources. The Scottish Government envisions a zero-waste society where all waste is viewed as a valuable resource and is minimised. The circular economy reduces our demand for raw materials through keeping resources in circulation, which in turn lowers greenhouse gas emissions through the reduced need to produce new products.

Public procurement policy should foster a culture that actively supports the circular economy. This means embedding sustainability into procurement decisions at every stage—starting with whether a purchase is necessary, what is being procured, how it is sourced, how much is bought, and what happens at the end of its life.

Every year, on the Monday before Black Friday, Circular Monday celebrates a different kind of consumption – one that is circular, not linear. Instead of take, make, waste, we highlight solutions that reuse, repair, rent, and share.

Why does this matter? Because in our [ClimateHero carbon calculator](#), consumption consistently shows up as one of the biggest pillars of personal emissions. What we buy, how we use it, and what happens after makes a huge difference. By shifting towards circular habits, we can reduce emissions at scale – together.



Scotland's Waste Hierarchy, Scottish Government

We will aim to be a resource efficient organisation, minimising the waste we produce, and maximising the re-use and repair of our resources. To support this, we will enhance the information available to employees on waste reduction and sorting practices. We will also review the recycling and waste sorting options currently available in our offices and explore the potential for broader sorting capabilities in offices within our control.

Communications Objective: We communicate our commitment to waste reduction and resource efficiency to drive action and accountability. Through targeted communications, we engage employees, partners, and stakeholders in circular practices like reducing consumption, reusing materials, and supporting recycling and repair.

Priority Area: Training and Resources for Sustainability

Ensuring our employees have the knowledge and skills to embed sustainability into their role is how we will reach our emissions reduction targets. We are currently in the process of identifying and developing detailed training programs that focus on the climate emergency and sustainability. These programs will be incorporated into our employee induction processes to make sure that new team members are immediately aware of our sustainability goals and how they can contribute to achieving them.

By improving the overall knowledge and understanding of climate issues and sustainability practices across the entire organisation, we aim to foster a culture of environmental responsibility. This heightened awareness will enable our employees to make informed decisions that contribute to our carbon reduction efforts.

Recognising the critical role that leadership plays in driving organisational change, we will also aim to provide specialist training for our Senior Management Group and Board. This training will be tailored to equip them with the strategic insights and tools needed to lead our sustainability initiatives effectively. By ensuring that our leaders are well-versed in sustainability practices, we can create a top-down approach that reinforces our commitment to achieving our emissions reduction targets and becoming a net-zero organisation by 2045. Our sustainability agenda will be embedded in the induction process for all new starts and responsibility will be continually reflected in our LEAD performance reviews.

Communications Objective: Employees at the Care Inspectorate are skilled, confident and knowledgeable on sustainability issues and what actions and behaviours they can adopt in their role to best drive the organisation's sustainability ambitions.

Delivering the Plan

While the Strategic Management Group will have overarching responsibility of the Sustainability Plan and the Action Plan, responsibility for individual actions will rest with action owners. These will be either Care Inspectorate officers or teams, and they will inform the annual progress report.

The actions cover an initial five-year period, with an updated plan developed for the five-year period from 2036 to 2041. Should we during this time identify additional actions with the potential to contribute to our emissions reduction and sustainability efforts, these will be added to the Action Plan. Given the rapid advances in climate change knowledge and the evolving nature of government policy and legislation, we recognise that components of this plan may need to be revisited and updated before its renewal date.

Reporting on our Progress

We commit to being open and transparent during our net zero journey, and we will provide regular updates on our progress against our Sustainability Plan and Action Plan.

A Sustainability Report will be produced each year with updates on our chosen actions, as well as any additions or changes to them. This report will be presented to the Senior Management Group and the Board and published on our website.

We further report on our climate change mitigation and adaptation measures, as well as sustainability initiatives, as part of our Public Bodies Climate Change Duties Report. This report will also be presented to the Senior Management Group and the Board and is available on Sustainable Scotland Network's website.

In addition to this, we annually report on our emissions data and sustainability progress as part of the Care Inspectorate's Annual Report and Accounts, this too is available on our website.

We also produce an annual Procurement Report which details our progress in achieving the sustainability priorities identified in our Procurement Strategy.

Communicating the Plan




In accordance with the guidance from Audit Scotland, we will develop a dedicated Communications Plan to complement our Sustainability Plan. The plan will outline how we will share our sustainability goals, progress, and initiatives with internal and external stakeholders to foster engagement, transparency, and accountability. The Communications Plan will be reviewed annually and will build on the communications objectives found within the Sustainability Plan.

As stated in "Net Zero Nation: Public Engagement Strategy for Climate Change" from 2021, the Scottish Government's vision is "that everyone in Scotland






recognises the implications of the climate emergency, fully understands and contributes to Scotland's mitigation and adaptation response, and embraces their role in the transition to a net zero and climate ready Scotland." Our ambition for our own organisation and employees is the same, and the forthcoming Communications Plan will reflect this.

