



A Meeting of the Care Inspectorate Board is to take place from
10.30 am – 12.45 pm Thursday 24 September 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 4 June 2026 (paper attached)	10:35 am
5.	Action Record (paper attached)	
6.	Matters Arising 6.1 Staff Code of Conduct	
7.	Chair's Update – Report No: B-15-2026/27	10:40 am
8.	Chief Executive's Report – Report No: B-16-2026/27	10:45 am
	STRATEGY AND POLICY	
9.	Strategic Risk Register 2026/27 – Report No: B-17-2026/27 (for approval)	10:55 am
	MONITORING AND GOVERNANCE	
10.	Monitoring our Performance 2026/27 - Quarter 1 Report – Report No: B-18-2026/27	11:05 am
11.	Budget Monitoring Summary Report – Report No: B-19-2026/27	11:15 am

12.	Finance and Resources Committee: 12.1 Finance and Resources Committee Update to the Board (meeting held 11 August 2026) - Report No: B-20-2026/27 12.2 Finance and Resources Committee Annual Report to the Board – Report No: B-21-2026/27	11:25 am
13.	Audit and Risk Committee Update to the Board (meetings held 13 August and 3 September 2026) - Report No: B-22-2026/27	11:35 am
B R E A K		11:45 am
	OPERATIONAL	
14.	Procurement Update and Performance Report 2025/26 – Report No: B-23-2026/27 (for approval)	11:55
15.	Complaints About Care Services in Scotland 2019/20 to 2025/26 – A Statistical Bulletin - Report No: B-24-2026/27	12:05 am
16.	Draft Children’s Rights Report 16 July 2024 to 31 March 2026: A Report On Our Progress - Report No: B-25-2026/27 (for approval)	12:15 pm
17.	Estates Annual Report – Report No: B-26-2026/27	12:25 pm
18.	Board and Committee Meeting Dates from April 2027 – Report No: B-27-2026/27 (for approval)	12:35 pm
	STANDING ITEMS	
19.	Strategic Risk Register Monitoring (covered under item 9)	
20.	Board Schedule of Business (paper attached)	
21.	AOCB	
22.	Close of Public Meeting and Date of Next Public Board Meeting: Thursday 10 December 2026 at 10.30 am in Compass House, Dundee	12:45 pm



BOARD ACTION RECORD

Item No	Title	Action	Responsibility	Timescale	Status/Comments/ Completed
Actions from Public Board held 5 March 2026					
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)	J Duncan	No set timescale	Update 27/5/26 To be assessed by J Duncan
Actions from Board held 4 June 2026					
4.0	MINUTES OF PUBLIC BOARD MEETING HELD ON 5 MARCH 2026	Approved minutes to be published on CI website.	ECCSM	Immediate	Completed
8.0	CHIEF EXECUTIVE'S REPORT – REPORT NO: B-03-2026/27	Re-circulate the paper produced by the policy team, following the report of the review of the Care Commission in 2024.	HoCPC	Immediate	Completed

Agenda item 5

9.0	DRAFT PROCUREMENT STRATEGY – REPORT: B-04-2026/27	Additional wording to be inserted under the Ethical and Fair Trading section around trading with conflicted regions or sanctioned states.	F&PM	Immediate	Proposed wording emailed to Board on 5/6/2026 Completed
10.0	MONITORING OUR PERFORMANCE 2025/26 - QUARTER 4 REPORT - REPORT NO: B-05-2026/27	Strengthen the link between KPI 4 and KOI 1, to better evidence the impact of more targeted activity on outcomes and grades.	HoD&D	For next MoP quarterly report to September Board	Completed
11.0	KEY PERFORMANCE MEASURE TARGETS 2026/27 – REPORT NO: B-06-2026/27	Modify the presentation of the sickness absence target to distinguish between short- and long-term absence and to have a separate target for each. Amended KPs to be circulated to the Board.	HoD&D/I&AM	In advance of September Board meeting	Update 17/07/2026 Sickness data has been reviewed, discussions held with Exec Team and FRC Convener, with agreement reached that more detail will be provided in the Monitoring our Performance Report, breaking the data down to show Short-, Medium- and Long-Term sickness in the narrative. As part of those discussions, agreement also to keep the single sickness KPI. Also looked at the sickness KPI as a measure and proposals to be taken to the Board to set this at 5% instead of 6%. (For September Board)

16.0	CARE INSPECTORATE ANNUAL BUSINESS PLAN	Plan to be circulated to Board by mid-June for further comments.	HoFCG and Board members	Immediate	Completed
17.0	STAFF CODE OF CONDUCT - REPORT NO: B-11-2026/27	Board comments on accessibility, plain English presentation and clarification of references to Board responsibilities to be taken into account and revised version to be circulated to the Board.	HoHR	Immediate	Board approved on 4 June, subject to modifications. Changes incorporated into final version, noted by the PF and circulated to Board on 19.8.2026, along with consultation log. Completed
18.0	DRAFT SUSTAINABILITY PLAN - REPORT NO: B-12-2026/27	The Chair to give due consideration to the appointment of a Board Champion on Sustainability and discuss with members for more views as appropriate.	Chair		

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
iEDAI (KM)	Interim Executive Director of Assurance and Improvement (K MacLennan)	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
HoD&D	Head of Data and Digital		

BOARD MEETING 24 SEPTEMBER 2026

Agenda item 7
Report No: B-15-2026/27



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 various activities since the public Board meeting held on 4 June 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	X	For Discussion	For Assurance	For Decision

Equality Impact Assessment

Yes ☐	Not Yet ☐	No ☒
		Reason: This report is for information only.

Data Protection Impact Assessment Screening

Yes ☐	Not Yet ☐	No ☒
	(One is planned or is already in progress, but Info Gov is aware)	Reason: There are no data considerations, or no sensitive data is being processed.

BOARD MEETING 24 SEPTEMBER 2026**Agenda item 7****Report No: B-15-2026/27**

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

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 INTRODUCTION**

This Chair's report will sum up various activities since the Board meeting held on 4 June 2026.

2.0 BOARD RECRUITMENT – CARE INSPECTORATE

The Board has been operating with one vacancy since April 2026. In addition, both Bill Maxwell and Ronnie Johnson will complete their maximum eight-year terms of office in February 2027 and will therefore step down from the Board.

Following discussions with the Scottish Government and the Public Appointments Team, it was agreed in July 2026 to commence a recruitment process for two new Board members. One appointment is intended to be made during the current recruitment round, with the second taking effect from February 2027.

This approach will enable the Care Inspectorate to demonstrate an early commitment to the principles of Public Sector Reform by reducing the Board's maximum complement by one member, while maintaining the capacity required to fulfil its governance and statutory responsibilities effectively.

The recruitment campaign is currently under way with shortlisting scheduled later in September. The recruitment process will involve representatives from our Sponsor Team and others as well as myself.

The recruitment exercise also includes the appointment of a new Chair.

A further update will be provided as the process progresses.

3.0 MEETING WITH OUR NEW MINISTER – ALISON THEWLISS

The Care Inspectorate recently met with the new Minister for Community Care, Alison Thewliss following her appointment within Scottish Government.

The discussion provided an opportunity to introduce the Care Inspectorate's current priorities and to discuss the key issues affecting the care sector.

The Minister highlighted the importance of ensuring that people across Scotland can access high-quality care services and recognised the vital role that effective scrutiny and assurance arrangements play in supporting this objective.

The meeting included discussion of the Scottish Government's Public Sector Reform (PSR) programme and the potential implications for the Care Inspectorate. It was agreed that regular engagement would continue as policy developments emerge and proposals are taken forward.

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A further item of discussion was the implementation of the Care Inspectorate's new digital platform and the vast benefits which this significant investment will deliver to us all. Thanks are extended to Executive Director of Digital and Data, Gordon Mackie, for his overview and expertise with providing this update.

4.0 CHAIR TERM OF OFFICE EXTENDED

It has been agreed by the Scottish Government Sponsor Team and Public Appointments Team that my term of appointment be extended by an initial six months to 28 February 2027.

This extension will support continuity and stability for the organisation during a period of change, including the ongoing development of PSR proposals and any associated implications for the Care Inspectorate. It will also help to ensure a smooth transition following the appointment of a new Chair, allowing for a comprehensive and orderly handover of responsibilities.

I look forward to continuing to work closely with Board members and Scottish Government colleagues to support the organisation throughout this period.

5.0 CHAIRS' CLUSTER

The Chairs' Cluster, comprising of Chairs from a range of Scottish public bodies continues to meet every eight weeks.

Recent discussions have focused on identifying areas of common activity across organisations and exploring opportunities for collaboration, shared learning, and the exchange of good practice.

The group is supported by representatives from the Scottish Government, who provide guidance, advice, and expertise on matters of mutual interest.

The Cluster continues to provide a valuable forum for networking, horizon scanning and the sharing of insights across the public sector.

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Agenda item 8
Report No: B-16-2026/27



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

EXECUTIVE SUMMARY

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

The Board is invited to:

1. ☐ Note the information contained in the report.

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

Equality Impact Assessment

Yes ☐	Not Yet ☐	No ☒ Reason: Not required, this is an update report.
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Data Protection Impact Assessment Screening

Yes ☐	Not Yet ☐	No ☒ Reason: No personal data is being recorded.
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If the report is marked Private/Confidential please complete section below to comply with the Data Protection Act 2018 and General Data Protection Regulation 2016/679.

Reason for Confidentiality/Private Report:

Not applicable – this is a public board report.

Disclosure after:

N/A

Reasons for Exclusion

a)	Matters relating to named care service providers or local authorities.
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CHIEF EXECUTIVE'S REPORT

1.0 INTRODUCTION

1.1 Ministerial Meetings

Regular meetings I attend with Scottish Government, external partners and stakeholders have continued as normal over the summer period. The Executive Directors and I had our first meeting with the new Minister for Community Care, Alison Thewliss MSP, on 3 September. This was an opportunity to provide an overview of the breadth of work that the Care Inspectorate undertakes and highlight our work on both statutory inspections as well those of high-risk services. The meeting covered a number of areas, including our resourcing and inspection activity, our strategic and joint inspections, our digital transformation project, complaints, our improvement initiatives and our workforce.

I also met with Siobhan Brown MSP, Minister for Children, Young People and The Promise, along with His Majesty's Inspectorate of Education.

I attended meeting with Màiri McAllan, Cabinet Secretary for Education, Gaelic and Culture to present the findings from the National review of group-based child sexual abuse and exploitation and child criminal exploitation.

2.0 POLICY AND STRATEGIC DEVELOPMENT

2.1 Guidance for Children and Young People's Services on the inclusion of Transgender Including Non-binary Young People

In August 2026 our Guidance for children and young people's services on the inclusion of transgender including non-binary young people was republished to take account of the EHRC's Equality Act 2010: Code of Practice for services, public functions and associations, 2026.

2.2 Volunteer Development

Work has begun on the development of training for Young Inspection Volunteers and on planning for the next phase of Adult Inspection Volunteer recruitment. This includes establishing role requirements, recruitment timelines, communications and support arrangements, while ensuring accessibility and inclusion are considered throughout. The aim is to strengthen opportunities for people with lived experience to contribute their perspectives and experiences to inspection activity, supporting meaningful participation and helping to ensure that inspection work is informed by the views of people with lived experience. We currently have 17 adult and 10 young people volunteers.

2.3 Anne's Law

To support the implementation of Anne's Law the lead from Adults has worked with Scottish Government to support implementation with new guidance, updating new Health and Social Care Standards, and providing leadership for the joint working group with Scottish Government. We have also developed a new notification for visiting restrictions, guidance for services and for inspectors. We provided guidance to the sector on visiting including the need for this to be unrestricted to ensure people spend time with those important to them. We have also provided input to new guidance from ARHIA Scotland on infection protection and control infections and the impact this could have on Anne's Law.

2.4 Themes and Outcomes from Adult Regulation in 2025/26

The Chief Inspector, Adults working with the intelligence team has developed a presentation on outcomes from complaints, inspections and enforcement in adult services in 2025/26. This has been presented internally and will be shared with the Scottish Social Services Council (SSSC) and Public Service Delivery Scotland in order for us to work together to identify training through TURAS/ Open Badges and provide support for sector. This was undertaken last year and well received by the sector and umbrella organisations. The presentation will also be shared with all the relevant services.

2.5 Policy Update

Session 7 of the Scottish Parliament began in May, with John Swinney re-elected as First Minister and a new cabinet appointed soon after.

During summer recess (July-September) we continued to monitor and support engagement around a range of issues, including:

- public service reform, which is central to the Scottish Government's new Programme for Government, announced on 1 September
- the establishment of new committees in the Scottish Parliament as they plan their work programmes for the session ahead
- the UK Prime Minister's proposals for social care, including bringing forward the findings of the Casey Review to Summer 2027

We supported preparations for the forthcoming oral evidence to the Health, Care and Sport Committee as it gathers information on issues facing social care. The Chief Inspector, Registration and Complaints gave evidence on behalf of the Care Inspectorate on 9 September.

We submitted responses to consultations on a new legal definition for school aged childcare, a review of the National Strategy for Community Justice, prison population and penal reform, and proposed changes to SSSC registration requirements. We began developing a response on updates to the Code of Practice for the Mental Health (Care and Treatment) (Scotland) Act 2003.

We also continued to plan for the new parliamentary term, beginning in September.

3.0 COLLABORATIVE/PARTNERSHIP WORKING

3.1 Early Learning and Childcare Inspection Partnerships with His Majesty's Inspectorate of Education (HMIE)

Partnership working with His Majesty's Inspectorate of Education (HMIE) continues to strengthen within the core ELC inspection team. Since the launch of the Quality Improvement Framework for the early learning and childcare sector, the Care Inspectorate has independently gathered feedback from a sample of inspected services. Feedback is still ongoing; however, early responses have been positive. Of the 81 services that responded, 72% reported that the updated Framework had made the inspection process feel more collaborative. A further 26% reported no change, while only 2% felt that collaboration had decreased. These findings suggest that the Framework is supporting stronger collaboration.

To support continued improvement, the Care Inspectorate and HMIE have jointly issued a feedback request to the 40 services that have experienced a shared inspection under the new Framework. Feedback will help both organisations evaluate the effectiveness of the shared approach, identify areas for improvement and further strengthen the inspection experience for providers.

These findings will all inform reporting on the achievements, lessons learned and impact of the Framework's development and implementation. A summative report will be written in the Autumn, a year after the Framework was published.

3.2 National review of group-based child sexual abuse and exploitation (CSAE) and child criminal exploitation (CCE) – publication of report 3 September 2026

This national review into group-based CSAE and CCE was formally requested by Scottish Ministers in December 2025. The request outlined that this review be led by the Care Inspectorate and His Majesty's Inspectorate of Constabulary in Scotland (HMICS), working with Healthcare Improvement Scotland (HIS) and His Majesty's Inspectorate of Education in Scotland (HMIE).

The national review assessed Chief Officers' Groups' (COGs) understanding and oversight of group-based child sexual abuse and exploitation and child criminal exploitation. Our joint team undertook a significant programme of work between February and July 2026 to complete this assessment. The team reviewed over 150 national documents, 3,400 supporting documents and conducted structured interviews with all 30 COGs in Scotland.

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Key points:

- Understanding the extent and quality of local leadership, professional awareness and strategic oversight is essential to strengthening protection for children and young people.
- The report provides an important foundation to inform subsequent work.
- Chief Executives and Chief Inspectors from across the 4 scrutiny bodies have undertaken briefing sessions with Scottish Ministers and policy offices.
- Work on the review demonstrated the necessity and strengths in collaborative work across Care Inspectorate teams.

The report is available here ([National review of group-based child sexual abuse and exploitation and child criminal exploitation | Care Inspectorate](#))

3.3 Digital Social Care improvement programme

The Digital Social Care improvement programme continues to support digital adoption, innovation and quality improvement across the social care sector through engagement, resources, partnership working and leadership development. Recent activity has included ongoing evaluation of the Digital Social Care Self-Evaluation Toolkit, communications and engagement activity to promote digital learning, work to publish a surveillance sector practice resource and participation in the Digital Care Collaborative Scotland (DCCS) Delivery Group to support national digital priorities and the sharing of innovation and good practice across the sector.

3.4 Care Home Quality Improvement Programme (CHIP) – Cohort 3 and 4

The Care Home Improvement Programme (CHIP) is currently delivering its third cohort across the Highlands and Moray regions, using a new blended delivery model that combines in-person launch and celebration events with online learning. This approach enables participating services to apply learning in practice between sessions while maintaining engagement throughout the programme. Eligibility has been expanded to all adult and older people's care homes within targeted regions, with final selection undertaken collaboratively with scrutiny colleagues. This has generated significant interest, with Cohort 3 oversubscribed and attracting applications from 44% of eligible services, resulting in 24 services being onboarded. Cohort 3 will conclude in November 2026, while planning is underway for Cohort 4, which will focus on Dumfries and Galloway and the Borders. Applications opened in September, with delivery commencing in November. Refresher sessions for Cohorts 1 and 2 are also planned for January 2027 to support the sustainability of improvement and continued sharing of learning.

3.5 ELC Quality Improvement Programme

Cohort 14 of the programme is approaching conclusion with a 'virtual' celebration event planned for services and their local authority support officers. During this, services will be invited to share the impact of their quality improvement learning and

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discuss the successes and challenges of their improvement projects. Nominations are now being taken for cohort 15 of the programme.

The team is preparing to deliver training in Shetland, North Lanarkshire and East Renfrewshire as part of their 'bespoke offer'. We provide these face-to-face sessions to local authorities to support their efforts in improving service quality, complementing their role as 'guarantors of quality.' The focus of these sessions will include management and leadership, parents as partners and meaningful outcome focused and responsive care.

3.6 The Safe Staffing quality improvement programme

The Safe Staffing quality improvement programme, which commenced in 2019, is in its final transitional year and will conclude on 31 March 2027. As implementation of the Health and Care (Staffing) (Scotland) Act 2019 becomes established as business-as-usual activity across the Care Inspectorate, the programme's focus has shifted towards consolidation, assurance, targeted support and legacy planning. Specialist input continues to be provided where there is complexity, variation in implementation or emerging risk, with current priorities including the development of legacy resources, structured evidence prompts, improved reporting comparability and targeted support where uncertainty persists. The end of year report 2025/26 ([Safe Staffing Programme End of Year Report 25/26 | Care Inspectorate](#)) was recently published and demonstrated the wide breadth of programme activity.

3.7 Reducing stress and distress improvement programme

The Care Inspectorate, Healthcare Improvement Scotland and Public Services Delivery Scotland have been collaboratively developing and delivering a quality improvement programme to care home and hospital teams from across the country who wish to reduce the stress and distress that people with dementia receiving their care are experiencing.

A recently published evaluation [report](#) provides an overview of the findings from the first year of the programme and the learning has been used to refine the delivery of the programme for the 28 care homes and 23 hospital teams who are undertaking cohorts 5 and 6. The use of a stress and distress self-evaluation tool, lays the foundation to the programme with teams using it to determine areas of good practice and areas to prioritise as they embark on improving practice and care, by utilising quality improvement methodology being taught. Cohort 5 are now approximately halfway through the 12-month programme while Cohort 6 have just commenced. The collaborative approach being taken not only provides participating teams with the unique opportunity of gaining unified, consistent guidance and direction from these three national organisations but also gain the opportunity to share learning, knowledge and experience from the perspective of care home and hospital staff.