Reference Number	SDG	Purpose	Action	KPI	Delivered by	Owner	2026/27	2027/28	2028/29	2029/30	2030/31	Deliverable within Existing Resource	High/Medium/Low Priority
Priority Area: Sustainable Travel													
ST.1	11	EV charge points	Explore improving the number of electric vehicle charging points available at CI offices. This will include assessing current and future demand, evaluating site suitability, and identifying funding opportunities.	# of EV charge points available per office	Ongoing	Estates Manager	✓	✓	✓	✓	✓	Yes	Low
ST.2	11	Cycle parking	Review number of CI offices with cycle parking and make sure this information is available to staff	% of CI offices with cycle parking on the premises, information available on the intranet Y/N	2027/28	Estates Manager and Communications	✓					Yes	Medium
ST.3	11	Cycle facilities	Review number of CI offices with shower and changing facilities available and make sure this information is available to staff	% of CI offices with showers on the premises, information available on the intranet Y/N	2027/28	Estates Manager and Communications	✓					Yes	Medium
ST.4	13	Travel plan	Develop travel plan for commuting and business travel in order to reduce related carbon emissions, with separate actions for different CI offices. Seek support from Travelknowhow Scotland and consider feedback from the 2025 staff travel survey.	Availability of Travel Plan Y/N	2028/29	Head of Finance and Corporate Governance Head of Human Resources		✓				Unlikely	High
ST.5	13	Public transport salary sacrifice scheme	Explore the availability and feasibility of setting up a salary sacrifice scheme for public transport tickets.	Availability of public transport salary sacrifice scheme Y/N	2027/28	Head of HR	✓	✓	✓	✓	✓	Yes	Medium
ST.6	13	EV/Hybrid salary sacrifice scheme	Explore setting up an EV/hybrid vehicle salary sacrifice scheme for CI employees, allowing them to save on the cost of a low emission vehicle	Availability of EV salary sacrifice scheme Y/N	2027/28	Head of HR	✓					Yes	Medium
ST.7	3	Step count challenge	Continue to facilitate staff participating in a step count challenge to encourage active travel and physical wellbeing	# of staff participating in step count challenge, # of promotions of the scheme	Ongoing	Human Resources	✓	✓	✓	✓	✓	Yes	Low
ST.8	3	Cycle Friendly Employer	Work towards Cycle Friendly Employer accreditations for our offices	% of offices accredited, accreditation level awarded (bronze, silver, gold)	2027/28	Head of HR and Estates Manager	✓	✓	✓	✓	✓	Yes	Low
ST.9	13	Pool bike scheme	Explore the business case for implementing bike pools at CI offices, reviewing which offices would be the best candidates for such a scheme. This will include reviewing which office locations are best suited based on factors such as staff interest, local cycling infrastructure, storage facilities, and proximity to key destinations	Availability of business case report Y/N	2028/29	Head of HR		✓				Yes	Low
ST.10	13	Employee car pooling group	Create a car pooling group on Viva Engage to help staff connect with colleagues who are interested in sharing journeys to and from CI offices	Availability of Viv Engage group dedicated to car pooling Y/N	2026/27	Communications	✓					Yes	Medium
ST.11	13	Commuting Survey	Capture and collate staff commuting data annually through survey to ensure up-to-date data for reporting	Survey completed Y/N	Ongoing	Finance and Procurement Manager	✓	✓	✓	✓	✓	Yes	High




Priority Area: Energy-Efficient Offices

Reference Number	SDG	Purpose	Action	KPI	Delivered by	Owner	2026/27	2027/28	2028/29	2029/30	2030/31	Deliverable within Existing Resource	High/Medium/Low Priority
EO.1		Net zero carbon action plans	Engage with landlords and other building tenants to produce and implement net zero carbon route maps and action plans for our offices.	% of CI offices with net zero carbon action plans in place	Ongoing	Estates Manager	✓	✓	✓	✓	✓	Yes	High
EO.2		Green leases	Explore including 'green' clauses in new leases with commitments from both the landlord and CI to improve energy efficiency and/or reduce the environmental impact of a building. Commitments could for example relate to the energy performance of the building, the zero waste/circular economy aspects of the building, the adaptation measures needed, and active travel facilities	% of new or renewed leases with reference to energy efficiency and/or environmental impact	Ongoing	Estates Manager	✓	✓	✓	✓	✓	Yes	High
EO.3		Energy & water efficiency audits	Undertake yearly energy and water efficiency audits for CI offices through site walkarounds using energy and water audit checklists. This aims to improve understanding and support interventions related to our offices, including behaviour change, technology and operational practices	% of offices with available energy audits.	Ongoing	Estates Manager	✓	✓	✓	✓	✓	Maybe	High

Priority Area: Adaptation to Climate Change

A.1		Adaptation Capability Framework	Continue to review and improve CI's adaptation capabilities by using the Adaptation Capability Framework, using the Benchmarking Tool to measure progress	Availability of adaptation reviews Y/N	Ongoing	Corporate Services		✓	✓	✓	✓	Unlikely	Medium
A.2		Public Sector Climate Adaptation Network	Establish membership in the Public Sector Climate Adaptation Network hosted by Adaptation Scotland	Membership established Y/N	2027/28	Finance and Procurement Manager		✓				Unlikely	Low
A.3		SNAP3 (Scottish National Adaptation Plan 2024-2029) adaptation action	Work with Scottish Government, Public Health Scotland and Adaptation Scotland partners to ensure we understand and do what is expected of us in terms of fulfilling the CI adaptation action which states: to strengthen the resilience of social care services' systems and policies to more extreme weather, the Care Inspectorate will share guidance (from Scottish Government and Public Health Scotland) with providers through our information channels.	Adaptation action fulfilled Y/N	Ongoing	Health and Safety Manager and Communications	✓	✓	✓	✓	✓	Yes	Medium
A.4		Climate change risk assessment	Undertake a climate change risk assessment to ensure that climate change risks are appropriately addressed within CI's Corporate Risk Register, and that CI is prepared for future weather events that can impact us, and the organisations we inspect	Climate change risk assessment undertaken Y/N, Inclusion of relevant climate risks in CI's Corporate Risk Register Y/N	2027/28, 2029/30	Head of Finance and Corporate Governance		✓			✓	Maybe	High
A.5		Severe Weather Guidance	Update the Severe Weather Guidance to signpost staff to advice on how to cope with extreme heat, heavy rainfall, flooding, and other climate change related weather events	Severe Weather Guidance updated Y/N	2027/28	Health and Safety Manager		✓				Yes	High