3.8 Practical dementia resources – quality improvement consultancy work

In May 2026, the Care Inspectorate launched a co-designed [Practical Dementia Resources](#) with frontline staff and people with live experience. The digital resource, hosted on the Right Decision Service App and freely accessible for all, contains over 30 short, emotionally resonant good practice stories. This shared learning platform provides examples of how various nonpharmacological approaches have resulted in better outcomes for individuals.

Within the first month of launching, the analytics showed that the platform recorded 1,265 unique users and generated 7,133 total page views. They also showed that 630 users accessed the resources using a mobile device, suggesting the toolkit is reaching staff on duty and on the move within care environments. With an average of more than five page views per user, these figures could be demonstrating that carers are navigating through multiple modules to find practical solutions during their shifts.

The quality improvement programme leads recently hosted a webinar to introduce the resource and had 578 people register to attend and receive a recording; attracting attendees from as far as Australia.

3.9 Support for Volunteer Board of Directors to Improve Outcomes for People

The adults' team has provided improvement support to a volunteer board of directors who operate care services on their responsibilities as a provider regarding legislation and operation of care services. We supported them to recognise strengths and areas for improvement in the service and the need to ensure outcomes for people improved. This resulted in immediate improvements and an improvement plan for the service being put in place. We will continue to support the board to ensure outcomes for those experiencing care improve.

3.10 Scottish Child Abuse Inquiry

The Inquiry has now concluded Phase 10 of its work, considering the provision of residential care for children and young people in establishments run by Local Authorities and establishments run by voluntary providers used by Local Authorities to place children in care. Phase 11 of the Inquiry will commence in the latter part of 2026, although no specific hearing dates have yet been announced. Phase 11 will consider:

- the extent to which failures by state or non-state institutions to protect children in care in Scotland from abuse has been addressed by changes to practice, policy, or legislation; and
- whether any further changes in practice, policy, or legislation are necessary to protect children in care in Scotland from abuse in future.

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As part of Phase 11, the Inquiry also intends to consider the exploitation of children in care, and why children abuse each other.

The Care Inspectorate continues to provide its full co-operation and assistance to the Inquiry.

3.11 Scottish Covid-19 Inquiry

The Scottish Covid-19 Inquiry has published the timetable for its planned “implementation” (of Scottish Government decisions) hearings which will take place between 6 and 23 October 2026. As part of these hearings, the Inquiry will hear oral evidence from a current Chief Inspector and a former member of Care Inspectorate staff.

3.12 UK Covid-19 Inquiry

The UK Covid-19 Inquiry will publish its findings arising from its “Module 6” (Social Care) hearings on 20 October at 12 noon. The Care Inspectorate provided a considerable volume of material to the Inquiry in relation to Module 6 and gave oral evidence to the Inquiry in July 2025.

3.13 Childcare Placement Challenges Roundtable

In August 2026 colleagues from our strategic and regulated children and young people’s teams joined a childcare placement challenges roundtable to contribute to solution focused discussions on an immediate and longer-term basis in our role as a corporate parent. This follows the publication of the joint statement published by Chief Social Work Officers in June 2026, which related to concerns about capacity in residential childcare and foster care in Scotland, with reports of Social Workers having to take children home with them on occasion.

3.14 Supporting our adult inspection volunteers – World Café development event

We held a World Café–style engagement session on 8 June with Adult Inspection Volunteers, providing a structured yet informal space to explore their experiences of the inspection process, identify strengths, challenges and opportunities for improvement, and support greater satisfaction and engagement. The feedback will directly inform future improvements to the inspection volunteer role, ensuring changes are evidence-based, volunteer-led and aligned with organisational priorities, supporting delivery of the ambitions in the Corporate Plan 2026–2031 and helping the role evolve in a sustainable, inclusive and future-focused way.

3.15 Practice Note: Adults and older people leaving care homes without staff knowledge

In July, the Adult Team published our *Practice Note - adults and older people leaving care homes without staff knowledge – managing risk, health and safety*.
[OP practice note - HS in care homes](#)

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This document was developed as part of a Short Life Working Group which included partners represented from North and South Lanarkshire Health and Social Care Partnerships and Police Scotland. We also collaborated with Health and Safety Executive who had investigated the fatalities to ensure learning was incorporated in the practice note. The practice note was sent to all providers and services and all staff who work in the adults sector.

3.16 Safer Recruitment Self Evaluation Tool All Services

An Adult Service Manager has led a working group across specialist teams and with Scottish Social Services Council to develop and launch **Safer Recruitment Self-evaluation Tool**. [Safer recruitment self evaluation tool June 2026](#). The tool is designed to help services with their commitment to keep people safe, by ensuring staff are recruited appropriately and in line with current guidance and good practice. It helps services to evaluate how well they are doing to support all areas of safer recruitment in their service(s) and identify any areas for improvement.

3.17 Complaints about the Care Inspectorate

Raising awareness with external stakeholders about the Complaints about the Care Inspectorate function has started successfully, with the first webinar delivered to Scottish Care in August 2026. The session was well received, with over 50 members attending, and has led to further requests from external organisations to attend their events.

The webinar content extends beyond the complaints process, with a wider focus on developing positive working relationships and supporting effective inspection activity. A further external ELC event has also been identified for later in 2026.

4.0 WORKFORCE DEVELOPMENT AND PARTNERSHIP FORUM ENGAGEMENT

4.1 PDA Graduation

A graduation ceremony for the PDA was held on 3 September in Compass House with 34 graduates, with invited guests from our organisation, SSSC, and Qualifications Scotland in attendance. Achievement and impact were the central focus of our celebrations. Emphasis was placed on the scrutiny-based (research/improvement) projects undertaken by each graduate as part of their studies. Poster presentations outlining the impact of each project were on display across the first floor of Compass House. The posters will remain on display until the middle of October, and electronic copies have been published on our intranet page - [Professional Development Award in Scrutiny and Improvement Practice \(PDA\) 2026](#). It was also noted that five from this cohort have already joined the growing numbers of PDA graduates progressing into management positions within the organisation. This vibrant and uplifting event showcased the value of the PDA in contributing to professional/career development, organisational and sector-wide learning, and public assurance/confidence in the Care Inspectorate's scrutiny and improvement responsibilities.

4.2 Staff Pulse Survey

The staff pulse survey will open for responses on 23 September 2026, providing the opportunity for colleagues across the organisation to share their views on key aspects of their experience at work. The Pulse Survey, which is delivered in partnership with our joint trade unions, will enable us to assess whether the Staff Survey Action Plan commitments that have been completed so far have made a difference. This will support us to understand what is working well and where we need to continue or adjust our focus.

The survey builds on our commitment to listening to staff and responding to feedback. It forms part of our wider approach to strengthening employee voice and ensuring that workforce insights inform improvement activity. The survey will be independently administered by our partners, DJS Research Services, supporting confidence in the credibility and objectivity of the process. Results will be shared with the Board on 10 December 2026.

4.3 Internal communications and engagement

Our August Executive Team staff webinar was another successful event, attended by more than 300 colleagues despite the school holiday period, with additional colleagues accessing the recording afterwards. The webinar continues to provide an important opportunity for colleagues to hear directly from the Executive Team and ask questions.

4.4 Protection Procedures

Following successful launch of the new Protection Procedures, the Core Group has commenced work to review the procedures further to the implementation. This has included a quality assurance exercise carried out by the Methodology team to inform learning. We have put in place a plan to further strengthen staff understanding and implementation of the Procedure. We are working on identifying appropriate training for staff in protection to support their learning and registration.

5.0 ORGANISATIONAL TRANSFORMATION

5.1 Stage 2 Project

The Stage 2 project continues to progress. In the last period we have seen a challenge in the overall delivery of the project. This has resulted in discussion with our delivery partner around timescales and the commercial arrangement of additional requirements identified as needed for go live. This was a challenging period but I am pleased to say that we have reached agreement both on how the project moves forward and the additional requirements are identified. The project is currently working towards a delivery window with a specific date to be confirmed in due course. The project continues to update the Digital Assurance and Advisory Group

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(DAAG) and the Audit and Risk Committee (ARC) as part of the project governance arrangements.

5.2 Inspection Dashboard

The planning & data team have continued to support operational colleagues with the Inspection dashboard, which gives our operational leaders access to current data on the performance of inspections across all areas. This is assisting with decisions being made with the help of data alongside professional judgement. This is also now followed up with a quarterly Inspection Performance report that is reviewed by the Strategic Management Group giving greater transparency around our inspection performance. The team are currently working with HR colleagues to provide an HR dashboard that will help our organisation leaders review key metrics in this area on an ongoing basis and will be used for Finance & Resources Committee reporting going forward. .



Title:	STRATEGIC RISK REGISTER MONITORING REPORT	
Author:	Allan Bell, Interim Head of Finance and Corporate Governance	
Responsible Director:	Nina Blakey, Executive Director of Corporate Services	
Appendices:	1.	Risk Policy
	2.	Risk Appetite Statement
	3.	Strategic Risk Register
Consultation:	Considered by the Strategic Management Group (SMG) on 26 August 2026 and the Audit and Risk Committee on 3 September 2026	
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 3 September 2026.

The Board is invited to:

- | | |
|----|---|
| 1. | Approve the Risk Policy |
| 2. | Approve the Risk Appetite Statement |
| 3. | Consider the current risk monitoring position |

LINKS

Corporate Plan Outcomes

Assure and Improve	✓
Involve and Inform	
Uphold and champion people's rights	
Maximising our impact: workforce and volunteers	
Maximising our impact: digital and data	

Strategic Risk Register

Yes	✓
No	

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For Noting		For Discussion	✓	For Assurance		For Decision	✓
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Equality Impact Assessment		
Yes ☐	Not Yet ☐ (One is planned or is already in progress)	No ☒ Reason: This is a monitoring report and there is no direct impact on people with protected characteristics.

Data Protection Impact Assessment Screening		
Yes ☐	Not Yet ☐ (One is planned or is already in progress, but Info Gov is aware)	No ☒ Reason below: No sensitive data is being processed

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

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

STRATEGIC RISK REGISTER MONITORING REPORT**1.0 INTRODUCTION / BACKGROUND**

This report shows the current risk position and highlights key changes since last reviewed by the Board. The Board held its annual review of risk at a Board Development on 4 June 2026. The Strategic Management Group (SMG) is requested to consider and update each strategic risk as appropriate each month. The Strategic Risk Register and Risk Monitoring report are then considered by the Audit and Risk Committee and Board.

The format of the risk register has been adjusted to make this a more readable report and incorporates the Risk Summary within the document.

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 sustainable budget position agreed with our Sponsor Department but the risk now considers the potential for in-year variances to impact on the medium-term financial outlook. The current risk level is based on a high likelihood of in-year underspend with the potential for a non-recurring reduction in draw-down for the year.

This risk is at its target level.

2.2 Strategic Risk 2 - Performance of Statutory & Regulatory Inspection Requirements
Risk Owner – Executive Directors of Assurance and Improvement

The residual risk score is 12 (high). This risk has been reframed from the previous workforce capacity as agreed at the last SMG. The risk level reflects continuing recruitment delays within scrutiny capacity. The SMG is taking action to accelerate recruitment where possible.

The residual risk score is above target level of 6 and 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 52 months. There are

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several further actions in progress to further mitigate this risk and the tolerance level will be reviewed again after 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 39 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.

2.5 Strategic Risk 5 - Use of Artificial Intelligence (AI) Technologies
Risk Owner – Executive Director of Digital and Data

This is a new risk and is rated as 16 (high).

This will be monitored closely as is expected to evolve quickly.

The residual risk score is above the target (low) and tolerance (low).

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 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.

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

There are no resource implications directly associated with this report, but the resources needed to address the Business Continuity Plan will need to be considered by the SMG once this position is clarified.

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 invited to approve the Risk Policy and Risk Appetite Statement and to review the Strategic Risk Register.

Care Inspectorate Risk Policy

Table of Contents

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

Approved by Board: xxx

POLICY REVIEW DATE: April 2027

1.0 Introduction

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

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

2.0 Corporate Statement on Risk

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

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

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

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

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

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

3.0 Risk Identification

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

4.0 Risk Escalation Procedures

Risks will be escalated in cases where:

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

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

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

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

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

5.0 Roles and Responsibilities

5.1 Role of the Board

The Board has a fundamental role to play in setting the tone and influencing the culture of risk management within the Care Inspectorate. The Board also holds the Chief Executive to account for the effective management of risk. The Board's role includes :-

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

5.2 Role of the Chief Executive

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

5.3 Role of Senior Management

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

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

6.0 Risk Management as part of the system of internal control

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

a) Policies and Procedures

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

b) Regular Reporting

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

c) Corporate Planning and Budgeting

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

d) Strategic Risk Review (significant risks only)

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

e) Audit and Risk Committee

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

f) Internal Audit Programme

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

g) External Audit

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

h) Third Party Reports

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

7.0 Risk Appetite

Why do we need to determine our risk appetite?

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

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

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

8.0 Types of Risk and Response

8.1 Types of Risk

There are four broad classifications of risk as follows:

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

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

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

8.2 Types of Response

There are four types of responses to risks:

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

9.0 Risk Management Processes

9.1 Identification of New Risks

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

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

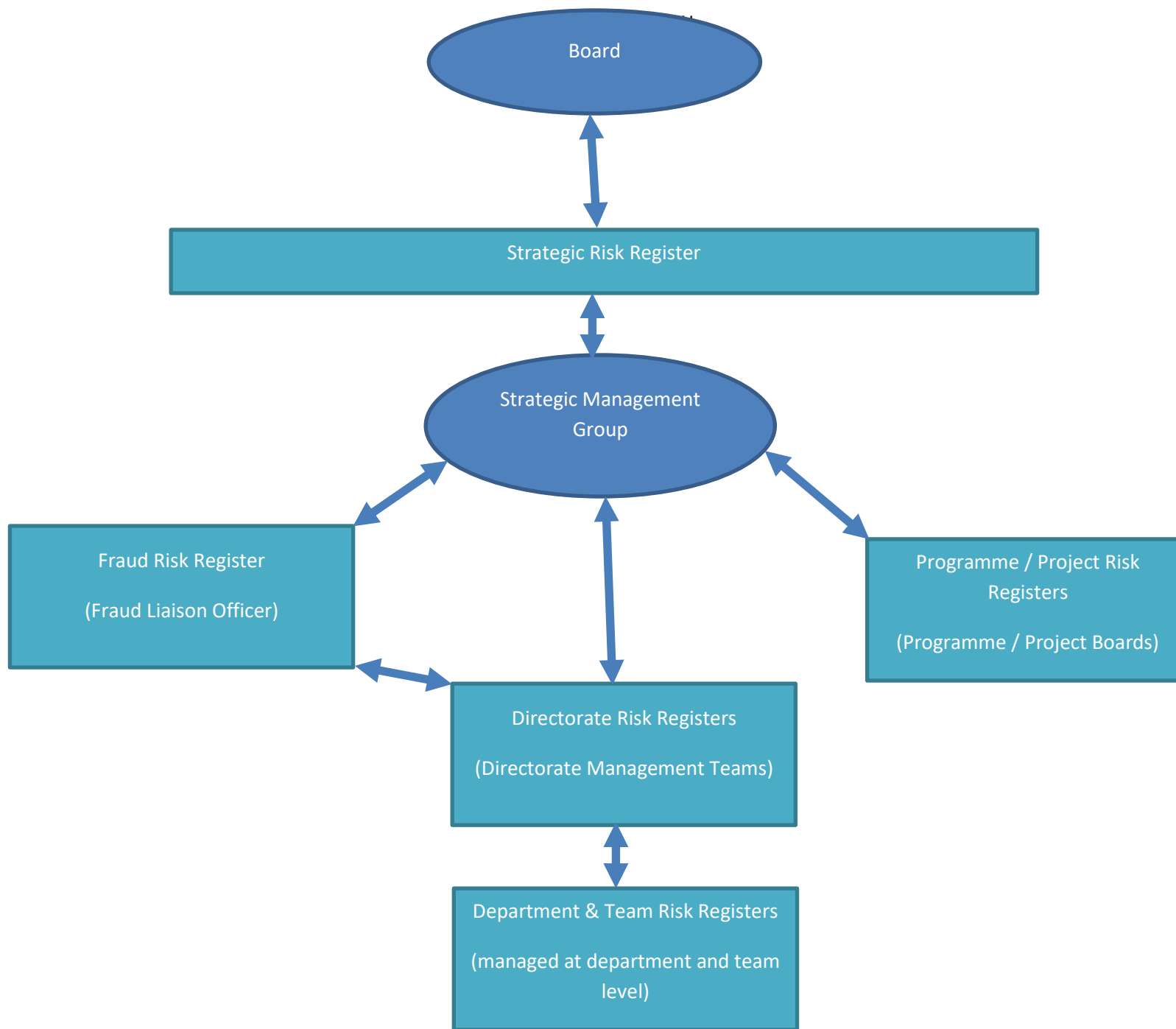
9.2 Review of Risks and Planning and Implementing Actions

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

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

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

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



CARE INSPECTORATE RISK APPETITE STATEMENT

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

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

Risk Appetite Definitions

We classify our risk appetite using the table below:

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

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

Risk Categories

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

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

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

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

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

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

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

SUMMARY STRATEGIC RISK REGISTER: 2026/27 (vs Board review 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 6	Medium 6
2	Performance of Statutory & Regulatory Inspection Requirements	SO 4	EDsA&I	16	High	Medium 9	High 12
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		High 15	High 15
5	Use of Artificial Intelligence (AI) Technologies	Digital Trans	EDD&D	20		new	High 16

Agenda Item 9 Appendix 3

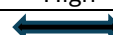
Strategic Risk Register

RISK 1	Financial Sustainability (our continuing ability to fund our core activities)	Raw Likelihood	4
	What is the Potential Situation?	Raw Impact	4
	Funding level fails to increase in line with inflation, external cost pressures and additional demands	Raw Score	16
		Raw Grade	High
	What could cause this to arise?	Residual Likelihood	2
	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; reduced confidence in future planning from sponsor or Scottish Government due significant variance to budget in year or late reporting of unexpected variances. Inability to meet or adequately report on sustainability improvements.	Residual Impact	3
		Residual Score	6
	What would the consequences be?	Residual Grade	Medium
	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.	Risk Velocity	Medium
		Movement	
		Risk Appetite	Cautious
		Risk Target	Medium (6)
		Risk Tolerance	Medium (10)
		at target level; below tolerance	
		Risk Rating	Green
		Risk Response	Accept
		Risk Owner	EDCS
Key Controls		Further Actions	
In Place: 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 viii. Sustainability Plan approved by Board		Actions Required: 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 vi. Model impact of fees review when known vii. Model impact of Pay and Grading review when known viii. Improved future planning and YTD reporting ix. Drive and track progress against sustainability plan	

Agenda Item 9 Appendix 3

RISK 2	Performance of Statutory & Regulatory Inspection Requirements	Raw Likelihood	4
	What is the Potential Situation?	Raw Impact	4
	We are unable to adequately perform our statutory inspections and priority regulatory duties.	Raw Score	16
		Raw Grade	High
	What could cause this to arise?	Residual Likelihood	4
	<u>Insufficient workforce capacity</u> due to inability to attract and retain staff in sufficient numbers and with the required skillset; our reward offer is uncompetitive ineffective succession planning including failure to plan for the aging demographic of a significant element of our workforce; increased levels of unplanned absence; diversion of resources from statutory priorities due Operation Koper, the public enquiry process or other unplanned mandated activities; insufficient funding. <u>Inadequate workforce capability</u> due to unsuccessful recruitment; ineffective staff learning and development plans or training quality. <u>Inefficiencies</u> preventing the maximisation of existing capacity through inefficient organisation structure, job design, unproductive working practices or inadequate team management. <u>Inability to optimise the deployment of staffing resource</u> to key activities due to ineffective monitoring of workload and capacity, poor prioritisation or inflexibility of resources due to team structures or staff skillsets.	Residual Impact	3
		Residual Score	12
		Residual Grade	High
		Risk Velocity	High
		Movement	
		Risk Appetite	Cautious
		Risk Target	Medium (6)
		Risk Tolerance	Medium (10)
		above target level; above tolerance	
		Risk Rating	High
		Risk Response	Treat
	Risk Owner	EDsA&I	
Key Controls		Further Actions	
In Place:		Actions Required:	
i. Sustainable funding position agreed to support increased capacity		i. Develop succession planning	
ii. Strategic Workforce Plan 2023 -26 and associated action plan agreed by Board		ii. Strengthen use of risk and intelligence	
iii. Workload and capacity monitoring		iii. Review of inspection time recording information (efficiency & effectiveness)	
iv. Staff learning and development plan		iv. Review of inspection frequency	
v. LEAD process		v. Further developing holistic performance and resources monitoring approach across our scrutiny, assurance and quality improvement functions	
vi. Recognised job evaluation system and regular salary benchmarking		vi. Introduction of new performance monitoring dashboards	
vii. Partnership working agreement		vii. Strengthen recruitment processes for additional Inspectors to increase capacity	
viii. Triennial staff survey with PULSE surveys in between		viii. Developing a shorter inspection model within ELC	
ix. Dedicated recruitment team			
x. Sponsor have awareness of the impact of inquiry workload demands			
xi. Completed a review of Inspector resource requirement and capacity			
xii. Core Assurance and Promise Assurance improve compliance and efficiency			
xiii. Quarterly Performance Report			

Agenda Item 9 Appendix 3

RISK 3	IT Data Access & Cyber Security	Raw Likelihood	5
	What is the Potential Situation?	Raw Impact	4
	Our systems or data are compromised due to cyber security attack.	Raw Score	20
		Raw Grade	Very High
	What could cause this to arise?	Residual Likelihood	3
	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.	Residual Impact	4
		Residual Score	12
	What would the consequences be?	Residual Grade	High
	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.	Risk Velocity	High
		Movement	
		Risk Appetite	Cautious
		Risk Target	Medium (6)
		Risk Tolerance	High (12)
		above target level; at tolerance level	
		Risk Rating	Green
		Risk Response	Treat
	Risk Owner	EDDD	
Key Controls		Further Actions	
In Place: i. IT security compliance monitoring and reporting to evidence the controls. ii. IT staff trained on security products in use, with dedicated security resource to develop plans iii. Active security controls aligned with NCSC guidelines Disaster Recovery plans in place to support data and system recovery iv. Cyber Security assessments (including Cyber Essentials+) maintained annually v. Routine security testing of internal and externally facing systems vi. Cyber Security Maturity independently assessed, with an improvement plan maintained to develop and evidence the maturity of cyber controls. vii. Regular updates to Leadership teams and the ARC to provide assurance on Cyber Security improvements 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. x. Cyber Champion role sponsorship for Cyber initiatives at Board level. xi. Application and Network infrastructure maintained to a supportable state. xii. Cyber Security Strategy supported by the creation of an Information Security Management System (ISMS). xiii. End-user (client) hardware managed to an agreed refresh cycle. xiv. A Managed state of security maturity confirmed through independent assessment, supported by an ISMS. xv. All IT and IG roles updated to include security responsibilities. xvi. Established the Public Sector Cyber Resilience Framework (PSCRF) as the standard measure of cyber maturity.		Actions Required: i. Phase 3 of the Cyber Security improvement plan, to develop security maturity towards an Optimised state. ii. Develop IT staff cyber security awareness and technical training through formal certifications. iii. Develop pro-active security controls and reporting capabilities iv. Managers versed on supporting a security incident response through regular training. v. Extend security responsibilities to all roles across the wider organisation vi. Stage 2 project extended to replace all custom bespoke applications. vii. Phase 3 projects established to 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. viii. New security services to be evaluated to specifically address the emerging risk associated with AI threats.	

Agenda Item 9 Appendix 3

RISK 4	<u>Legacy Business Applications</u>		Raw Likelihood	5
	What is the Potential Situation?		Raw Impact	5
	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.		Raw Score	25
	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.		Raw Grade	Very High
			Residual Likelihood	3
			Residual Impact	5
			Residual Score	15
			Residual Grade	High
			Risk Velocity	Medium
			Movement	
			Risk Appetite	Cautious
			Risk Target	Medium (6)
			Risk Tolerance	Medium (10)
			above target level; above tolerance	
			Risk Rating	Red
			Risk Response	Treat
		Risk Owner	EDDD	
Key Controls		Further Actions		
In Place: 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 dependency on incumbent resource. Contract extended to provide additional support until Stage 2 is released. iv. Changes to the legacy applications are now limited to critical regulatory or security driven changes.		Actions Required: 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.		

Agenda Item 9 Appendix 3

RISK 5	<u>Use of Artificial Intelligence (AI) Technologies</u>	Raw Likelihood	5
	What is the Potential Situation? The Care Inspectorate faces an increasing strategic risk associated with the rapid development and adoption of Artificial Intelligence (AI) technologies. While activity is underway to establish policy, governance and capability, there remains a period of exposure where AI may be used inconsistently or without full assurance. Artificial intelligence technologies may be used inconsistently or without full assurance across the Care Inspectorate, resulting in poor decision-making, misuse of sensitive information, inaccurate outputs, or actions that are not lawful, ethical, or transparent. Guidance for Public Sector organisations emphasises trustworthy, ethical, transparent and accountable AI use, including governance, risk management, and workforce capability. The ICO requires clear accountability, and highlights the need for DPIAs, transparency, fairness and lawful processing when AI uses personal data. Scottish Social Care guidance stresses that only authorised tools should be used, human judgement must remain in control, and AI outputs should always be checked before action is taken.	Raw Impact	4
		Raw Score	20
		Raw Grade	Very High
		Residual Likelihood	4
		Residual Impact	4
		Residual Score	16
		Residual Grade	High
		Risk Velocity	High
		Movement	
	Risk Appetite	Cautious	
	Risk Target	Low	
	Risk Tolerance	Low	
		above target level; above tolerance	
	Risk Rating	Red	
	Risk Response	Treat	
		Risk Owner	EDDD
Key Controls		Further Actions	
In Place:		Actions Required:	
i. IT Security Policy		i. AI Strategy developed, agreed and published	
ii. ISGWG governance extended to include an AI Steering Group to support early AI adoption.		ii. AI Policy to be finalised, agreed and published.	
iii. AI Positioning Statement (2025)		iii. AI Privacy Statement developed and published.	
iv. Monitoring of cloud based IT services.		iv. Formal governance and compliance model for AI.	
v. Controlled access to software installations.		v. AI Training plans to support common understanding of AI.	
vi. Controlled trials in the use of Microsoft Copilot and SmartSurvey AI technologies.		vi. Training plans to support minimum capability in the use of AI.	
vii. Enhanced staff communications to maintain awareness of the risk and opportunities of AI.			
viii. Methodology guidance updated to support transparency and safe use of AI technologies.			
ix. Draft AI policy developed and in process of ratification.AI Training courses available to support staff use of Microsoft Copilot.			

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

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

Lead Officers

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



Title:	MONITORING OUR PERFORMANCE 2026/27 – QUARTER 1 REPORT	
Authors:	Ingrid Gilray, Intelligence and Analysis Manager Sophie Siegel, Senior Intelligence Analyst Kaisha Wallace, Intelligence Researcher	
Responsible Director:	Gordon Mackie, Executive Director of Digital and Data	
Appendices:	1.	Key Outcome Indicators (KOIs) and Scrutiny & Assurance activities
	2.	Technical notes
Consultation:	N/A	
Resource Implications:	None	

EXECUTIVE SUMMARY

This is the first performance report against the new measures in our Corporate Plan 2026-31.

Overall, performance in Q1 2026/27 is positive with seven of the nine reported Key Performance Indicators (KPIs) meeting or exceeding target. Two KPIs were below target: complaints resolved within timescale and staff absence, however both have improved since the end of the previous quarter.

This report provides a statistical account of performance against our KPIs and Key Outcome Indicators (KOIs) noting any action being taken where performance is below target. A broader account of our work in support of the Strategic Objectives and Key Areas of the Corporate Plan is set out in the Chief Executive's report.

The Board is invited to:

1. Discuss and note the report.

LINKS

Corporate Plan Outcomes

Assure and improve	X
Involve and inform	X
Uphold and champion people's rights	X
Maximising our impact: workforce and volunteers	X
Maximising our impact: digital and data	X

Strategic Risk Register

Yes	X
No	

For Noting	X	For Discussion	X	For Assurance		For Decision	
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Equality Impact Assessment		
Yes ☐	Not Yet ☐	No ☒ Reason: Screening completed, and full assessment not required.

Data Protection Impact Assessment Screening		
Yes ☒ Full DPIA completed	Not Yet ☐	No ☐ Reason:

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

Reason for Confidentiality/Private Report: N/A – This is a public Board report.
(see *Reasons for Exclusion*)

Disclosure after:

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

MONITORING OUR PERFORMANCE 2026/27 - QUARTER 1 REPORT**1.0 INTRODUCTION / BACKGROUND****Structure of this report**

This report sets out our performance against our agreed performance measures, under the three strategic outcomes and two key areas in our Corporate Plan 2026-31 which are:

Strategic Outcomes: Assure and improve
Involve and inform
Uphold and champion people's rights.

Key Areas: Maximising our impact through our workforce and volunteers
Maximising our impact through digital and data.

Further information on the work we have undertaken to deliver our strategic outcomes and key areas can be found in the Chief Executive's report to the Board, which should be read in conjunction with this report.

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 the main focus in the report below while a report on performance against KOIs and other activity 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.

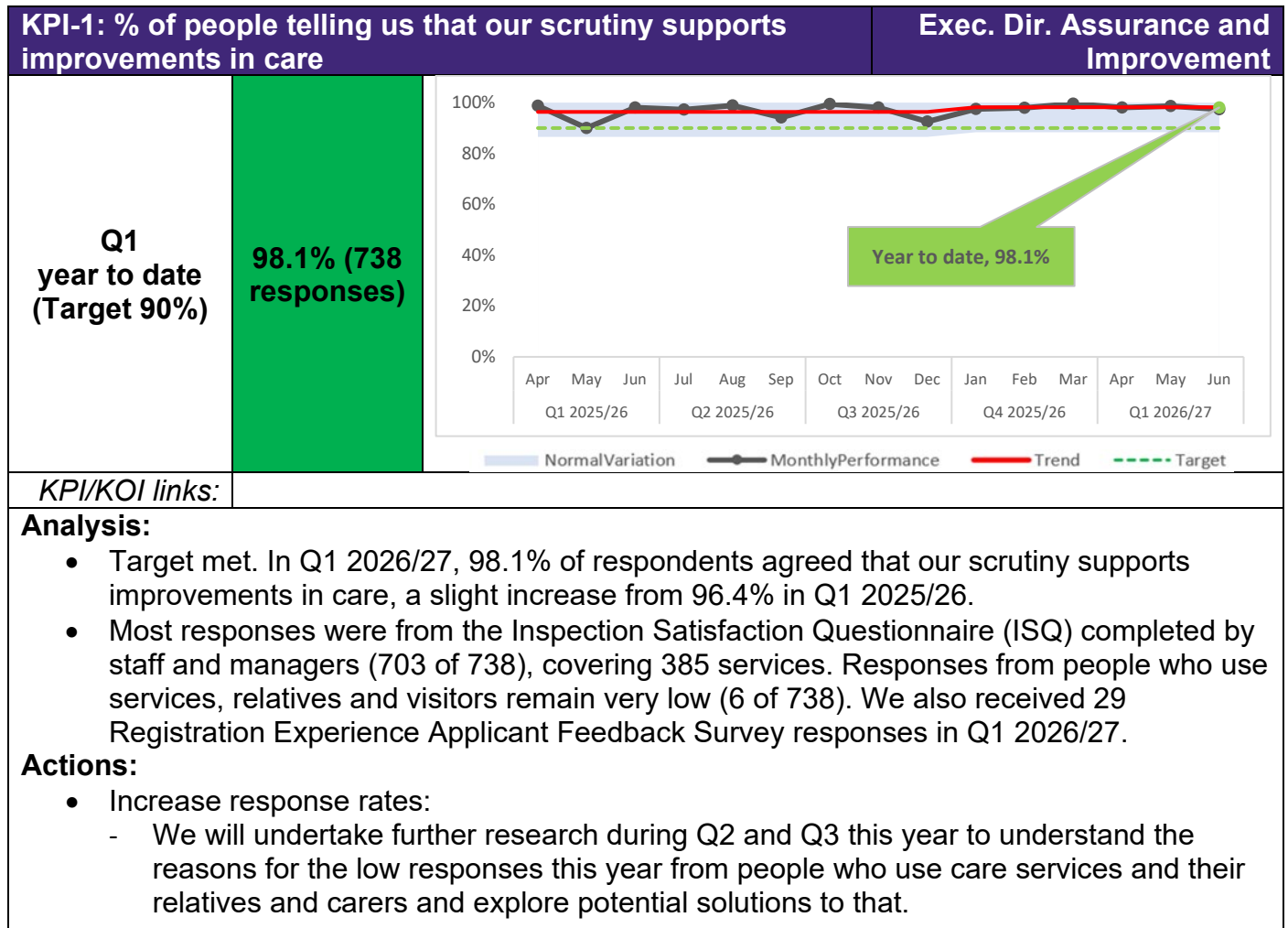
Summary of performance

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

Strategic outcome:				Key area:
Assure and improve		Involve and inform	Uphold and champion rights	Maximising our impact through our workforce and volunteers
KPI-1: people telling us scrutiny supports improvements 98.1% [Target: 90%]	KPI-4: % registrations completed within timescales 49.2% [Target: 48%]	KPI-6: input from people who experience care and their families	KPI-7: trauma-informed approach 89.4% [Target: 80%]	KPI-9: % staff absence 5.47% [Target: <=5%]
KPI-2: % statutory inspections completed 105.4% [Target: 100%]	KPI-5: % of complaints investigated within timescales 69.6% [Target: 80%]		KPI-8: Development of new care standards	KPI-10: % staff turnover 8.9% [Target: <=10%]
KPI-3: % services outwith inspection frequency 33.4% [Target: <=40%]				Maximising our impact through digital and data
				KPI-11: time to write a report 88.8% [Target: 85%]
				KPI-12: % services onboarded
Colour code: Green=target achieved, Amber=slightly below target, Red=significantly below target, Grey=not yet implemented				

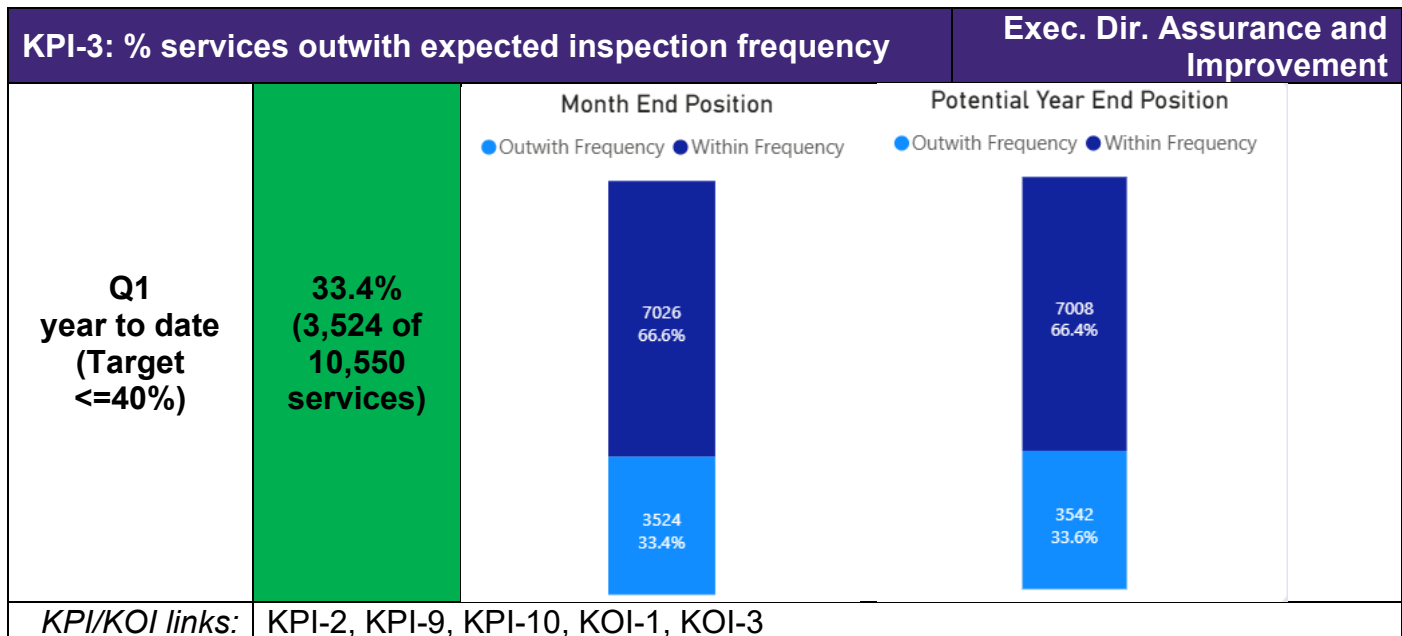
2.0 SUMMARY OF YEAR TO DATE PERFORMANCE UP TO 30 JUNE 2026

Strategic outcome: Assure and improve



KPI-2: % statutory inspections completed		Exec. Dir. Assurance and Improvement																
Q1 year to date (Target: 100%)	105.4% (691 completed of 656 expected at end of Q1)	<table><caption>KPI-2 Performance Data (April to June 2026/27)</caption><thead><tr><th>Period</th><th>KPI-2 Inspected_to_date</th><th>KPI-2 Eligible_Services Month</th><th>KPI-2 Inspected to Date % Month</th></tr></thead><tbody><tr><td>Apr 2026/27</td><td>151</td><td>220</td><td>68.5%</td></tr><tr><td>May 2026/27</td><td>464</td><td>439</td><td>105.7%</td></tr><tr><td>Jun 2026/27</td><td>691</td><td>656</td><td>105.4%</td></tr></tbody></table>	Period	KPI-2 Inspected_to_date	KPI-2 Eligible_Services Month	KPI-2 Inspected to Date % Month	Apr 2026/27	151	220	68.5%	May 2026/27	464	439	105.7%	Jun 2026/27	691	656	105.4%
Period	KPI-2 Inspected_to_date	KPI-2 Eligible_Services Month	KPI-2 Inspected to Date % Month															
Apr 2026/27	151	220	68.5%															
May 2026/27	464	439	105.7%															
Jun 2026/27	691	656	105.4%															
KPI/KOI links:	KPI-3 KPI-9, KPI-10, KOI-1, KOI-3																	
Analysis: - By the end of Q1 2026/27 we had inspected 105.4% of statutory services we expected to inspect over the quarter, slightly above the 100% target for Q1. - Both children and young people (CYP) teams and adult teams have inspected more than 100% of all expected statutory inspections for Q1 (114% and 104% respectively). Due to the impact of digital transformation, and the teams being under capacity, it is not anticipated that CYP or adult teams will complete 100% of statutory inspections in 2026/27. This was accounted for in the inspection plan for the year. - Services that require annual statutory inspections are adult care homes, children and young people care homes, secure accommodation services and support services providing care at home. Statutory services that had their last inspection in February or March 2026 do not need inspected in the 2026/27 inspection year. - The number of eligible services will decline over time as services cancel throughout the year. Services that were inspected before they cancelled are included in the figures. Services that have not been inspected due to being inactive will be removed from the calculation at the end of the year. - The expected number of statutory inspections for Q1 was calculated as 25% of the total eligible services for the year, and assumes inspections are distributed evenly throughout the year. Note that this does not reflect any planning decisions taken by inspection teams. Actions: - We will continue to deliver the inspection plan in line with agreed priorities which are to focus on statutory services as well as high risk services. - We continue to provide and improve on management information in the form of dashboards for inspectors, managers, planners and executives. - We continue to recruit and induct new inspectors. Initially this will not increase inspection capacity and may reduce it while we induct new colleagues. We expect to have increased inspection capacity available next year. - Our inspection capacity has been and will continue to be affected by other factors this year, and although currently performing well this may be reflected in our performance later in the year. The main factors are: - Staff have continued to support the design and testing of our new Stage 2 platform, and we expect the upcoming implementation phase will reduce capacity for a period while staff are trained and gain experience using the new platform. The transition period from one system to another is likely to slow inspection performance too, this has been accounted for in the inspection plan for the year. - Sickness absence (see KPI-9) continued to impact inspection capacity especially within adult inspection teams where it was higher than for most other parts of the organisation.																		