Priority Area: Governance




G.1		Sustainability as standing agenda topic	SMG and Corporate Services DMT meeting report templates to be updated to include sustainability as a standing agenda topic	Sustainability as a standing agenda item Y/N	2026/27	Head of Customer Services	✓					Yes	Medium
G.2		SMG Terms of Reference	Update SMG terms of reference to include monitoring and reviewing the Sustainability Action Plan	Terms of reference updated Y/N	2027/28	Head of Customer Services		✓				Yes	Medium
G.3		Public Bodies Climate Change Duties Report	Ensure the Care Inspectorate's Public Bodies Climate Change Duties Report is presented to the Senior Management Group and the Board annually	Report submitted to SMG and Board Y/N	Ongoing	Finance and Procurement Manager		✓	✓	✓	✓	Yes	High

Reference Number	SDG	Purpose	Action	KPI	Delivered by	Owner	2026/27	2027/28	2028/29	2029/30	2030/31	Deliverable within Existing Resource	High/Medium/Low Priority
G.4		Transparency	Sustainability Action Plan progress reports to be developed and uploaded on our website annually	Progress reports available on website Y/N	Ongoing	Finance and Procurement Manager		✓	✓	✓	✓	Unlikely	Low
G.5		Sustainability in job descriptions	Include 'climate and sustainability' and 'sustainable procurement' into directors' and managers' duties where relevant	Job descriptions published in the past year contain references to climate and sustainability where relevant and proportionate Y/N	Ongoing	Head of Finance and Corporate Governance and Head of HR		✓	✓	✓	✓	Maybe	Medium
G.6		Templates for CI policies and plans	Update templates for CI plans and policies to include sustainability as a key consideration	Templates updated Y/N	2027/28	Head of Customer Services		✓	✓	✓	✓	Yes	High
G.7		SMG	Provide visible senior leadership in promoting sustainability measures and/or awareness on climate change and sustainability	# internal messaging relating to sustainability from Directors, and Members of the Senior Management Group	Ongoing	SMG members and Directors	✓	✓	✓	✓	✓	Maybe	High
G.8		Sustainability Officer	Review the need to appoint a permanent Sustainability Officer (full/part time) to lead on delivery of the Sustainability Plan from 2027/28 onwards	Report to SMG February 2027	2026/27	Corporate Services	✓					Yes	High
G.9		2030-2035 Sustainability Plan	Develop updated Sustainability Plan with updated objectives, actions and targets	Board approval June 26	2026/27, 2029/30	Corporate Services	✓				✓	Yes	Low

Priority Area: Sustainable Procurement






SP.1		Carbon literacy	Ensure employees with direct and delegated procurement responsibility have undergone the Scottish Government's carbon literacy training	% of relevant staff with up to date training certificates	2026/27	Finance and Procurement Manager	✓	✓	✓	✓	✓	Yes	Medium
SP.2		Single-use plastics policy	Develop a single-use plastics policy, with the aim to eliminate the procurement and use of single-use plastic food and drink containers and cutlery across the organisation	Availability of policy Y/N	2027/28	Head of Customer Services		✓				Yes	High
SP.3		Sustainable procurement tab on website	Include information on CI's sustainability commitments and requirements for suppliers on the CI website	Availability of sustainable procurement wording on website Y/N	2027/28	Finance and Procurement Manager		✓				Yes	Medium
SP.4		Residual Emissions Action Plan (Offsetting Strategy)	Produce a strategy outlining how CI will address unavoidable scope 1 and 2 emissions by investing in high-quality, verified carbon offset projects, ensuring we achieve net-zero by neutralizing residual emissions through credible, transparent, and sustainable offsetting methods.	Availability of offsetting strategy Y/N	2030/31	Finance and Procurement Manager					✓	Unlikely	Low
SP.5		Scope 3 emissions	Work to identify ways to measure, report on, and reduce scope 3 emissions associated with our procurement of goods of services	Scope 3 procurement emissions measured and reported on as part of PBCCD Report Y/N	Ongoing	Finance and Procurement Manager		✓	✓	✓	✓	Yes	High
SP.6		Process maps	Update process maps for all procurement processes to ensure sustainability, carbon emissions and the circular procurement hierarchy (Reduce, Re-use, Recycle and Recover) are considered at an early stage as part of commodity strategy development	Sustainability, carbon emissions and circular economy considerations included as part of process maps Y/N	2027/28	Finance and Procurement Manager		✓				Yes	High
SP.7		Flexible Framework	Annually complete and report progress against the Flexible Framework. Based on the results, set clear, measurable targets for continual improvement across all levels of the organisation. The assessment should be reviewed each year to track development, identify new opportunities, and ensure alignment with evolving best practice and policy commitments.	Flexible Framework completed and targets set Y/N	Ongoing	Finance and Procurement Manager		✓	✓	✓	✓	Yes	Medium

Reference Number SDG Purpose
Priority Area: Circular Economy

Reference Number	SDG	Purpose	Action	KPI	Delivered by	Owner	2026/27	2027/28	2028/29	2029/30	2030/31	Deliverable within Existing Resource	High/Medium/Low Priority
CE.1		Waste disposal review	Review bins provision at CI office sites. For offices within our control, we will explore opportunities to expand sorting options to include a wider range of recyclable and compostable materials. This may include introducing separate bins for food waste, soft plastics, and other streams	Waste bin review available Y/N	Ongoing	Estates Manager		✓	✓	✓	✓	Maybe	Low
CE.2		Information posters	Enhance staff awareness of proper waste disposal at offices within our control by displaying informative posters that visually distinguish which items belong in each bin and which do not, using colour coding, icons, and real-life examples	Informative posters in place Y/N	2027/28	Estates Manager		✓				Yes	High
CE.3		Reuse of devices	Continue to explore the possibility of sending expired devices for reuse instead of recycling where feasible	# of expired devices sent for recycling	Ongoing	Head of IT Service Delivery	✓	✓	✓	✓	✓	Yes	Medium