- Capacity was also reduced due to staff awaiting redeployment and who return to work but are unable to inspect for periods of significant time following Occupational Health Assessments. We will undertake further work to establish the expected impact of this on our capacity this year.

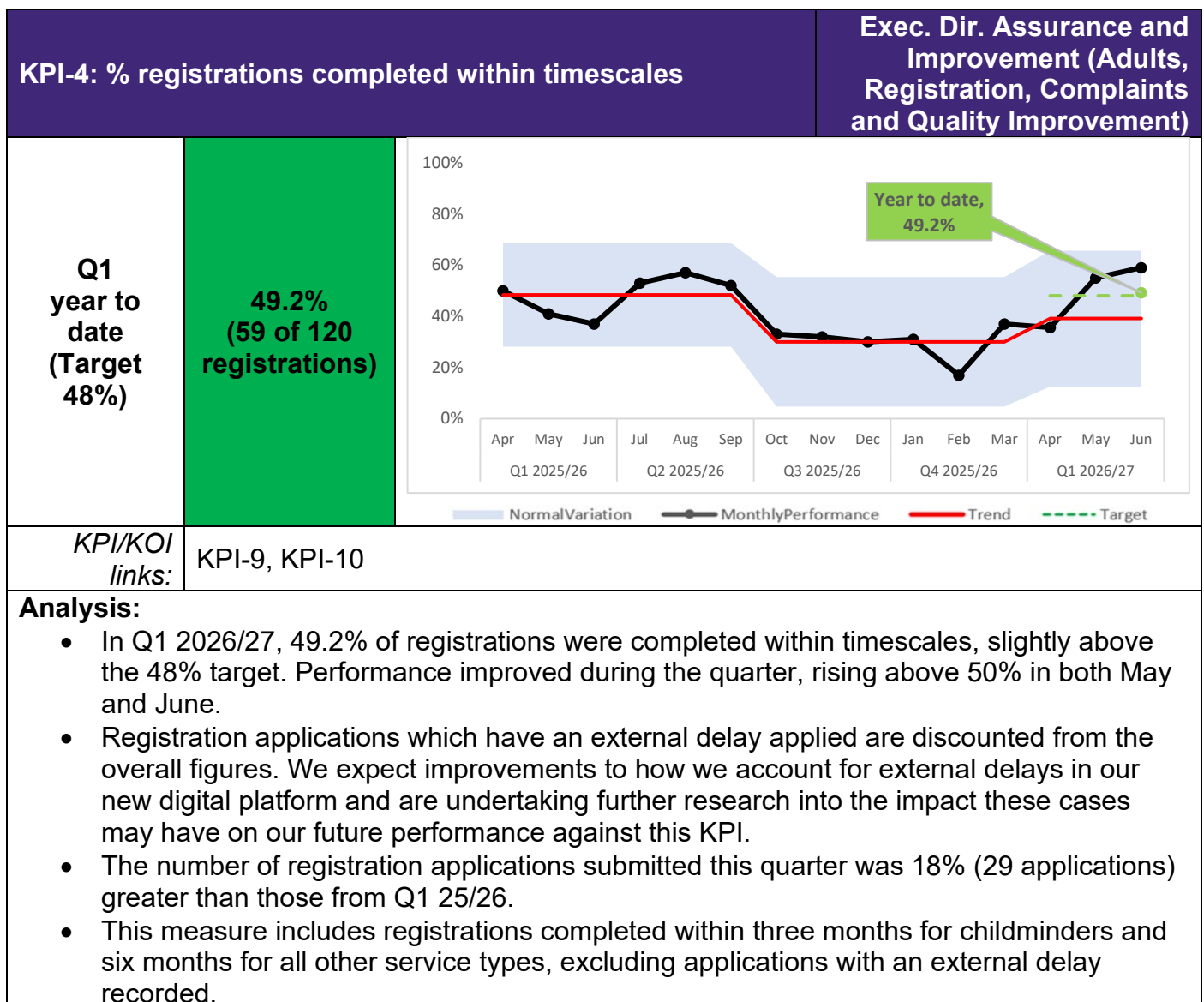
**Analysis:**

- At the end of Q1 2026/27 33.4% of services are outwith their expected inspection frequency guidelines.
- 21.9% of adult services, 33.2% of Children and Young People services and 40.3% of Early Learning and Childcare services are currently outwith inspection frequency.
- This measure includes services that must have a statutory inspection every year (see KPI-1). Given that statutory services are a priority for us, we expect that a higher proportion of adult and children and young people's services will be within frequency because they include statutory services, compared with early learning and childcare services where there are no statutory services.
- Performance varies by service type, largely reflecting the difference between statutory and non-statutory inspection frequencies. Statutory services remain a priority within our inspection plan.
- The current projection for the overall proportion of services outwith their frequency by the end of the year based on their current inspection planned status and date is 33.6%. Note that any significant changes to our detailed inspection plan will affect this over the course of the year.

Actions:

- We will continue to deliver the inspection plan in line with agreed priorities which are to focus on statutory services as well as high risk services. This may mean that as some services we did not intend to inspect become higher risk, they may be inspected prior to those outwith frequency which are assessed as low risk.
- We continue to provide and improve on management information in the form of dashboards for inspectors, managers, planners and executives.
- We continue to recruit and induct new inspectors. Initially this will not increase inspection capacity and may reduce it while we induct new colleagues. We expect to have increased inspection capacity available next year.

- Our inspection capacity has been and will continue to be affected by other factors this year, and although currently performing well this may be reflected in our performance later in the year. The main factors are:
 - Staff have continued to support the design and testing of our new Stage 2 platform, and we expect the upcoming implementation phase will reduce capacity for a period while staff are trained and gain experience using the new platform. The transition period from one system to another is likely to slow inspection performance too, this has been accounted for in the inspection plan for the year.
 - Sickness absence (see KPI-9) continued to impact inspection capacity, especially within ELC and adult inspection teams where it was higher than for most other parts of the organisation.
 - Capacity was also reduced due to staff awaiting redeployment and who return to work but are unable to inspect for periods of significant time following Occupational Health Assessments. We will undertake further work to establish the expected impact of this on our capacity this year.



- Childminders had the lowest rate of registrations completed within timescales at 22.9% which is significantly below average. The number of submissions for this service type have increased by 13% (9 applications) compared to Q1 2025/26.
- Registrations completed within timescales are significantly above average for daycare of children services (76.2%).

Actions:

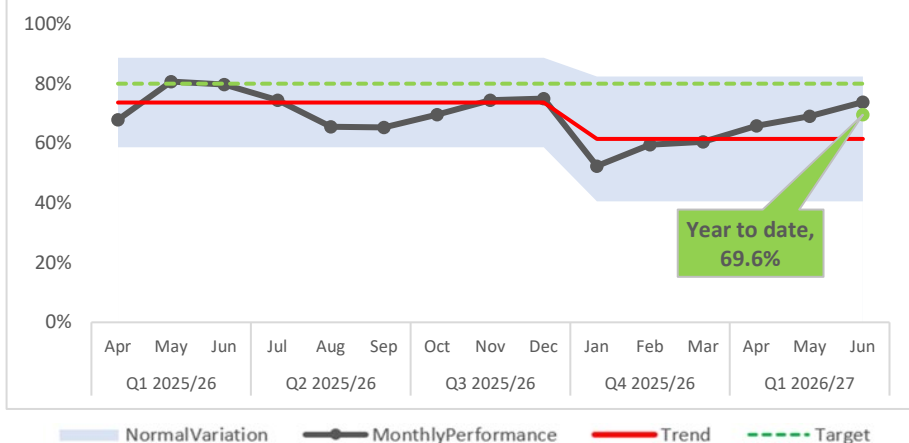
- Within Q1 our Intelligence team and Registration team managers worked together to make enhancements to our dashboards of daily registration management information.
- Our capacity has been and will continue to be affected by other factors this year.
 - In particular, staff have continued to support the design and testing of our new Stage 2 platform, and we expect the upcoming implementation phase will reduce capacity for a period while staff are trained and gain experience using the new platform.
 - Sickness absence and turnover (see KPI-9 and KPI-10) have remained low during Q1 within the registration team.
- Further recruitment of Early learning and Childcare registration inspectors has taken place, and we anticipate seeing the benefit of this over the remaining quarters of 2026/27.

KPI-5: % of complaints about care we investigated that were resolved within the relevant timescales (40 days)

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

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

**69.6%
(181 of 260
complaints)**



KPI/KOI links KPI-9, KPI-10

Analysis:

- At the end of Q1 2026/27 69.6% of complaints investigated by the Care Inspectorate were resolved within 40 working days. This is below the target of 80%.
- However, performance has improved month on month since January 2026 reaching 73.8% in June 2026.
- This measure previously included all complaints completed. From April 2026, it now only includes those investigated by the Care Inspectorate. The chart above shows the trend over the past year, only including those investigated by the Care Inspectorate.

Actions:

- Our complaints team managers have access to dashboards of complaints management information to support workload management and can monitor performance daily against this KPI at a granular level.

- Further leading measures have been put in place aligned to the KPI, allowing managers and staff to be pro-active in the achievement of the KPI.
- Complainants sometimes wish to provide supplementary information from third parties, and this results in delays to our investigations. We are addressing this through clearer communication at the point of complaint submission.
- Our capacity has been and will continue to be affected by other factors this year.
 - In particular, staff have continued to support the design and testing of our new Stage 2 platform, and we expect the upcoming implementation phase will reduce capacity for a period while staff are trained and gain experience using the new platform.
 - Sickness absence and turnover (see KPI-9) have remained high during Q1 within the complaints team, and this continues to impact our capacity.

Strategic outcome: Involve and inform

KPI-6: % of assurance and improvement interventions and consultation that include direct input from people who experience care and their families

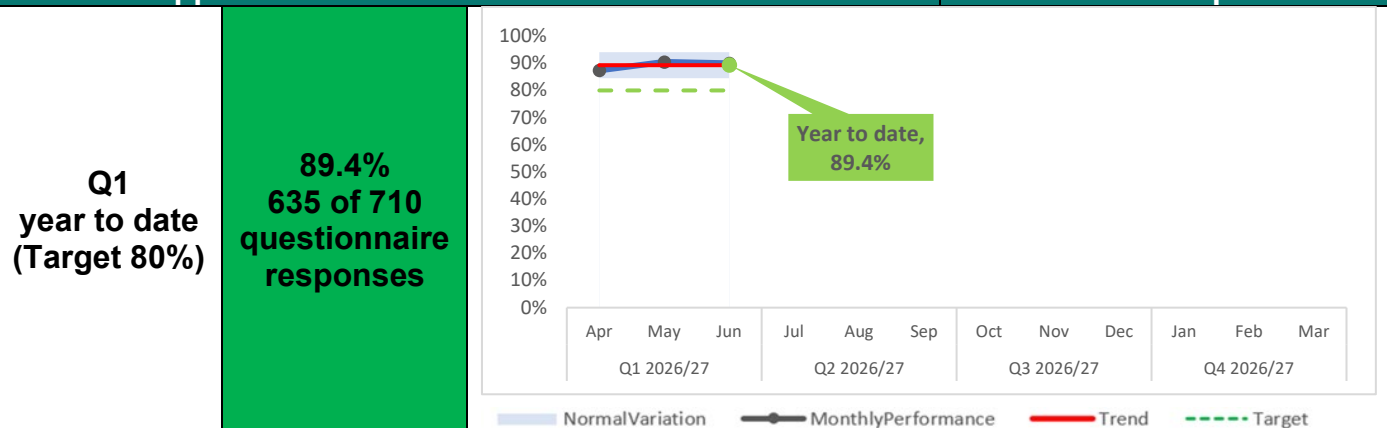
Exec. Dir. Assurance and Improvement (Adults, Registration, Complaints and Quality Improvement)

This measure requires new data capture and associated processes. It will be developed during 2026/27 and included in future reports once the methodology and data sources are agreed.

Strategic outcome: Uphold and champion rights

KPI-7: % of responses confirming our staff take a trauma-informed approach

Exec. Dir. Assurance and Improvement



KPI/KOI links: KPI-1, KPI2, KPI-3

Analysis:

- Analysis of responses from Inspection Satisfaction Questionnaires (ISQs) confirms that in 89.4% of cases, Care Inspectorate staff take a trauma informed approach.
- This is derived from a number of statements in the questionnaire that evaluate the inspectors' behaviour during inspections. This includes questions about, for example, being polite and respectful, involving people appropriately, limiting disruption and providing clear feedback. Respondents must respond positively to all nine relevant questions (manager and staff version) or all six relevant questions (service user version) in order to be included as meeting the criteria for trauma informed.

Actions:

- As reported under KPI-1, our main action is to improve response rates to these questionnaires, especially those from people who use care services, relatives and carers.

KPI-8: Development of new care standards

Year 1: % frameworks revised

Year 2: % of frameworks implemented

Exec. Dir. Assurance and Improvement

This measure is not yet reported. It will be developed during 2026/27 and included in future reports once the new care standards are developed and the plan for new frameworks has been established.

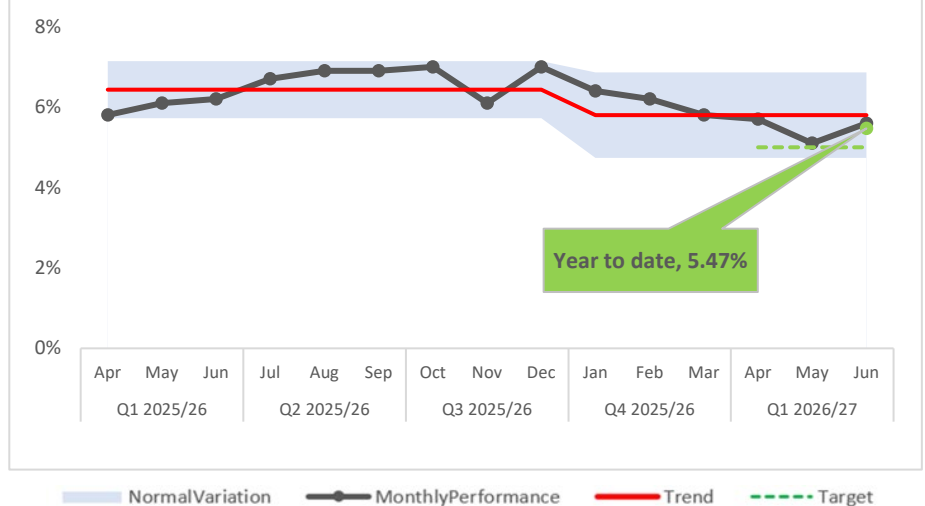
Key area: Maximising our impact through our workforce and volunteers

KPI-9: % staff absence

Exec. Dir. Corporate Services

**Q1
year to date
(Target <=5%)**

5.47%



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

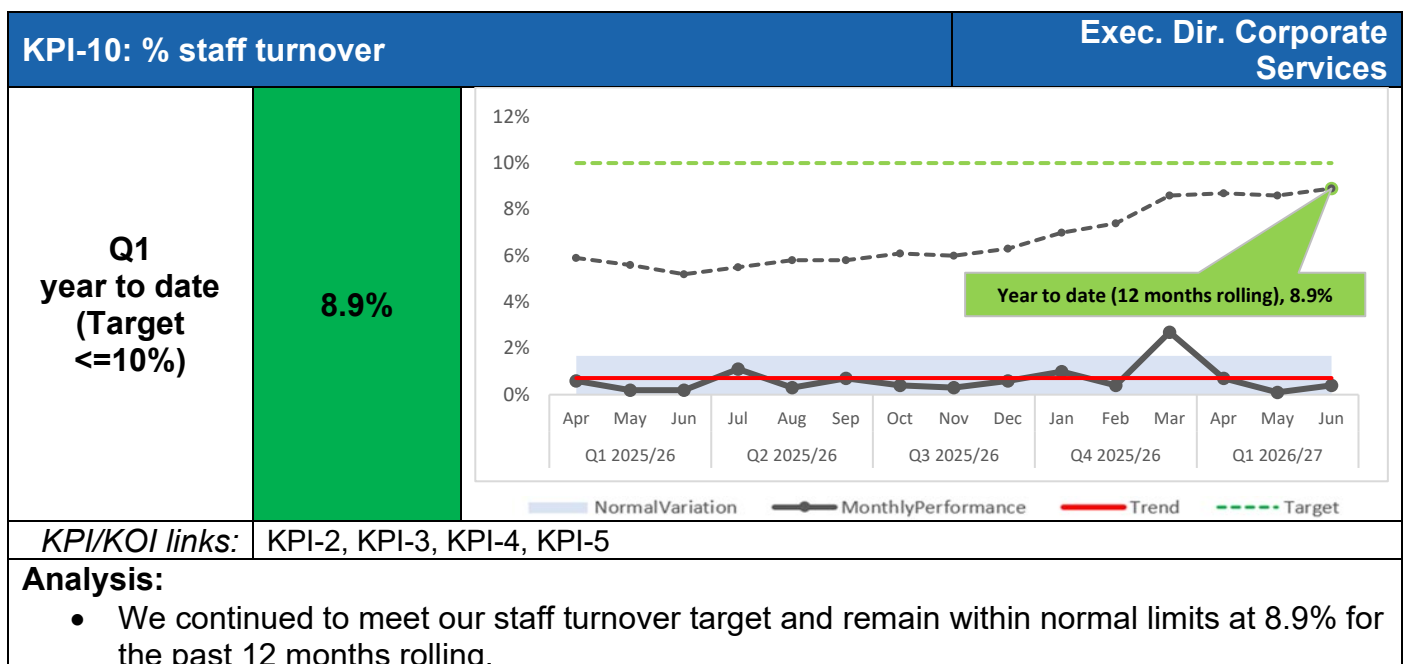
Analysis:

- Overall sickness absence is above the target threshold. Staff absence was 5.47% for Q1 2026/27, above our target of 5% or lower. Most absence continues to be long term, accounting for 80.4% of total lost hours.
- Absence has fallen since it peaked in December 2025, although there was a rise in June 2026.
- Sickness absence in Q1 2026/27 ranged from 4.5% to 5.7% remaining lower than the Q1 2025/26, when it ranged from 5.8% to 6.2%.
- We have not identified any specific reason for this decrease, but HR have continued to support managers with absence cases and are advising the use of varied supports such as Occupational Health referrals, the Employee Assistance Programme, Personal Wellbeing Plans and Stress Risk Assessments as well as exploring flexible working where appropriate.
- In Q1 2026/27, the majority of hours lost due to sickness absence were due to long term absences, with 80.4% of the total hours lost compared with 10.2% due to short-term absences and 9.4% due to medium-term absences.

- Mental Health continues to be the largest single reason for absence. This category includes a variety of reasons for absence, such as bereavement, work and non-work-related stress, depression and anxiety.
- We have an older workforce with more than 70% of staff over 45 and 37.7% over 55 and this demographic is more likely to be affected by longer term conditions that require absence.

Actions:

- The Strategic Management Group is working with HR to review the management information available on sickness absence and attrition, to ensure it effectively supports managers to manage absence and resource capacity 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.

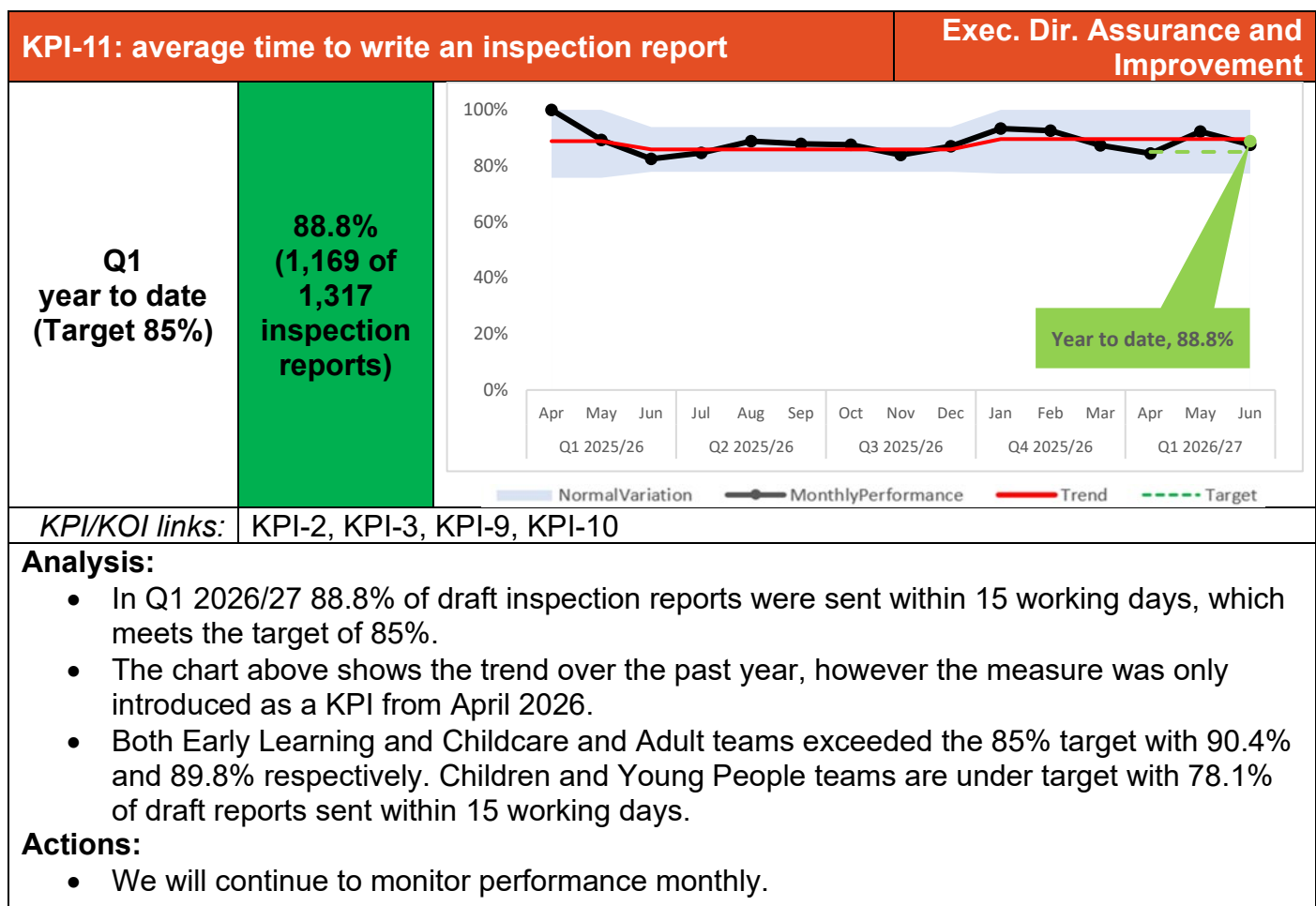


- The monthly turnover rates were slightly higher in April 2026 (0.7%) and June 2026 (0.4%) compared to April 2025 (0.6%) and June 2025 (0.2%) but were within the normal range. The high rate in March 2026 was due to a high number of people retiring at the end of financial year, as noted in our Q4 2025/26 report.
- In Q1 2026/27 9 people left the organisation (of which 5 retired, 3 left voluntarily and 1 left for other reasons (e.g. temporary contract ended). This compares to 6 staff who left the organisation in Q1 2025/26.

Actions:

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

Key area: Maximising our impact through digital and data



KPI-12: % services onboarded to new digital system

Exec. Dir Digital and Data

This measure is not yet reported. It will be introduced to align with the planned go-live of the new digital system.

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 sets out how the Care Inspectorate is performing against the agreed performance measures in its Corporate Plan 2026-31. It provides assurance on progress towards our strategic outcomes and key areas, which includes how our work supports and enables improvements to quality of care.

3.4 Customers (Internal and/or External)

This report includes a number of measures of customer satisfaction.

4.0 CONCLUSIONS/NEXT STEPS

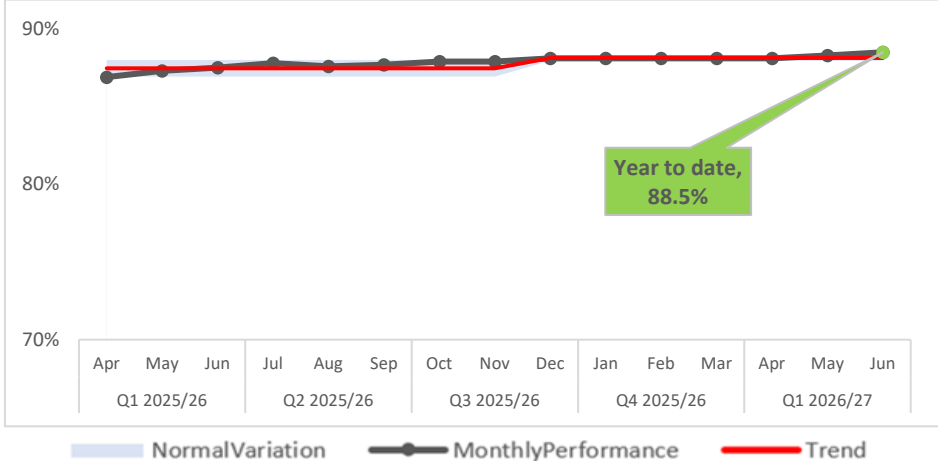
Overall, performance in Q1 2026/27 is positive, with most reported KPIs meeting or exceeding target. The main areas requiring continued focus are complaints timescales and staff absence, alongside the wider capacity pressures affecting operational delivery.

The Board is invited to discuss and note the report.

Key Outcome Indicators (KOIs) and additional activity

We will continue to develop our additional activity tables throughout 2026–31, following stage 2 implementation of our digital transformation.

Strategic outcome: Assure and improve

KOI-1: % services with good or better grades (across all key questions)		Exec. Dir. Assurance and Improvement																																																
Q1 year to date	88.5%	 <table border="1"><thead><tr><th>Month</th><th>Year</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Apr</td><td>Q1 2025/26</td><td>87.5</td></tr><tr><td>May</td><td>Q1 2025/26</td><td>87.5</td></tr><tr><td>Jun</td><td>Q1 2025/26</td><td>87.5</td></tr><tr><td>Jul</td><td>Q2 2025/26</td><td>87.8</td></tr><tr><td>Aug</td><td>Q2 2025/26</td><td>87.5</td></tr><tr><td>Sep</td><td>Q2 2025/26</td><td>87.5</td></tr><tr><td>Oct</td><td>Q3 2025/26</td><td>87.8</td></tr><tr><td>Nov</td><td>Q3 2025/26</td><td>87.8</td></tr><tr><td>Dec</td><td>Q3 2025/26</td><td>87.8</td></tr><tr><td>Jan</td><td>Q4 2025/26</td><td>88.0</td></tr><tr><td>Feb</td><td>Q4 2025/26</td><td>88.0</td></tr><tr><td>Mar</td><td>Q4 2025/26</td><td>88.0</td></tr><tr><td>Apr</td><td>Q1 2026/27</td><td>88.0</td></tr><tr><td>May</td><td>Q1 2026/27</td><td>88.2</td></tr><tr><td>Jun</td><td>Q1 2026/27</td><td>88.5</td></tr></tbody></table> Normal Variation Monthly Performance Trend	Month	Year	Performance (%)	Apr	Q1 2025/26	87.5	May	Q1 2025/26	87.5	Jun	Q1 2025/26	87.5	Jul	Q2 2025/26	87.8	Aug	Q2 2025/26	87.5	Sep	Q2 2025/26	87.5	Oct	Q3 2025/26	87.8	Nov	Q3 2025/26	87.8	Dec	Q3 2025/26	87.8	Jan	Q4 2025/26	88.0	Feb	Q4 2025/26	88.0	Mar	Q4 2025/26	88.0	Apr	Q1 2026/27	88.0	May	Q1 2026/27	88.2	Jun	Q1 2026/27	88.5
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KPI/KOI links:	KPI-2, KOI-3, KOI-2, KOI-4																																																	
Analysis: - At the end of Q1 2026/27, 88.5% of registered services were graded good or better across all key questions, an increase from 87.5% at Q1 2025/26. - Performance varies by service type. Excluding service types with small volumes of services: adult daycare (95%), childminding (93%), and daycare of children (92%) performed significantly above average. Care homes for older people (73%), care at home services (84%), housing support services (86.5%) performed significantly below average. - Compared to Q1 2025/26, grades improved for care homes for older people (+5 percentage points (pp)), care homes for adults (+4 pp) and daycare of children services (+3 pp). Actions: - We will continue to focus on the priorities agreed in our inspection plan, namely statutory inspections and inspections of high-risk services. We will focus any remaining inspection capacity on inspections of services taking account of risk, grades and time since last inspection. In addition, ELC teams will prioritise services registered prior to 1 April 2025 which have not yet been inspected.																																																		

KOI-2: % services with >90% people telling us they are happy with the quality of care and support they receive		Exec. Dir. Assurance and Improvement
Q1 year to date	91.4% (1,421 of 1,554 services, from 22,687 responses in total)	
KPI/KOI links:	KPI-2, KPI-3, KOI-1, KOI-4	
Analysis: - Up to the end of Q1, 91.4% of services had 90% or more respondents saying they were satisfied with the quality of care and support they receive. - This represents a decrease in satisfaction compared with Q1 2025/26 (92.5%). Actions: - Our Care Standards Questionnaires (CSQs) are one of the many ways we engage with people who use care services, their relatives and carers, service staff and other professionals.		

- In April 2026 we changed the delivery process for the online questionnaires, using a new IT platform to host them and services now receive these via eForms (previously a link to the MS Form was sent via email). In April 2026, we introduced a paper CSQ for families who use childminding services. Paper CSQs are still available for people who experience care within housing support services and care homes for older people.
- Several changes to CSQs issued to fostering, adoption and continuing care services were identified in April/May 2026 which could not be incorporated into our current online system and therefore additional MS Forms are being set up to capture this data.

KOI-3: % of services with expected grades or better		Exec. Dir. Assurance and Improvement																										
Q1 year to date	90.1% (526 of 584 inspections)	<table border="1"><thead><tr><th>Month</th><th>Monthly Performance (%)</th></tr></thead><tbody><tr><td>Apr</td><td>85</td></tr><tr><td>May</td><td>90</td></tr><tr><td>Jun</td><td>90.1</td></tr><tr><td>Jul</td><td></td></tr><tr><td>Aug</td><td></td></tr><tr><td>Sep</td><td></td></tr><tr><td>Oct</td><td></td></tr><tr><td>Nov</td><td></td></tr><tr><td>Dec</td><td></td></tr><tr><td>Jan</td><td></td></tr><tr><td>Feb</td><td></td></tr><tr><td>Mar</td><td></td></tr></tbody></table>	Month	Monthly Performance (%)	Apr	85	May	90	Jun	90.1	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar	
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Analysis: • Performance is high at the end of Q1 2026/27 with 90.1% of services receiving expected grades of good or better. • The continued high performance in this measure provides assurance that good quality services are not declining while we continue to focus on the priorities agreed in our inspection plan, namely statutory inspections and inspections of high-risk services. We will focus any remaining inspection capacity on inspections of services taking account of risk, grades and time since last inspection. In addition, ELC teams will prioritise services registered prior to 1 April 2025 which have not yet been inspected. • The methodology for calculating this measure has changed compared to previous years. It has been updated to take account of ungraded inspections such as core assurance and promise assurance inspections (which we expect to undertake more of this year) and pilot inspections for new methodologies. We have also updated the calculations to use only finalised grades, and to better reflect the time it takes to complete an inspection to ensure we are picking up the most relevant risk and grade scores prior to an inspection. The impact has been a decrease of around 8 percentage points compared to previous reporting. Therefore, this measure cannot be compared to previous quarters.																												
Actions: • Continue to monitor this measure.																												

Scrutiny and assurance activity (registered care services)

	Q1 Year to Date 2025/26	Q1 Year to Date 2026/27	2026/27 vs 2025/26 year to date % change
Inspections completed	1,116	1,359	+22%
Serious concern letters issued	6	3	*
Improvement notice enforcements	7	6	*
Notice to cancel enforcements	2	0	*
Condition notice (incl. emergency condition notice)	2	1	*
Total complaints resolved (not inc. concerns logged as intelligence)	600	627	+5%
New registrations completed	157	164	+4%
Number of variations completed (not inc. typographical changes)	427	490	+15%

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 *.

Regulatory activity increased in Q1 2026/27 compared with the same period last year. We carried out 243 more inspections, resolved 27 more complaints, and completed 7 more registrations and 63 more variations. The number of enforcement notices and letters of serious concern issued remained low during Q1.

We will continue to focus on statutory inspections and inspections of high-risk services. Any remaining inspection capacity will be focused on inspections of services taking account of risk, grades and time since last inspection. In addition ELC teams will prioritise services registered prior to 1 April 2025 which have not yet been inspected.

Enforcement activity (especially rural communities with increased travel time), changes to team sizes, structures and management, high absence levels, high volumes of notifications and high levels of complaints can impact inspection performance.

Strategic scrutiny activity

	Q1 Year to Date 2025/26	Q1 Year to Date 2026/27	2026/27 vs 2025/26 year to date % change
Inspections completed (published)	2	2	*
Total number of case files read	150	30	-80%
Number of serious incident reviews received	26	16	-38%
Learning reviews received (those that have proceeded to a learning review)	13	10	-23%
Learning review notifications received (notifications we have received that have not proceeded to a learning review)	21	14	-33%
Other review reports received	1	33	*

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 *.

Strategic scrutiny activity can vary significantly over time due to the targeted and bespoke nature of these programmes.

The number of case files reviewed decreased between 2025/26 and 2026/27 due to the scrutiny activity undertaken for the Glasgow Children at Risk of Harm inspection in which a significant proportion of on-site and engagement activity took place during Q1 2025/26. This inspection was in addition to the ongoing Joint Inspection of Services for Children and Young People Subject to Compulsory Supervision Orders, which continued throughout 2025/26.

Of the 33 Other Review Reports received in Q1 2026/27, 32 related to submissions received as part of the National Review of Group-Based Child Sexual Abuse and Exploitation (CSAE). Phase 1 of the review required Strategic Chief Officer groups to provide extensive information to support an assessment of the current scale and nature of CSAE across Scotland. The information gathered is being used to evaluate confidence in existing arrangements and the effectiveness of work being undertaken to identify, assess, and respond to risks associated with child sexual abuse and exploitation.

Quality improvement activity

	Q1 Year to Date 2025/26	Q1 Year to Date 2026/27	2026/27 vs 2025/26 year to date % change
External quality improvement events	24	20	-17%
Internal quality improvement events	7	2	*
Quality improvement consultancies	196	142	-28%

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 *.

During Q1 2026/27, we completed fewer external quality improvement events and consultancies than in the same period last year. We published The Quality Improvement Highlights Report 2025/26¹ at the start of July 2026. It demonstrates an at the right time, right place (risk, need, reach and impact) improvement function delivering national impact through consultancy, universal support and targeted interventions. The report highlights that during 2025/26 the section completed 709 quality improvement (QI) consultancies, delivered large-scale learning and QI activity, and targeted resources where risk, need and opportunity for QI were greatest. The report demonstrates measurable outcomes across medication safety, dementia care, digital innovation, safe staffing and early learning and childcare, alongside a strong commitment to rights-based practice, partnership working and building sustainable improvement capability. Overall, it reflects a strategically focused function that is increasingly influencing QI at a system level while remaining grounded in practical support and outcomes for people experiencing care.