Priority Area: Training and Resources for Sustainability

T&R.1		Travel hierarchy	Include an introduction to sustainable travel and the travel hierarchy in staff inductions, helping new employees understand the environmental impact of travel choices and encouraging low-carbon commuting and business travel from the outset.	Updated staff induction check list Y/N	2027/28	Human Resources		✓				Maybe	High
T&R.2		Sustainability Champions Group	Encourage and facilitate collaboration on sustainability through the 'Sustainability Champions' group, ensure group has representation from all CI directorates	# of meetings of Sustainability Champions Group, # directorates represented in the group,	Ongoing	Finance and Procurement Manager	✓	✓	✓	✓	✓	Maybe	High
T&R.3		Sustainability training	Sustainability training module as part of induction and essential training, module to include information on sustainability, climate change, climate mitigation and adaptation	Module available Y/N, % of staff completed sustainability module	Ongoing	Finance and Procurement Manager and Head of OWD	✓	✓	✓	✓	✓	Maybe	High
T&R.4		Sustainability training	Members of the Board, the Directors and the Senior Management Group to be trained on sustainability and climate change	% of CI Board, Directors and Senior Management Group trained on carbon literacy	Ongoing	Finance and Procurement Manager and Head of OWD	✓	✓	✓	✓	✓	Maybe	High
T&R.5		Sustainability in development reviews	Include 'climate and sustainability', and 'sustainable procurement' where relevant, as standing items on 1-1 LEAD development reviews to increase staff awareness and to allow discussion of individual working practices.	LEAD review template updated to include references to climate and sustainability and sustainable procurement Y/N	Ongoing	Head of Finance and Corporate Governance and Head of OWD	✓	✓	✓	✓	✓	Yes	Medium
T&R.6		Staff survey	Implement a staff survey on knowledge, attitudes to and awareness of sustainability and climate change to measure this against 2030 responses	Survey completed Y/N	2027/28, 2030/31	Finance and Procurement Manager		✓				Maybe	Low
T&R.7		Sustainability awareness	Communicate on sustainability and climate change internally, informing staff on the importance of climate action and on what they can do as part of their work to further the Care Inspectorate's climate targets	# of internal communications	Ongoing	Communications, Finance and Procurement Manager, Estates Manager	✓	✓	✓	✓	✓	Maybe	High
T&R.8		Sustainability awareness	Communicate on sustainability and climate change externally, informing the public on the Care Inspectorate's climate ambitions and actions	# of external communications	Ongoing	Communications, Finance and Procurement Manager, Estates Manager	✓	✓	✓	✓	✓	Maybe	High
T&R.9		Viva Engage Channel	Set up a Viva Engage page for staff to engage in sustainability and climate change discussions	Viva Engage channel available Y/N	2026/27	Communications, Finance and Procurement Manager, Estates Manager	✓					Maybe	Medium

Reference Number	SDG	Purpose	Action	KPI	Delivered by	Owner	2026/27	2027/28	2028/29	2029/30	2030/31	Deliverable within Existing Resource	High/Medium/Low Priority
T&R.10		Sustainability Intranet Page	Create a Sustainability quick link on Intranet where staff can access training, resources, and updates related to the Sustainability Action Plan	Sustainability Hub created Y/N	2027/28	Communications, Finance and Procurement Manager, Estates Manager		✓				Unlikely	Medium
Priority Area: Communications & IT													
C&IT.1		Sustainability Communications Plan	Develop a Sustainability Communications Plan for informing colleagues and external stakeholders on sustainability and climate change, including Care Inspectorate targets and metrics, and pro-environmental behaviours, renew this yearly	Sustainability Communications plan available Y/N	Ongoing	Communications, Finance and Procurement Manager, Estates Manager	✓	✓	✓	✓	✓	Yes	High
C&IT.2		Digital records lifecycle management	Implement Retention and Disposal Procedure to limit our digital carbon footprint	Records are reviewed annually Y/N	Ongoing	Head of IT Service Delivery		✓	✓	✓	✓	Yes	Medium
C&IT.3		Cloud emissions	Review our cloud based emissions annually, implementing reduction strategies where possible.	Review completed Y/N	Ongoing	Head of IT Service Delivery	✓	✓	✓	✓	✓	Yes	High
C&IT.4		Website carbon footprint	Conduct a yearly audit of the new CI website to determine their CO2 footprint per visit, implementing carbon reduction efforts where possible	Website audit completed Y/N	Ongoing	Head of IT Service Delivery, Communications		✓	✓	✓	✓	Yes	Medium



Title:	CARE INSPECTORATE AND SCOTTISH SOCIAL SERVICES COUNCIL PARTNERSHIP AGREEMENT
Author:	Jackie Irvine
Responsible Director:	Jackie Irvine, Chief Executive
Appendices:	1. Partnership Agreement – Final signed
Consultation:	As discussed at the joint Scottish Social Services Council (SSSC) and Board development session on 5 March 2026. Further refined and agreed by Chair and Convener at the Quarterly CI/SSSC Strategic Leaders Group on 16 April 2026.
Resource Implications:	No

EXECUTIVE SUMMARY

The Partnership Agreement between the Care Inspectorate and the SSSC has been in place for some considerable time and is subject to review and update annually.

The Board is invited to:

- Please note this content of the Partnership Agreement.

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

CARE INSPECTORATE AND SSSC PARTNERSHIP AGREEMENT**1.0 INTRODUCTION / BACKGROUND**

The Partnership Agreement between the Care Inspectorate and the SSSC has been in place for some considerable time and is subject to review and update annually.