Strategic outcome: Involve and inform

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

Engagement with individuals and groups activity

	Q1 Year to Date 2025/26	Q1 Year to Date 2026/27	2026/27 vs 2025/26 year to date % change
Care Standard Questionnaires (CSQs) received	14,752**	22,829	+55%**
Inspection Satisfaction Questionnaires (ISQs) received	147	710	+383%
Number of unique services engaged (quality improvement activity)	46	35	-24%
Number of individuals engaged (quality improvement activity)	1,032	176	-83%
Total staff survey responses received (from strategic scrutiny inspections)	1,301	0	*
Total people experiencing care engaged with (from strategic scrutiny inspections)	145	7	-95%

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 number of CSQs received per month/quarter in 2025/26 is an estimate as submission dates were not recorded reliably by the system. The process and methodology of preparing the data for analysis has also changed and not all submitted CSQs would have been included in the dataset for analysis in 2025/26. Therefore the % change should be interpreted with caution.

Strategic scrutiny activity and quality improvement support activity can vary significantly over time due to the targeted and bespoke nature of these programmes.

¹ [Quality Improvement Highlights Report 2025/26](#)

Engaging with people during and after care service inspections

A new digital platform to collect Care Standard Questionnaire responses was introduced at the start of April 2026. The completion of Care Standards Questionnaires has increased compared to Q1 2025/26, however the scale of the increase needs to be interpreted with caution as per the table footnote above.

The completion of Inspection Satisfaction Questionnaires (ISQs) has seen a huge increase in the number of questionnaires returned since the change to the process of sending out the questionnaire links in Q2 2025. This explains why the number of ISQs returned in Q1 25/26 was much lower compared to Q1 26/27.

Engaging with people during quality improvement support

The 83% reduction in number of individuals engaged is due to the delivery of large-scale universal quality improvement webinars during the same period last year. These events will have attracted exceptionally high attendance and therefore create a challenging comparison against current-year activity. In addition, the inclusion of presentations delivered during this period last year may have increased the overall number of people engaged and provided a more complete reflection of activity undertaken.

Engagement figures for universal quality improvement activity are expected to fluctuate throughout the year, reflecting the nature, scale and timing of interventions delivered. Attendance can vary significantly depending on the topics covered and the delivery of larger webinar-based events. As a result, direct quarter-on-quarter comparisons do not always provide a like-for-like measure of reach or impact for universal quality improvement. The year-to-date variance is therefore likely to reflect differences in the profile of activities delivered, rather than a reduction in quality improvement activity or engagement. Similarly targeted quality improvement activity requires sufficient planning and lead-in time to analyse intelligence, identify priorities and ensure resources are directed to the right place at the right time. As a result, activity levels and programme numbers may fluctuate throughout the year.

Looking ahead, planning for the Care Home Improvement Programme (CHIP) commenced during Q1 and we will launch Cohort 3 in July 2026 across Highland and Moray. Interest has been strong, with 35 care homes applying to participate, representing an application rate of over 44% of the 79 adult and older people's care homes within the Highland and Moray local authority areas. This level of engagement provides a strong foundation for supporting quality improvement capability and improving outcomes across the two regions.

Engaging with people during strategic scrutiny

The number of staff survey responses received and people with care experience engaged with decreased between 2025/26 and 2026/27 due to the scrutiny activity undertaken for the Glasgow Children at Risk of Harm inspection in which a significant proportion of on-site and engagement activity took place during Q1 2025/26. This inspection was in addition to the ongoing Joint Inspection of Services for Children and Young People subject to Compulsory Supervision Orders, which continued throughout 2025/26.

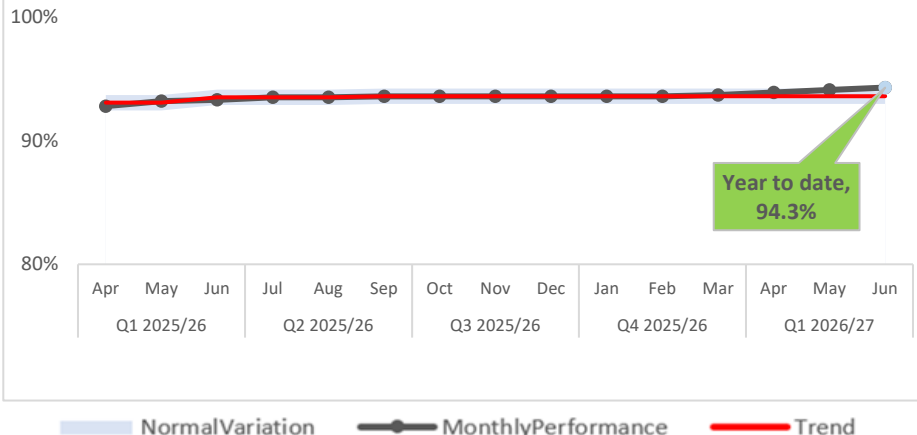
A trusted source of information and guidance on the quality of care

	Q1 Year to Date 2025/26	Q1 Year to Date 2026/27	2026/27 vs 2025/26 year to date % change
Website – total page views (inclusive of The Hub up to 17 May 2026)	999,790	1,055,103	+6%
Website – total active users (inclusive of The Hub up to 17 May 2026)	184,366	168,727	-8%

We launched our new website www.careinspectorate.scot on 18 May 2026, replacing our previous corporate website and The Hub. The new site brings information, guidance, updates and improvement resources together in one place. The figures above include activity from The Hub up to 17 May 2026. Website traffic was affected by an unusual spike in visits to the previous website on 9 May 2026, which increased total page views for the quarter.

Strategic outcome: Uphold and champion rights

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

KOI-4: % of services with grades of good or better for key question 1: how well do we support people’s wellbeing?		Exec. Dir. Assurance and Improvement																																																
Q1 year to date	94.3%	 <table border="1"><thead><tr><th>Month</th><th>Year</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Apr</td><td>2025</td><td>92.5</td></tr><tr><td>May</td><td>2025</td><td>93.0</td></tr><tr><td>Jun</td><td>2025</td><td>93.3</td></tr><tr><td>Jul</td><td>2025</td><td>93.5</td></tr><tr><td>Aug</td><td>2025</td><td>93.6</td></tr><tr><td>Sep</td><td>2025</td><td>93.7</td></tr><tr><td>Oct</td><td>2025</td><td>93.8</td></tr><tr><td>Nov</td><td>2025</td><td>93.9</td></tr><tr><td>Dec</td><td>2025</td><td>94.0</td></tr><tr><td>Jan</td><td>2026</td><td>94.1</td></tr><tr><td>Feb</td><td>2026</td><td>94.2</td></tr><tr><td>Mar</td><td>2026</td><td>94.3</td></tr><tr><td>Apr</td><td>2026</td><td>94.4</td></tr><tr><td>May</td><td>2026</td><td>94.5</td></tr><tr><td>Jun</td><td>2026</td><td>94.3</td></tr></tbody></table> Normal Variation Monthly Performance Trend	Month	Year	Performance (%)	Apr	2025	92.5	May	2025	93.0	Jun	2025	93.3	Jul	2025	93.5	Aug	2025	93.6	Sep	2025	93.7	Oct	2025	93.8	Nov	2025	93.9	Dec	2025	94.0	Jan	2026	94.1	Feb	2026	94.2	Mar	2026	94.3	Apr	2026	94.4	May	2026	94.5	Jun	2026	94.3
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Analysis: - Performance remains high with 94.3% of services graded good or better for ‘How well do we support people’s wellbeing’ at the end of Q1 2026/27 compared with 93.3% of services at the end of Q1 2025/26. Actions: - Continue to focus our scrutiny and improvement support where it is needed most, using intelligence and risk led approaches.																																																		

EQIA (Equality Impact Assessment) training activity

	Q1 Year to Date 2025/26	Q1 Year to Date 2026/27	2026/27 vs 2025/26 year to date % change
Number of people that completed the Priority 2 Core Learning: Understanding Equality Impact Assessments	4	5	*

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

As EQIAs are typically undertaken by staff leading or supporting service, policy, or process changes, the number of staff requiring this specialist training is expected to remain small.

Key area: Maximising our impact through our workforce and volunteers**Inspection volunteer and care experienced people participation activity (total number of days people were involved in our work)**

	Q1 Year to Date 2025/26 (total number of days)	Q1 Year to Date 2026/27 (total number of days)	2026/27 vs 2025/26 year to date % change
Participation activity – adult volunteers			
Completed regulated inspections	32	49	+53%
Complaints	0	0	*
Strategic inspections	0	0	*
Participation activity - young volunteers			
Completed regulated inspections	0	0	*
Strategic inspections	8.5	0	*
Other participation activities			
Wider organisational participation development work	39	29	-26%
Total number of days	79.5	78	-2%

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

Our volunteers support our work in many ways over the year, and this can vary over time depending on organisational need and our volunteer's availability. During Q1 2026/27, our volunteers spent 49 days on regulated inspections and 29 days on wider organisation work: an overall total of 78 days, similar to the 79.5 days during Q1 last year.

Technical Notes

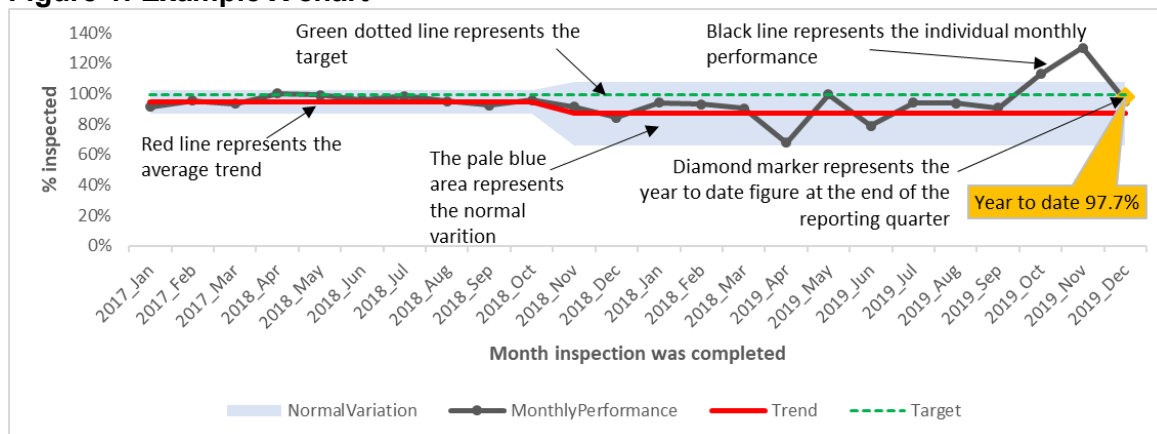
Data updates

For some of the measures, the data presented in a quarterly report can occasionally change slightly at a later date, e.g. if an inspection date get recorded retrospectively. When we are making comparisons to previous quarters and years we will use any updated data which can result in small changes between quarterly reports. This particularly affects KPI-2, KPI-3, KOI-1 and KOI-3 and registered care service regulatory activities, but can also be the case for other measures such as CSQ submissions.

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:	BUDGET MONITORING SUMMARY REPORT	
Author:	Allan Bell, Interim Head of Finance and Corporate Governance	
Responsible Director:	Nina Blakey, Executive Director of Corporate Services	
Appendices:	1.	Projected Financial Position
	2.	Stage 2 Digital Transformation project summary position
Consultation:	Meetings with budget holders, considered by the Strategic Management Group on 29 July 2026 and the Finance and Resources Committee on 11 August 2026	
Resource Implications:	No	

EXECUTIVE SUMMARY

The Finance and Resources Committee considered a budget monitoring report for the Care Inspectorate at its meeting on 11 August 2026. The report projected an underspend of £0.76m against budget. This is driven primarily by staff vacancies due to delayed recruitment to new scrutiny roles, offset by additional scrutiny capacity deployed on public enquiries.

Subject to audit confirmation, the general reserve balance is £0.46m greater than was anticipated when the 2026/27 budget was approved, increasing opening reserves to £1.55m.

Based on these factors, and the balance of identified risks, the report projects an increase in the general reserve by March 2027 above the target maximum by £1.24m although it is anticipated that an element of this may be required to be held for ongoing project work.

Appendix 1 sets out the projected financial position based on the ledger to 30 June 2026.

The Stage 2 digital transformation project continues to progress in line with budget, with delivery expected later this financial year. Appendix 2 provides an overview.

The Board is invited to:

1. Note the projected financial position for 2026/27.

BOARD MEETING 24 SEPTEMBER 2026

Agenda item 11
Report No: B-19-2026/27

LINKS	
Corporate Plan Outcomes	
Assure and Improve	✓
Involve and Inform	
Uphold and champion people's rights	
Maximising our impact: workforce and volunteers	
Maximising our impact: digital and data	
Strategic Risk Register	
Yes	✓
No	

For Noting	✓	For Discussion	✓	For Assurance		For Decision	
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Equality Impact Assessment		
Yes ☐	Not Yet ☐ (One is planned or is already in progress)	No ☒ Reason: This report is for information and there is no direct impact on people with protected characteristics.

Data Protection Impact Assessment Screening		
Yes ☐	Not Yet ☐ (One is planned or is already in progress, but Info Gov is aware)	No ☒ Reason: There are no data considerations in this report.

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

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

BOARD MEETING 24 SEPTEMBER 2026**Agenda item 11
Report No: B-19-2026/27**

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

	Revised 2026/27 Budget £m	Core Activity Projected Expenditure £m	Stage 2 Projected Expenditure £m	Variance £m
Staff costs	48.887	48.226		(0.661)
Other core costs	8.668	8.668		0.000
Stage 2 projected expenditure	1.535		1.925	0.390
Stage 2 contingency	0.874		0.497	(0.377)
Total gross expenditure	59.964	56.894	2.422	(0.648)
Fee income	(12.100)	(12.200)		(0.100)
Other income	(1.656)	(1.666)		(0.010)
Total net expenditure	46.208	43.028	2.422	(0.758)
Grant in Aid	(45.793)	(43.616)	(2.177)	0.000
Projected deficit / (surplus)	0.415	(0.588)	0.245	(0.758)
General Reserve:				
Opening	1.339	1.551	0.245	0.457
Less surplus / (deficit)	(0.415)	0.588	(0.245)	0.758
Closing Balance	0.924	2.139	0.000	1.215
Target range minimum	0.600	0.600		
Target range maximum	0.899	0.899		
Available reserve	0.025	1.240		

2026/27 Position			
	Revised 2026/27 Budget £m	Projected Expenditure £m	Variance £m
Transformation costs:			
Staff costs	0.130	0.268	0.138
Other costs	1.405	1.657	0.252
Total transformation costs	1.535	1.925	0.390
Stage 1 Support costs	0.000	0.000	0.000
Projected expenditure	1.535	1.925	0.390
Contingency allowance	0.874	0.497	(0.377)
Expenditure & contingency	2.409	2.422	0.013

PROJECT POSITION					
	Actual 2023/24 £m	Actual 2024/25 £m	Actual 2025/26 £m	Projection 2026/27 £m	Project Total £m
Funding Profile					
General reserve	(0.922)	(0.025)	(0.988)	(0.245)	(2.180)
SG Grant	0.000	(2.222)	(2.947)	(2.177)	(7.346)
Total funding	(0.922)	(2.247)	(3.935)	(2.422)	(9.526)
Budgeted expenditure	0.922	2.247	3.935	2.422	9.526
Current variance	0.000	0.000	0.000	0.000	0.000



Title:	FINANCE AND RESOURCES COMMITTEE UPDATE TO THE BOARD	
Author:	Audrey Cowie, Committee Convener Adelle Downie, Executive Support Officer	
Responsible Director:	Not Applicable	
Appendices:	1.	Quarterly Update to the Board on Business Undertaken by the Finance And Resources Committee
	2.	Draft Minutes of the Finance and Resources Committee of 11 August 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 11 August 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 11 August 2026.

LINKS

Corporate Plan Outcomes

Assure and Improve	N/A
Involve and Inform	N/A
Uphold and champion people's rights	N/A
Maximising our impact: workforce and volunteers	N/A
Maximising our impact: digital and data	N/A

Strategic Risk Register

Yes	
No	X

BOARD MEETING 24 SEPTEMBER 2026

Agenda item 12.1
Report No: B-20-2026/27

For Noting	☒	For Discussion	☒	For Assurance	☐	For Decision	☐
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Equality Impact Assessment		
Yes ☐	Not Yet ☐ (One is planned or is already in progress)	No ☒ Reason: not applicable

Data Protection Impact Assessment Screening		
Yes ☐	Not Yet ☐ (One is planned or is already in progress, but Info Gov is aware)	No ☒ 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
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 FINANCE AND RESOURCES COMMITTEE

A meeting of the Finance and Resources Committee was held on 11 August 2026. The Convener wishes the Board to note that detailed discussions were held on the undernoted items.

Key issues discussed at the meeting

- **Budget Monitoring and Staffing Update**

The Committee received a detailed update on the financial position for 2026/27, including the projected year-end reserves position, budget risks and opportunities and progress on recruitment activity. Members noted the increase in reserves compared with original budget assumptions and discussed the potential impact of delayed recruitment timelines, grant-in-aid arrangements and unpredictable expenditure associated with public inquiries. The Committee also received an update on the Stage 2 Digital Transformation project, including the use of contingency funding and ongoing discussions regarding supplier-related costs and project scope changes.

- **Estates Annual Report 2025/26**

The committee received the annual report and approved the report for presentation to the full Board meeting scheduled for 24 September 2026.

- **Procurement Performance Annual Report 2025/26**

The Committee received the annual report on procurement performance and noted strong capability, activity, compliance with procurement requirements, effective contract management and continued delivery of value for money. Members welcomed the reported savings achieved, strong payment performance and the positive economic and social impact arising from procurement activity. The Committee also noted continued support for SMEs, third sector organisations and shared service arrangements. The report will be presented at the full Board meeting scheduled for 24 September 2026.

- **HR Quarterly Report – Q1**

The Committee received the first quarter HR report for 2026/27, including information on sickness absence, turnover, recruitment activity and workforce trends. Members discussed sickness absence levels, particularly the impact of mental health-related absence, and considered how future reporting could provide greater insight into workforce trends, organisational impacts and the effectiveness of support measures. The Committee also noted progress with inspector recruitment activity and ongoing work relating to the revised target for sickness / absence.

- **People Management Policy Schedule**

The Committee reviewed progress against the People Management Policy Schedule and welcomed the significant progress made in updating and modernising policies. Members discussed forthcoming legislative changes and highlighted the importance of prioritising policies relating to sexual harassment, mental health and wellbeing and social media use. The Committee noted the

work underway to streamline policies and improve accessibility for staff whilst maintaining compliance with employment legislation.

- **Staff Survey Action Plan**

The Committee received an update on progress against the Staff Survey Action Plan and noted that a number of actions had now been completed. Members also received details of the forthcoming pulse survey, which will assess progress against agreed improvement actions and provide insight into staff experience. The Committee noted the planned reporting timetable and welcomed the collaborative approach being taken to survey design and implementation.

- **Human Resources Review Action Plan**

The Committee received a detailed update on progress against the Human Resources Review Action Plan being led by the Director of Corporate Services. Members noted the work undertaken to align review recommendations with the Corporate Plan and Annual Business Plan and welcomed the candid assessment of progress against report recommendations. The Committee acknowledged the RAG status of areas requiring further development, including an integrated HR system, a formal HR governance and assurance framework, and the introduction of senior quality assurance of HR advice which were all currently assessed as RED. It was agreed that the Committee would continue to receive regular updates on progress against the action plan.

- **Mandatory Core Learning Review**

The Committee received a verbal update on the review of Mandatory Core Learning. Members noted the proposed new approach, which will reduce reliance on mandatory e-learning, introduce prior knowledge assessments and strengthen the focus on legislative and compliance requirements. The Committee also noted plans for enhanced monitoring and reporting arrangements through the new Learning Management System, which is scheduled for implementation in early 2027.

- **Staff Governance Framework**

The Committee received an update on progress in developing the Staff Governance Framework. Members noted that engagement had commenced with key stakeholders and that a detailed implementation plan and timetable had been developed. The Committee welcomed the structured approach being taken and requested ongoing progress reports, including milestone updates, at future meetings.

- **Outcomes and Learning from Appeals Sub-Committees**

The Committee reviewed the latest report on outcomes and learning arising from Appeals Sub-Committees. Members discussed governance arrangements, the role of sub-committee chairs in agreeing action plans, identification of recurring themes and opportunities to strengthen the reporting process. The Committee also noted plans to consider wider governance arrangements and Board member support through the future scheduled Board Development Event.

Issues referred for discussion/decision by the Board.**Procurement Performance Annual Report 2025/26**

The Committee considered the Procurement Performance Annual Report 2025/26 and recommends it to the Board for approval, noting the strong levels of procurement compliance achieved, positive payment performance and the delivery of value for money through procurement activity during the year.

Finance and Resources Committee Annual Report

The Committee approved its Annual Report, subject to a minor amendment, and recommends it to the Board for approval.

Audrey Cowie, Convener

Adelle Downie, Executive Support Officer

BOARD MEETING 24 SEPTEMBER 2026

Report No: B-21-2026/27
Agenda item 12.2



Title:	FINANCE AND RESOURCES COMMITTEE ANNUAL REPORT TO THE BOARD
Author:	Audrey Cowie, Convener, Finance and Resources Committee
Responsible Director:	Not applicable
Appendices:	None
Consultation:	No applicable. This report is based on information already provided to the Board.
Resource Implications:	None

EXECUTIVE SUMMARY

This annual report outlines to the Board the assurance provided by the Finance and Resources Committee (FRC) through its scrutiny of financial, physical resource and people governance matters during 2025/26.

The Committee was satisfied that its work during the year had supported effective governance and had contributed to the Board's assurance requirements on matters within the Committee's remit.

The Board is invited to:

1. Note the committee's annual report and the assurance it provides.

LINKS**Corporate Plan Outcomes**

Assure and Improve	
Involve and Inform	
Uphold and champion people's rights	
Maximising our impact: workforce and volunteers	
Maximising our impact: digital and data	

Work undertaken through the FRC contributes towards outcomes of the Corporate Plan

BOARD MEETING 24 SEPTEMBER 2026

Report No: B-21-2026/27
Agenda item 12.2

Strategic Risk Register	
Yes	X
No	

For Noting	X	For Discussion		For Assurance	X	For Decision	
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Equality Impact Assessment		
Yes ☐	Not Yet ☐ (One is planned or is already in progress)	No ☒ Reason: Not applicable

Data Protection Impact Assessment Screening		
Yes ☐	Not Yet ☐ (One is planned or is already in progress, but Info Gov is aware)	No ☒ 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 paper.
Disclosure after: Not applicable

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

BOARD MEETING 24 SEPTEMBER 2026**Report No: B-21-2026/27****Agenda item 12.2****FINANCE AND RESOURCES COMMITTEE ANNUAL REPORT TO THE BOARD
2025/26****1.0 INTRODUCTION**

By approval of the Board, the Finance and Resources Committee (FRC) was established in late 2024 and this report covers its first full annual cycle of business from April 2025 to March 2026.

During the reporting period, the Committee met on 13 May 2025, 12 August 2025, 11 November 2025 and 10 February 2026.

Over the course of the year, the Committee undertook an important scrutiny and assurance role in considering, approving and making recommendations to the Board on a range of financial, HR / Workforce, procurement, estates, health and safety, whistleblowing and sustainability issues affecting the Care Inspectorate.

2.0 MEMBERSHIP

The membership of the Committee during 2025/26 was:

- Audrey Cowie, Committee Convener
- Naghat Ahmed
- Charlotte Armitage
- Rognvald Johnson
- Jenny Marshall
- Ed McGrachan

In late 2025, the convener identified the need for a co-opted member with professional HR knowledge, skills and experience to join the committee and this was subsequently agreed by the Board.

The Committee is supported in its work by the Chief Executive and Executive Directors, the Head of Finance and Corporate Governance, the Head of HR, the Head of OWD and the Executive and Committee Support Manager, all of whom are in attendance at the quarterly meetings.

The Joint Chair of the Partnership Forum is also in attendance.

The Executive Director of Corporate Services is the lead executive officer for the committee and has unfettered access to the convener.

3.0 REMIT OF THE COMMITTEE

The FRC provided scrutiny, assurance and advice to the Board on matters within its remit relating to the effective stewardship of the Care Inspectorate's financial, people and physical resources. More information is contained in the Committee's terms of reference at appendix 1.

BOARD MEETING 24 SEPTEMBER 2026

Report No: B-21-2026/27
Agenda item 12.2

The Committee considers matters referred to it by the Board and develops its own work programme within the context of its remit. The Committee makes recommendations to the Board where approval or wider Board discussion is required.

4.0 2025/26 BUSINESS

The Committee conducts its business under a two-part agenda.

Part A covers matters concerning Finance and People. Part B is reserved for those matters that require confidential discussion by members and the Executive Team.

4.1 FINANCE**4.1.1 Budget Monitoring and Financial Governance**

The Committee received regular finance updates during the year and was assured that budget monitoring was being carefully managed. Members noted that work to maximise funding had the full attention of the Executive Team and that discussions had taken place with Scottish Government Health Finance.

The Committee received assurance on the preparation of the annual report and accounts and considered updates on the organisation's income collection and debt management position. It also agreed the content of the budget monitoring summary reports for presentation to the Board.

At its February 2026 meeting, the Committee also considered the draft 2026/27 budget in private session. This allowed members to scrutinise emerging financial issues and to provide appropriate challenge and assurance before wider Board consideration.

4.1.2 Procurement, estates and sustainability

The Committee considered the annual procurement report and received a positive update on procurement performance during 2024/25. Through recommendation by the Committee, the Board went on to approve the annual report.

The Committee has been well-sighted on the Care Inspectorate's Estates Strategy and discussed the latest update in detail before agreeing that it should be submitted to the Board for noting.

In relation to sustainability, the Committee reviewed the Care Inspectorate's approach to meeting its statutory climate change duties and contribution towards national sustainability goals, including a draft sustainability plan and associated action plan.

BOARD MEETING 24 SEPTEMBER 2026**Report No: B-21-2026/27**
Agenda item 12.2**4.2 PEOPLE****4.2.1 Workforce and Staff Governance**

The Committee has undertaken detailed scrutiny of HR matters throughout the reporting period, including the HR annual report at its meeting in May 2025 meeting. The Committee has been well-sighted on the range of activities carried out by the HR teams and has been kept updated on the independent review of the HR function, carried out during the early part of 2026. Close monitoring of the review recommendations and action plan will be a key role for the Committee during its 2026/27 cycle.

The review of the organisation's people management policies schedule was regularly undertaken during the year. Under new reporting systems set up through the Committee, members received assurance on the management of policy updates. The information appearing on the policies schedule has been enhanced through recommendations made by the Committee so that it now shows the status of each stage of the policy development/review process, including publication on the staff intranet and training.

As part of its remit, the Committee agreed to receive an annual report on the progress with the staff survey action plan. Similarly, it noted the good progress being made during year 2 of the Strategic Workforce Plan.

The development of a new staff governance framework was recommended by the Committee during the year and this is now being progressed, with regular updates being provided as a standing item at each quarterly meeting by the Head of OWD.

4.2.2 Health, Safety and Wellbeing

The Committee considered sickness absence data in detail during the year, particularly in relation to stress-related absence and members received assurance on the range of measures in place to support staff. Recommended improvements to the presentation of sickness absence information have also been made during the reporting year.

A comprehensive annual report on health and safety at the Care Inspectorate was welcomed by members earlier in the year and there was constructive discussion on risk assessments and support for staff. The Committee requested that future annual reports include information on the types and number of reasonable adjustments being made as a means of providing further assurance on the extent of staff support being provided.

BOARD MEETING 24 SEPTEMBER 2026**Report No: B-21-2026/27**
Agenda item 12.2**4.2.3 Whistleblowing (Internal)**

The Committee received updates on the development of the internal Whistleblowing Policy, including its link to the Code of Conduct, the role of the Board Whistleblowing Champion and the distinction between internal and external whistleblowing arrangements. Members recorded their thanks to Naghat Ahmed for her contribution to the work of the Committee as Board Whistleblowing Champion and for supporting Board member Rosie Orr's transition into the role.

4.2.4 Reporting on Appeals Sub-Committees

Reporting on Appeals Sub-Committee Hearings was a matter that underwent a good deal of discussion through the year, resulting in the development and approval of a new reporting structure, and template for use by Appeals Sub-Committee chairs. This will help to support the tracking of high level themes and individual action plans through to completion. At the request of the Committee, further training and guidance is being developed for all Board members through a Board Development Event later in 2026.

4.3 Private Business

In private discussion, the Committee received an update from the Head of Finance and Corporate Governance on the pay remit for 2025/26.

5.0 MATTERS REFERRED TO THE BOARD DURING 2025/26

The Committee referred or recommended a number of matters to the Board during the reporting period.

- Estates Strategy for noting
- Annual procurement report for approval
- Sustainability plan to the Board for further consideration in alignment with budget proposals
- Financial regulations for approval

6.0 RISK IDENTIFICATION

As a standing item on its agenda, the identification of risk has been undertaken at each of the quarterly meetings during 2025/26. The key risks identified by the Committee were in relation to financial pressures, HR capacity, sickness absence, staff governance, health and safety, sustainability planning and estates implementation.

The Committee will continue to monitor these areas through its forward work programme and provide assurance to the Board where further action or escalation is required. This annual report outlines to the Board the assurance

BOARD MEETING 24 SEPTEMBER 2026**Report No: B-21-2026/27****Agenda item 12.2**

provided by the FRC through its scrutiny of financial, physical resource, and people governance matters.

7.0 EFFECTIVENESS

The Committee held its first annual self-evaluation and effectiveness review on 12 May 2026 and members concluded that overall, the Committee is operating effectively. The output from the effectiveness session will be submitted for further discussion and consideration by the Board at its Governance Review in the autumn.

8.0 IMPLICATIONS AND/OR DIRECT BENEFITS**8.1 Resources**

There are no resource implications associated with this report.

8.2 Sustainability

There are no sustainability implications associated with this report.

8.3 Policy

There are no policy implications associated with this report.

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

There are no direct or indirect improvements in the provision of care.

8.5 Customers (Internal and/or External)

There are no direct customer implications, other than the benefits associated with good people governance.



Title:	AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD	
Author:	Rognvald Johnson, Committee Convener	
Responsible Director:	Not Applicable	
Appendices:	1.	Quarterly Update to the Board on Business Undertaken by the Audit and Risk Committee
	2.	Minute of Audit and Risk Committee of 13 August 2026
	3.	Draft Minute of Audit and Risk Committee of 3 September 2026
Consultation:	Not Applicable	
Resource Implications:	No	

EXECUTIVE SUMMARY

The Board were to note the Audit and Risk Committee's Quarterly update to the Board.

The Board were also to note the draft minutes of the Audit and Risk Committee held on the 13 August 2026 and 3 September 2026.

The Board is invited to:

- | | |
|----|---|
| 1. | Note the contents of the Audit and Risk Committee's Quarterly update to the Board. |
| 2. | Note the draft minute of the Audit and Risk Committee meetings held on 13 August 2026 and 3 September 2026. |

LINKS

Corporate Plan Outcomes

Assure and Improve	
Involve and Inform	X
Uphold and champion people's rights	
Maximising our impact: workforce and volunteers	
Maximising our impact: digital and data	

Strategic Risk Register

Yes	X
No	

BOARD MEETING 24 SEPTEMBER 2026

Agenda item
Report No: B-22-2026/27

For Noting	X	For Discussion	x	For Assurance		For Decision	
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Equality Impact Assessment		
Yes ☐	Not Yet ☐	No ☒ Reason: Not Applicable.

Data Protection Impact Assessment Screening		
Yes ☐	Not Yet ☐ (One is planned or is already in progress, but Info Gov is aware)	No ☒ 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 3 September 2026.

Key issues discussed by the Committee:
• Internal Audit follow-up position • Approval of the Internal Audit Plan • Annual Report and Accounts 2025/26 • Audit and Risk Committee Annual Report 2025/26 • Revised Strategic Risk Register, including AI-related risks • Stage 2 delivery update • Data breach report
Issues referred for discussion/decision by the Board
The Audit and Risk Committee was happy to refer the Annual Report and Accounts to the Board for sign-off. The new Artificial Intelligence strategic risk should be submitted to the Board for consideration and approval. The recovery of the Stage 2 programme following infrastructure and commercial challenges and the continued progress towards the proposed go-live window The Audit and Risk Committee requested a further update at the November Committee meeting, regarding the data breach report with any significant issues arising in advance of that meeting to be escalated through the appropriate governance arrangements.

Ronnie Johnson
Convener



Title:	PROCUREMENT UPDATE AND PERFORMANCE REPORT 2025/26
Author:	Gillian Berry, Finance and Procurement Manager
Responsible Director:	Nina Blakey, Executive Director of Corporate Services
Appendices:	1. Annual Procurement Report 2025/26
Consultation:	The report was considered by the Strategic Management Group on 29 July 2026 and the Finance and Resources Committee on 11 August 2026
Resource Implications:	No

EXECUTIVE SUMMARY

This report provides an overview of procurement performance for 2025/26. The appended Annual Procurement Report sets out the progress made towards achieving our strategic procurement objectives.

The Board is invited to:

1. Consider and approve the Annual Procurement Report 2025-26

LINKS

Corporate Plan Outcomes

Assure and Improve	✓
Involve and Inform	
Uphold and champion people's rights	
Maximising our impact: workforce and volunteers	✓
Maximising our impact: digital and data	✓

Strategic Risk Register

Yes	✓
No	

For Noting		For Discussion	✓	For Assurance		For Decision	✓
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BOARD MEETING 24 SEPTEMBER 2026

Agenda item 14
Report No: B-23-2026/27

Equality Impact Assessment		
Yes ☐	Not Yet ☐ (One is planned or is already in progress)	No ☒ Reason: An EIA has been completed for the overarching Procurement Strategy, and this reports our performance in achieving our procurement strategic priorities

Data Protection Impact Assessment Screening		
Yes ☐	Not Yet ☐ (One is planned or is already in progress, but Info Gov is aware)	No ☒ Reason: There are no data considerations in this report.

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

Reason for Confidentiality/Private Report: Not applicable (see Reasons for Exclusion)
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.

PROCUREMENT UPDATE AND PERFORMANCE REPORT 2025/26**1.0 INTRODUCTION/BACKGROUND**

The Care Inspectorate must comply with the Procurement Reform (Scotland) Act 2014, the Procurement (Scotland) Regulations and the procurement requirements set out in the Scottish Public Finance Manual. This report provides an overview of procurement developments during 2025/26 and summarises procurement performance for the year.

2.0 PROCUREMENT PERFORMANCE

The procurement strategy and annual procurement report are part of the reporting requirements for organisations with an estimated regulated procurement spend of £5M or more. Although the Care Inspectorate does not currently meet this threshold, we develop and publish an annual procurement report as good practice.

The annual report is attached as Appendix 1.

3.0 PROCUREMENT SHARED SERVICE FROM SCOTTISH GOVERNMENT

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

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

4.0 PROCUREMENT CAPABILITY

The Scottish Government assesses procurement and commercial capability through the Procurement and Commercial Improvement Programme (PCIP). PCIP considers the policies, procedures and practices that support procurement performance, as well as the outcomes and improvements they deliver. PCIP includes Full, Medium and Lite Assessments and, for public bodies with annual procurement spend of less than £7 million, a Healthcheck.

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

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS

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

5.1 Resources

There are no direct resource implications arising from this report. Any benefits realised from procurement activities are reflected in the following year's budget, and procurement processes support compliance with legal requirements.

5.2 Sustainability

Progress in meeting our strategic and legislative sustainability priorities is set out in the Annual Procurement Report. This includes the environmental, social and economic benefits delivered through procurement activity, including fair work practices, prompt payment, community benefits, support for SMEs and third sector suppliers, and more sustainable purchasing decisions.

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

Efficient procurement helps secure best value from contracts awarded. This supports the Care Inspectorate to make best use of its resources and focus these on work that makes a positive difference for people who experience care.

5.4 Customers (Internal and/or External)

Our procurement activity supports customers by promoting transparent, well-managed and value for money procurement. This report shows how we monitor performance and use this information to support effective decision-making and continuous improvement.

6.0 CONCLUSIONS/NEXT STEPS

This report summarises procurement developments and performance over the last financial year. The Annual Procurement Report, attached at Appendix 1, demonstrates strong procurement capability, with procurement activity supporting compliance, value for money, sustainability and continuous improvement



Annual Procurement Report 2025/26

Prepared by: Gillian Berry, Finance and Procurement Manager

Contact: 01382 207140

Approved by Board on: <<insert date>>

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1.1	About the Care Inspectorate
2.0	Procurement strategy
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3.2.4	SME's local businesses, supported businesses and the third sector
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3.3	Raise the level of procurement knowledge, skills and expertise
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Glossary

1.0 INTRODUCTION

1.1 About the Care Inspectorate

The Care Inspectorate is the assurance and improvement support 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 in Scotland experiences high-quality compassionate care, support and learning when they need it, which upholds their rights and choices.

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

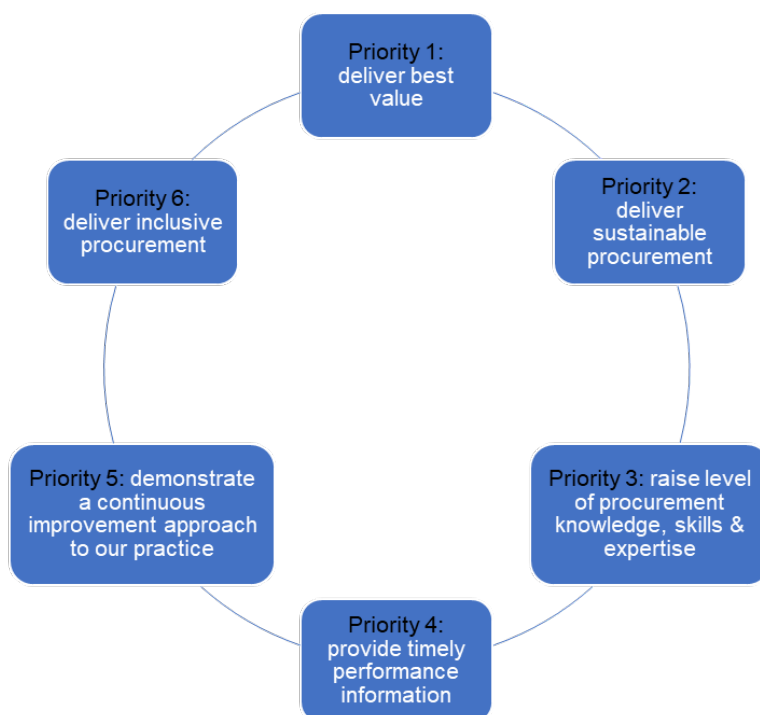
- ensure those who experience care and support - and their communities - are at the heart of all that we do
- register, inspect and resolve complaints about social care services
- work to ensure experiences and outcomes promote and uphold individual rights
- support services to continuously improve through 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.