1.1 Operational Group

The work of the joint operational group very much reflects the vision and principles within the Partnership Agreement.

2.0 REVISED PARTNERSHIP AGREEMENT

Following the joint development event of the Care Inspectorate Board and SSSC Council on 5 March 2026, the Chief Executives reviewed the Partnership Agreement to reflect the discussion of the session focusing on the Corporate Plans of both organisations. This revised document was then discussed with the Care Inspectorate Chair and the SSSC Convener at the Quarterly Strategic Leadership Group on 16 April 2026.

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

There are no resource implications.

3.2 Sustainability

The Partnership Agreement should stay in place going forward in order to sustain the partnership and relationship between the Care Inspectorate and the SSSC, and remain an agenda item on future annual joint development sessions.

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

The Partnership Agreement outlines and illustrates the areas of work from both organisations that align and ensure the safety and wellbeing of those receiving social care support across Scotland.

4.0 CONCLUSIONS/NEXT STEPS

The Board is asked to note the content of this revised Partnership Agreement.



Partnership Agreement between the Scottish Social Services Council (SSSC) and the Care Inspectorate.

The SSSC and the Care Inspectorate: A commitment to partnership in improving the experience and outcomes for people who use social services in Scotland.

Introduction

The SSSC and the Care Inspectorate have a shared aim to improve the experience and outcomes for people who use social services in Scotland. This partnership agreement supports our strategic joint working. We also have separate agreements covering data sharing, data processing, and shared services.

The SSSC has a statutory duty to register and regulate the social service workforce and its education and training. It is also the Scottish partner of the sector skills council, Skills for Care and Development, with the responsibility for workforce development and planning.

The Care Inspectorate is the everyday name for Social Care and Social Work Improvement Scotland, the scrutiny body created by the Public Services Reform (Scotland) Act 2010. The Care Inspectorate regulates and inspects individually registered social care services and carries out inspections of aspects of social work practice and joint inspections of the work of strategic partnerships, including children's services partnerships, public protection committees and integrated health and social care partnerships. The Care Inspectorate has a statutory duty to identify, promulgate and promote good practice, as part of supporting quality improvement in services.

The SSSC and Care Inspectorate are independent bodies with separately defined statutory duties and powers for regulating different aspects of the social services sector. We adopt a shared approach to regulation which promotes the rights, independence and wellbeing outcomes for people experiencing care, with a focus on relationships rather than just compliance with technical inputs. We jointly promote quality improvement and innovation across the sector. We will continue to adopt a rights-based approach to regulation and quality improvement and ensure that our work fully upholds the developing human rights legislation, policy, and practice.

We support each other to fulfil our statutory responsibilities and identify opportunities to work together to achieve our mutual aims.

We align our respective vision, purpose and outcomes and we mutually contribute to reviewing these.

Vision

The SSSC: Social work, social care and children and young people services in Scotland are delivered by a trusted and skilled, confident, and valued workforce, providing the high-quality care people of Scotland need now and in the future.

The Care Inspectorate: Everyone in Scotland experiences high quality, compassionate care, support, and learning when they need it, which upholds their rights and choices.

Purpose and mission

The SSSC: We protect the public by registering social workers, social care workers and the children and young people workforce, setting standards for their practice, conduct, training, and education and by supporting their professional development. Where people fall below the standards of practice and conduct, we can investigate and act.

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

- Ensure those who experience care and support – and their communities – are at the heart of what we do.
- Register, inspect and resolve complaints about social care services.
- Work to ensure experiences and outcomes promote and uphold individual rights.
- Support services to continuously improve through effective self-evaluation and quality improvement.
- Actively share learning and good practice from and to the sector.
- Take action where we see people are not being cared for safely and their outcomes are not being met.
- Keep the public informed and assured about the quality of social care across Scotland.

Outcomes

The SSSC:

- Trusted: People who use services are protected by a regulated

workforce that is fit to practise.

- Skilled: our work supports the workforce to deliver high standards of professional practice
- Confident: Our work enhances the confidence, competence, and career opportunities of the workforce.
- Valued: The workforce is understood, heard and acknowledge for the work that they do.

The Care Inspectorate:

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

This partnership agreement sets out the following.

- The principles of how we work together.
- The benefits of us working together.
- Areas where we have a shared interest and can add mutual value.
- Making it happen.

1. Principles of how we work together

We follow common principles to help us work together.

Purpose: Partnerships work well when purpose, objectives and roles of agencies are mutually shared and understood, reviewed on a regular basis, and clearly set out in relevant documents.

Value: Partnerships work well when agencies share resources, skills, and experience to enhance their impact and deliver more effectively. Organisations can contribute to policy making and broader shared priorities. There is a focus on innovation and quality improvement and how agencies work together to deliver best value for money.

Engagement: Partnerships work well when relationships between agencies, departments and stakeholders are open, honest, constructive, and based on trust. There is mutual understanding about each other's objectives and clear expectations about shared interests.

The principles ensure that our collaborative actions:

- are in the best interests of people who use services and carers.
- are proportionate.
- reduce bureaucracy and duplication.

- recognise that we are equal in partnership with an element of different/distinct responsibilities.
- organisations with specific and complementary roles in improving the quality of practice and care in Scotland’s social services.

2. The benefits of us working together

- Improved outcomes for people who use services and carers by reinforcing and strengthening our regulatory protection roles with our shared commitment to protection and quality improvement.
- Less duplication and more consistency for the sector as we influence each other’s development and quality improvement work, and produce and promote joint guidance where appropriate.
- Ensuring we influence through our ability to amplify and reinforce each other’s messages where appropriate.
- Increasing public understanding of our shared aims and recognition of the value and role of social care, social work and early learning and childcare workforce to attract high quality staff and improve outcomes.
- Reviewing and developing our work together in line with statutory requirements, national policy and reviews such as the Promise and the actions and recommendations that come from these.
- Delivering Best Value

The overarching message to people who use services, carers and the public is that we are partner organisations working closely together to improve the quality of care, the protection of vulnerable people and provide public confidence in social services.

3. Shared areas of interest/purpose and added value to the sector

These are the priority areas in which we have a shared interest and/or we can bring added value.

<p>Strategic policy: working together to influence policy and decision makers</p>	<p>Valued/Involve and inform</p> <p>Both organisations will work to ensure policy positions and consultation responses complement and enhance each other’s work as far as possible.</p>
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	Where appropriate adopt joint policy positions and jointly engage with major stakeholders and users of services
Regulating services and the workforce: meeting the Health and Social Care Standards and SSSC Codes of Practice for Social Service Workers and Employers of Social Service Workers	<p>SSSC Trusted and Skilled</p> <ul style="list-style-type: none"> • Publish and promote the Codes of Practice • Ensure all workers are registered and qualified within statutory timescales • Inform the Care Inspectorate of service providers who are not meeting the Code of Practice for Employers or Health and Social Care Standards
	<p>Care Inspectorate Assure and Improve</p> <ul style="list-style-type: none"> • Promote the Codes of Practice as part of signposting good practice and ensuring employers adhere to the Code • Work with employers to make sure they have plans in place for registering their workforce • Inform the SSSC of fitness to practise referrals where appropriate (provider has failed to refer, or misconduct directly observed)
Workforce and service development and improvement: working together to share intelligence, develop resources and improve outcomes for people who use services	<p>Confident and Valued / Assure and Improve</p> <p>Both organisations will work to share data and intelligence to:</p> <ul style="list-style-type: none"> • Focus our regulatory efforts • As an evidence base to improve services and the workforce • Develop joint resources to support services and the workforce

We will identify a way to bridge these areas where we have links and shared interests.

At the same time, we will recognise each other's right to hold a separate view on issues, including those set out in the table. We are also key stakeholders for each other, and we will keep each other up to date and seek their insights. This agreement sets out how we will develop arrangements for sharing information and insights.

4. Making it happen

- The SSSC Council and the Care Inspectorate Board to meet annually to discuss this agreement and hold wider discussion and debate about our partnership and how we implement and promote it externally. Our Chair/Convener are members of the respective Council and Board, which hold regular joint events.
- A joint report to Board/Council annually on joint work over the preceding 12 months and delivery plan for the following 12 months.
- Chair/Convener and Chief Executives to meet quarterly and agree and oversee progress of the annual delivery plan by Directors from both organisations.



Jackie Irvine
Chief Executive
The Care Inspectorate

Date:



Maree Allison
Chief Executive
Scottish Social Services Council

Date: 24 April 2026



Title:	STRATEGIC RISK REGISTER MONITORING REPORT		
Author:	Kenny Dick, Head of Finance and Corporate Governance		
Responsible Director:	Jackie Irvine, Chief Executive		
Appendices:	1.	Summary Strategic Risk Register	
	2.	Strategic Risk Register Monitoring Statement	
Consultation:	None		
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 14 May 2026.

The Board is invited to:

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

Links	Corporate Plan Outcome (Number/s)		Risk Register	Yes			
For Noting		For Discussion	<input checked="" type="checkbox"/>	For Assurance		For Decision	

Equality Impact Assessment

Yes <input type="checkbox"/>	Not Yet <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	One is planned or is already in progress	Reason: Monitoring report.

Data Protection Impact Assessment Screening

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

BOARD MEETING 4 JUNE 2026

Agenda item 20
Report No: B-14-2026/27

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 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.
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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.

STRATEGIC RISK REGISTER MONITORING REPORT

1.0 INTRODUCTION/BACKGROUND

The Care Inspectorate's Strategic Risk Register is reviewed at each meeting of the Audit and Risk Committee and the Board. This report highlights changes in the risk position or risk management issues. The Audit and Risk Committee considered the risk position at its meeting of 14 May 2026. There are no issues the Committee wishes to draw the Board's attention to.

It should be noted the Board's annual development event to review the strategic risk register and risk management framework is scheduled for the afternoon of 4 June 2026.

2.0 STRATEGIC RISK REVIEW

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

Risk Owner – Executive Director of Corporate Services

The residual risk score is 6 (medium). This reflects the revised resource modelling work and budget discussions held with our Sponsor Department. We are confident the Care Inspectorate's required funding position for 2027/28 is well understood and supported by our Sponsor. We will continue to work with our Sponsor to ensure our funding is sufficient to sustain the increased scrutiny capacity we are building during 2026/27.

This risk is at its target level.

2.2 Strategic Risk 2 - Workforce Capacity

Risk Owner – Executive Director of Corporate Services

The residual risk score is 9 (medium). This is due to our continuing progress in expanding our scrutiny capacity.

There is a close relationship between Strategic Risk 1 (Financial Sustainability) above and this workforce capacity risk.

We must plan recruitment and retention within the context of the improved financial position and the most recent resource and capacity modelling findings.

The residual risk score is above target level but is below the tolerance level of 10 (medium).

2.3 Strategic Risk 3 - IT Data Access and Cyber Security
Risk Owner – Executive Director of Digital and Data

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

The target level for this risk is 6 (medium) and our tolerance has been set at 12 (high). This risk has been above its target level for 51 months. There are several further actions in progress to further mitigate this risk and the tolerance level will be reviewed again after 30 September 2026 (following Stage 2 Transformation implementation).

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

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

This risk has been above its target level for 38 months.

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

This risk will be significantly affected by the implementation of Stage 2 transformation which is due in August 2026.

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

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

This risk has been above its target for 25 months but is within the tolerance level.

3.0 RESIDUAL RISK TOLERANCE RATING

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

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.

4.0 IMPLICATIONS AND/OR DIRECT BENEFITS

4.1 Resources

There are no resource implications associated with this report.

4.2 Sustainability

There are no sustainability implications associated with this report.

4.3 Policy

There are no policy implications associated with this report.

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

Our risk management process is intended to support the delivery of our strategic objectives which have the aim of delivering improvements in the provision of care.

4.5 Customers (Internal and/or External)

There are no direct customer implications or benefits.

5.0 CONCLUSIONS/NEXT STEPS

The Board is requested to review the Strategic Risk Register. Any issues, changes or amendments should be considered at the upcoming Board development event.

SUMMARY STRATEGIC RISK REGISTER: 2026/27 (as at 4 June 2026)

No.	Risk Area	Corporate Plan	Lead Officer	Raw Score (LxI)	Raw Grade	Initial Residual Grade	Current Residual Grade
1	Financial Sustainability	SO 1,2,3,4	EDCS	16	High	Medium 9	Medium 6
2	Workforce Capacity	SO 4	EDCS	16	High	Medium 9	Medium 9
3	ICT Data Access & Cyber Security	Digital Trans	EDD&D	20	Very High	High 12	High 12
4	Legacy Business Applications	Digital Trans	EDD&D	25	Very High	High 15	High 15
5	Capacity Diverted to Inquiries / Operation Koper	SO 4	EDsA&I (adult & children)	20	Very High	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

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

Lead Officers

- CE Chief Executive
- EDsA&I Executive Directors Assurance and Improvement
- EDCS Executive Director Corporate Services
- EDD&D Executive Director Digital and Data

Strategic Risk Register Monitoring

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

	<p>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. 												<p>viii. Strategic Workforce Plan 2023 -26 and associated action plan agreed by Board</p> <p>ix. Triennial staff survey with PULSE surveys in between</p> <p>x. Dedicated recruitment team</p> <p>xi. Sponsor have awareness of the impact of inquiry workload demands</p> <p>xii. Completed a review of Inspector resource requirement and capacity</p>	<p>iv. Review of inspection frequency</p> <p>v. Further developing holistic performance and resources monitoring approach across our scrutiny, assurance and quality improvement functions</p> <p>vi. Introduction of new performance monitoring dashboards</p> <p>vii. Continued recruitment of additional Inspectors to increase capacity</p>		
3	<p>IT Data Access & Cyber Security</p> <p>What is the Potential Situation? Our systems or data are compromised due to cyber security attack.</p> <p>What could cause this to arise? 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? 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	↔	<p>In Place:</p> <p>i. IT security compliance monitoring and reporting to evidence the controls.</p> <p>ii. IT staff trained on security products in use, with dedicated security resource to develop plans</p> <p>iii. Active security controls aligned with NCSC guidelines Disaster Recovery plans in place to support data and system recovery</p> <p>iv. Cyber Security assessments (including Cyber Essentials+) maintained annually</p> <p>v. Routine security testing of internal and externally facing systems</p> <p>vi. Cyber Security Maturity independently assessed, with an improvement plan maintained to develop and evidence the maturity of cyber controls.</p> <p>vii. Regular updates to Leadership teams and the ARC to provide assurance on Cyber Security improvements</p>	<p>Further Actions:</p> <p>i. Phase 3 of the Cyber Security improvement plan, to develop security maturity towards an Optimised state.</p> <p>ii. Develop IT staff cyber security awareness and technical training through formal certifications.</p> <p>iii. Develop pro-active security controls and reporting capabilities</p> <p>iv. Managers versed on supporting a security incident response through regular training..</p> <p>v. Extend security responsibilities to all roles across the wider organisation</p> <p>vi. Stage 2 project extended to replace all custom bespoke applications.</p> <p>vii. Phase 3 projects established to</p>	<p>Appetite: cautious Target: medium (6) Tolerance: high (12) Review 30/09/26</p> <p>Above target but at tolerance level.</p> <p>The Residual Risk Score is expected to reduce when custom bespoke applications are removed from the estate, as a by-product of the Stage 2 project.</p> <p>Rating: Green</p> <p>Response: Treat</p>	EDDD	

												<ul style="list-style-type: none"> viii. Security awareness, engagement and training plans operate continuously across the year, with KPI compliance maintained ix. A Managed Detection and Response service with 3rd party security partners, to support early detection. xiv. Cyber Champion role sponsorship for Cyber initiatives at Board level. x. Application and Network infrastructure maintained to a supportable state. xi. Cyber Security Strategy supported by the creation of an Information Security Management System (ISMS). xii. End-user (client) hardware managed to an agreed refresh cycle. xiii. A Managed state of security maturity confirmed through independent assessment, supported by an ISMS. xiv. All IT and IG roles updated to include security responsibilities. xv. Established the Public Sector Cyber Resilience Framework (PSCRF) as the standard measure of cyber maturity. 	support the maturing of the security controls used in Microsoft cloud infrastructure services, to improve supply chain cyber assurance, incident response capability and cloud service resilience.		
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.</p>	5	5	25	VH	3	5	15	H	Med	↔	<p>In Place:</p> <ul style="list-style-type: none"> i. Secondary RMS Platform for DR and Security Testing ii. RMS and eForms hosted on a supported cloud infrastructure platform iii. 3rd party managed service contract in place to provide additional capacity and reduce the 	<p>Further Actions:</p> <ul style="list-style-type: none"> i. Provide a capability to provide access to data if legacy systems fail ii. Define procedures for the recovery of the legacy systems iii. Develop DR capability with 3rd party partners. 	<p>Appetite: Cautious Target: medium (6) Tolerance: medium (10)</p> <p>Above target and tolerance level for 38 months. Risk profile is expected to reduce when the legacy systems are replaced as a by-product of the Stage 2 project.</p>	EDDD

	<p>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 fail prior to the replacement system being in place and the incumbent team are unable restore the system to support continuity of business operations.</p> <p>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. 												<p>dependency on incumbent resource.</p> <p>iv. Changes to the legacy applications are now limited to critical regulatory or security driven changes.</p>	<p>iv. Develop changes to bespoke system with new managed service partner, to support knowledge transfer and demonstrate a reduced dependency.</p>	<p>Rating: Red</p> <p>Response: Treat</p>	
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	↔	In Place:	<p>i. Modelled time commitment for Operation Koper activity</p> <p>ii. Sponsor informed of this risk</p> <p>iii. Staff involved recording time spent on Inquiry / Koper work</p> <p>iv. Close monitoring of highest priority / risk scrutiny activity to ensure still undertaken</p>	<p>Further Actions:</p> <p>i. Improve our ability to report on impact on planned scrutiny activity</p> <p>ii. Review risk as impact has switched away from Inspector capacity towards leadership capacity</p>	<p>Appetite: cautious Target: medium (6) Tolerance: medium (10)</p> <p>Above target but below tolerance level.</p> <p>Rating: Green</p> <p>Response: Accept</p>	<p>EDAI (ad) EDAI (ch)</p>

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

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



BOARD

Schedule of Business 2026/27

BUSINESS TOPIC	4 June 2026	24 Sept 2026	10 Dec 2026	4 March 2027	25 March 2027 Private
Chair's Report (quarterly)	✓	✓	✓	✓	
Chief Executive Report (quarterly)	✓	✓	✓	✓	
STRATEGY AND POLICY ITEMS					
Approval of Care Inspectorate Strategies on a rolling/as required basis	✓				
<ul style="list-style-type: none"> Procurement Strategy <i>(5 year cycle, next due 2026-31, in line with Corporate Plan)</i> 					
<ul style="list-style-type: none"> Communications Strategy 					
<ul style="list-style-type: none"> Estates Strategy 					
<ul style="list-style-type: none"> Financial Strategy 					
<ul style="list-style-type: none"> Health and Safety Strategy 					
<ul style="list-style-type: none"> ICT Strategy 					
<ul style="list-style-type: none"> Improvement and Involvement Support Strategy and Delivery Plan (2026-29) 					
<ul style="list-style-type: none"> Information Governance Strategy 					
<ul style="list-style-type: none"> Intelligence Strategy 					
<ul style="list-style-type: none"> Legal Services Strategy 					
<ul style="list-style-type: none"> Shared Services Strategy 					
<ul style="list-style-type: none"> Workforce Strategy 					
Strategic Workforce Plan 2023-2026: Annual Progress Report			✓ Moved due to changed reporting timeline		
2027/28 Draft Budget and Indicative Budgets					✓

BUSINESS TOPIC	4 June 2026	24 Sept 2026	10 Dec 2026	4 March 2027	25 March 2027 Private
Strategic Risk Register 2026/27 (for approval)		✓			
Approval of Risk Appetite and Risk Policy		✓			
MONITORING AND GOVERNANCE ITEMS					
Monitoring our Performance 2026/27 Quarterly Reports	Q4	Q1	Q2	Q3	
Development of Targets for new KPIs (for approval)	✓				
Budget Monitoring Summary Report (post-FRC meeting)		✓	✓	✓	
Finance and Resources Committee Update to the Board	✓	✓	✓	✓	
Audit and Risk Committee Update to the Board	✓	✓	✓	✓	
Annual Report and Accounts and Financial Position Update (to 1st Quarter meeting of Board)	✓ As part of FRC Update report to Board				
Complaints Activity Annual Report 2025/26 (about the CI)	✓				
Co-option on to standing committees – draft process (for approval, post-FRC and ARC)	✓				
Complaints Activity Annual Report (about care services)		✓			
Children’s Rights, Care Experience And Corporate Parenting Plan 2024 – 2027 – Annual Update report			✓		
UNCRC Report (Triennial Report 2023/2026)		✓			
Annual Procurement Performance Report			✓		
Equality Duty Reporting – Annual Progress Report				✓	
Annual Review of the CI’s Financial Regs (for approval)				✓	
Extension of Delivery Reference Group (for discussion)	✓				
OPERATIONAL ITEMS					
Care Inspectorate/SSSC Partnership Agreement	✓				
Care Inspectorate Annual Business Plan	✓ (presentation)				
Care Inspectorate Staff Code of Conduct (for approval, post-FRC)	✓				
Draft Sustainability Plan (for approval, post-FRC)	✓				

BUSINESS TOPIC	4 June 2026	24 Sept 2026	10 Dec 2026	4 March 2027	25 March 2027 Private
Care Inspectorate/Scottish Social Services Council Partnership Agreement	✓				
2026/27 Inspection Plan Progress Report (tbc)					
Estates Annual report (<i>post-FRC meeting</i>)		✓ (moved from June)			
Board and Committee Cycle 2027/28: meeting dates		✓			
Planning for BDE Programme 2027-28				✓	
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		✓			
- Audit and Risk Committee Annual Report					
- Draft Annual Report and Accounts 2025/26					
- Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit					
- Letter of Representation					
Draft 2027/28 Budget and Indicative Budgets					✓

PRIVATE BOARD MEETINGS

23 April 2026	Revised Inspection Plan 2026/27 (for approval) Report of the Independent Review of the CI HR Function (Presentation)
4 June 2026	Approval of minutes of minutes of private Board meetings held on 26/3/26 and 23/4/26