2.0 PROCUREMENT STRATEGY

This annual report covers procurement activity and performance for 2025/26, which was the final year of the 2023–26 procurement strategy.

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

A new Procurement Strategy for 2026–31 has recently been approved and will guide procurement activity from April 2026. The strategy in place for 2025/26 had the following key priorities:



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

3.0 KEY PRIORITIES

3.1 Deliver Best Value

Relevant expenditure excludes the following:

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

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

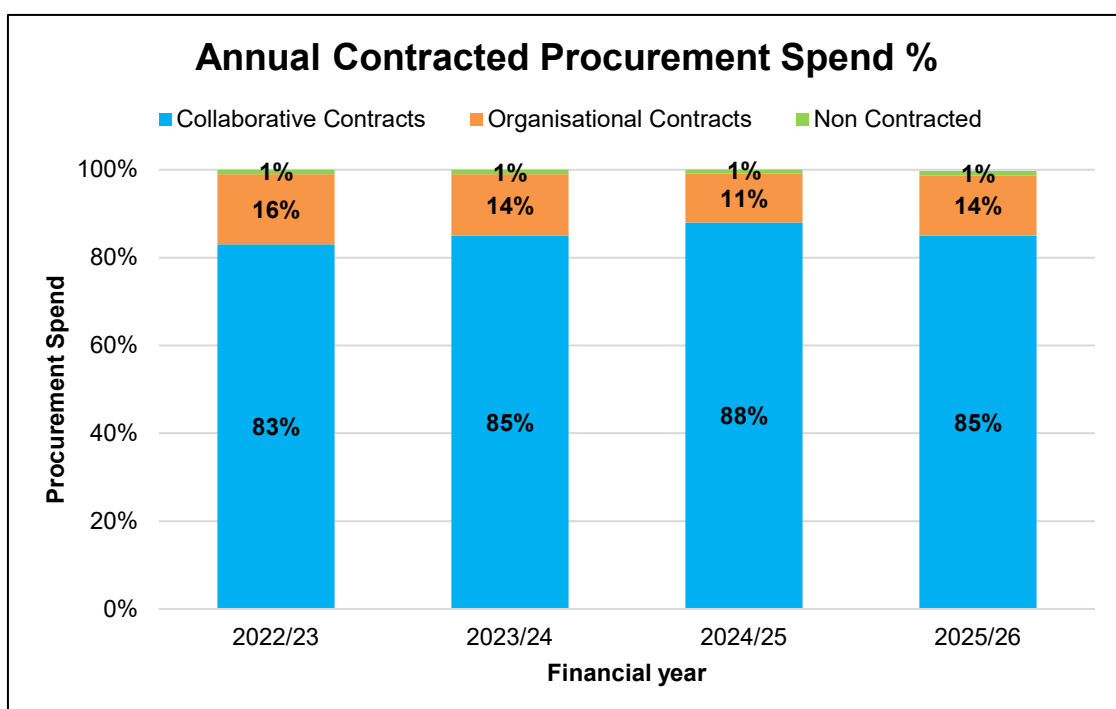
Procurement spend is governed by procurement legislation and internal procedures.

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

The table below shows the value and volume of procurement activity for the years to 31 March for both 2025/26 and 2024/25.

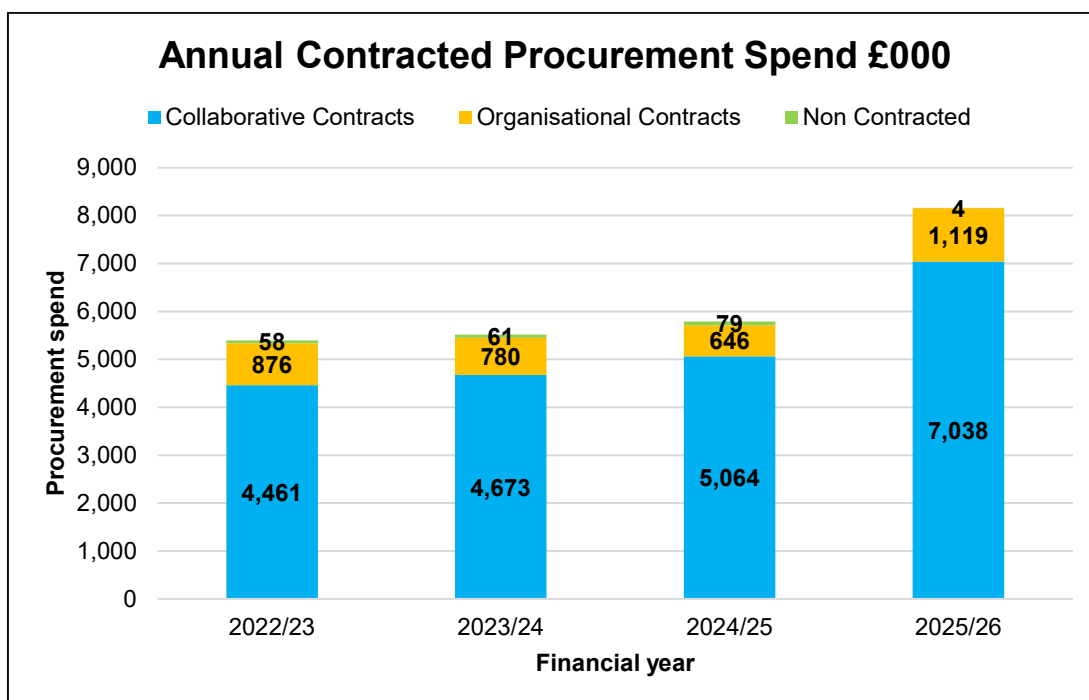
	2025/26	2024/25
Total Spend	£10,749,672	£8,481,367
Total Procurement Spend	£8,160,561	£5,789,311
Total Invoice Value	£10,749,672	£8,481,367
Number of Invoices	1,825	1,927
Number of Suppliers Paid	324 ¹	358 ²
Average Invoice Value	£5,890	£4,401

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



¹ Includes 116 suppliers where payment was made with a Government Purchasing Card

² Includes 138 suppliers where payment was made with a Government Purchasing Card



The increase in procurement spend in 2025/26 was due to the development of our transformation project.

Contracted spend remains strong, with all procurement spend meeting our procurement thresholds, compared with 99% in 2024/25. Non contracted spend represented less than 1% of procurement spend and related to low value expenditure where a formal contract was not required. An analysis of this is provided at paragraph 3.1.2.

3.1.1 Collaborative procurement

We use collaborative frameworks wherever possible and only tender for our own procurement where there is not a suitable framework in place. Spend on collaborative procurement continues to represent the highest value of procurement spend supports access to established public sector routes to market, best practice and value for money.

During the year, we continued to use collaborative frameworks through mini-competitions and direct call-offs where appropriate. In 2025/26 we collaborative with eight public sector bodies.

3.1.2 Non-contracted spend

Non-contracted procurement spend is expenditure with suppliers where there is no formal contract in place. As noted above, this represented less than 1% of total procurement spend. The total non-contracted spend was £3.6k, of which £1.3k relates to a future requirement that will be sourced through a compliant procurement route, and £2.3k has now been regularised.

All regulated procurement, being contracts with a value of more than £50,000, followed the approved procurement route to market.

Any non-compliant spend is addressed directly with the relevant officers to support compliant procurement practice.

3.1.3 Contract benefits realised

We have calculated reported procurement savings in line with the Procurement Benefits Reporting Guidance developed for the Scottish Public Sector.

During the year, we have realised savings totalling £300k (2024/25: £343k) from procurement during the year. This comprised £190k cash savings (2024/25: £200k) and £110k non-cash savings (2024/25: £143k). The highest savings were realised through collaborative arrangements for the following provisions:

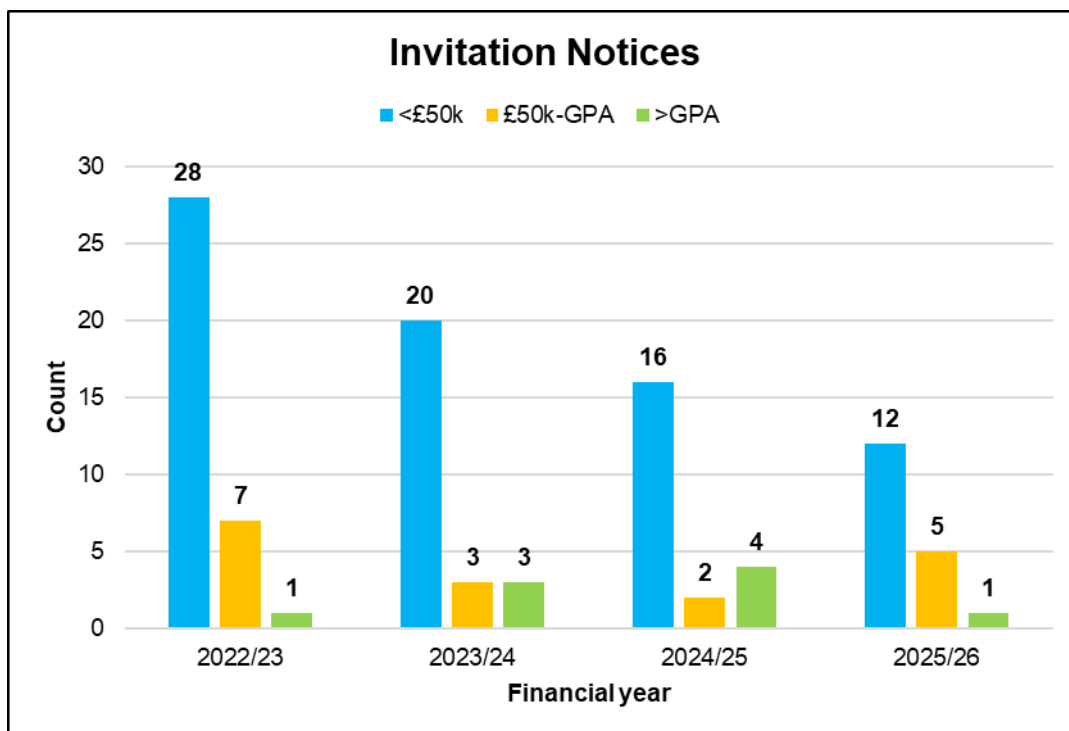
- Information Systems
- travel services
- legal services .

Sustainability benefits realised during the year are detailed in 3.2.

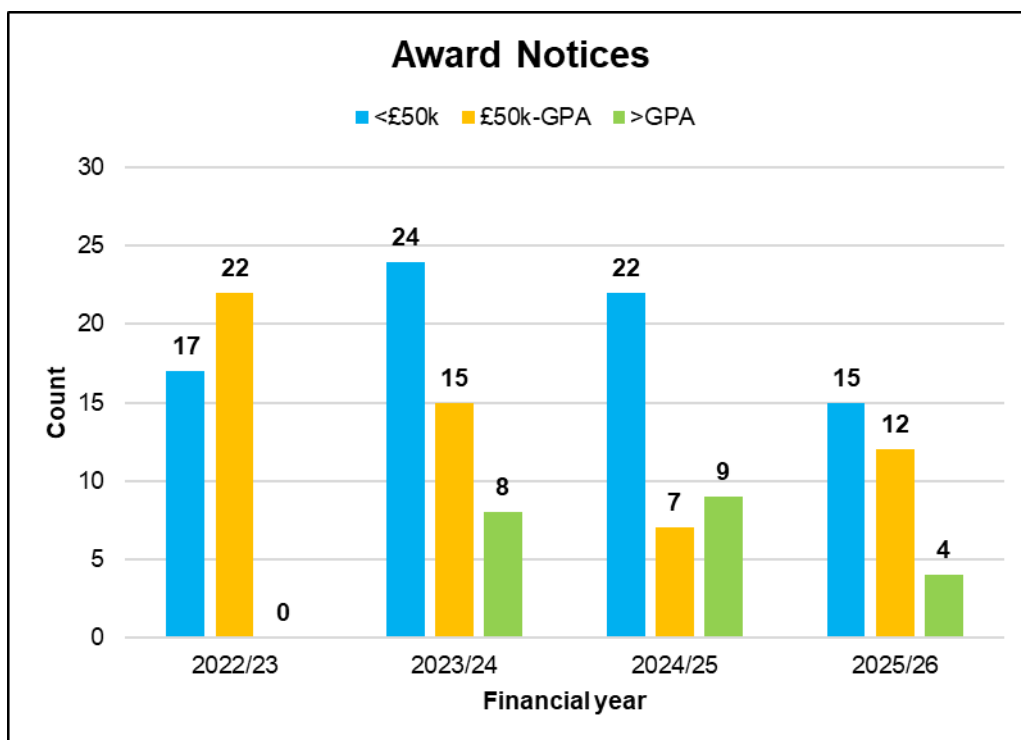
3.1.4 Summary of procurement activity

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

We published 18 invitation notices during the year. This excludes 14 direct awards made within collaborative frameworks.



We awarded 31 contracts during the year, including four above the Government Procurement Agreement (GPA) threshold. These comprised two direct awards through frameworks, one award through a Dynamic Purching System (DPS) and one open competition advertised on Find a Tender, through the Public Contracts Scotland portal.



3.1.5 Forward procurement plan

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

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

3.1.6 Electronic purchasing card

We encourage purchasing and payment by electronic purchasing card (ePC) when paying for low value, high volume goods and services. In 2025/26 there were 565 transactions totalling £92,000, compared with 471 transactions totalling £91,000 in 2024/25.

3.1.7 Invoice analysis

We processed a total of 1,825 invoices (2024/25:1,927), totalling £10.7m (2024/25: £8.5m) during the year.

We continue to explore opportunities for consolidating invoicing and purchasing low value goods and services using ePCs, where savings are realised from the reduction in volume of invoices processed. The cumulative saving from this is £0.038m compared to £0.023m in 2024/25. This reported in the non cash savings in 3.1.3.

3.2 Deliver sustainable procurement

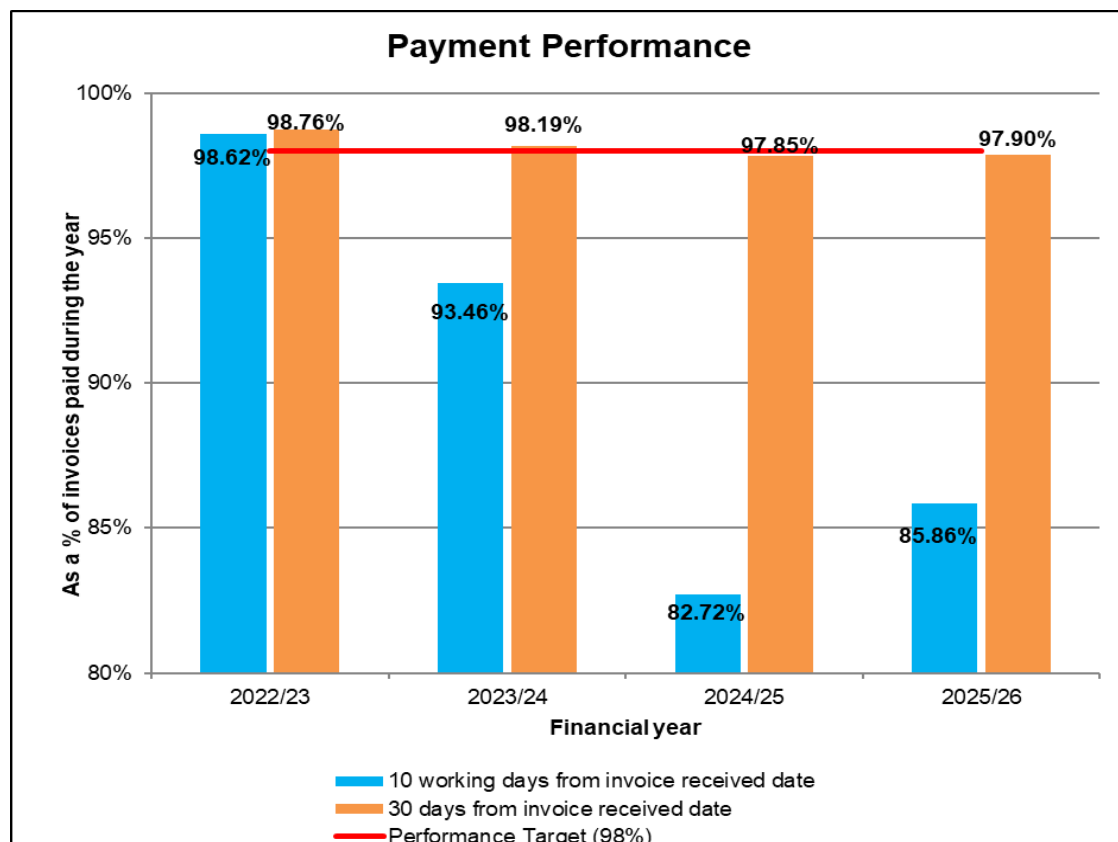
The Care Inspectorate continues to make positive progress in embedding sustainable procurement in line with the Procurement Reform (Scotland) Act 2014. Our procurement strategy sets out our sustainability priorities, with progress and benefits delivered during the year outlined in sections 3.2.1 to 3.2.6.

3.2.1 Prompt payment to suppliers

We remain committed to paying suppliers promptly and maintained strong payment performance during the year. In 2025/26, 97.90% of suppliers were paid within 30 days and performance against the Scottish Government's 10 working day target improved to 85.86%.

Although performance against the 10 working day target improved in 2025/26, the overall shown in the table below reflects a lower level of performance than in earlier years. This is primarily due to the continued rollout and development of the Scottish Government's Enterprise Resource Planning (ERP) system, Oracle Fusion, which has affected processing efficiency.

The following shows the payment performance trend for the financial years 2022/23 to 2025/26.



3.2.2 Paying the living wage through regulated procurement

We promote fair work practices through our procurement activity and remain committed to supporting payment of the Real Living Wage. The Care Inspectorate is an accredited Living Wage employer. Where we award our own contracts payment of the Real Living Wage is included as a contractual requirement for staff involved in delivering the contract.

Where we call-off from collaborative frameworks, the terms and conditions are set by the framework owner. However, we continue to consider Fair Work and Real Living Wage where this is relevant and proportionate.

During the year, 16 regulated contracts or call-offs were awarded. In each case, suppliers either confirmed that staff involved in delivering the contract are paid the Real Living Wage or were themselves accredited Living Wage employers. These suppliers delivered the following categories of purchases:

Category description	Award value £000
Transformation services	2,442
Property costs	1,453
Professional services	388
Temporary/interim staff	242
Furniture & equipment	180
IT hardware	142
IT services	139

3.2.3 Community benefits

We promote community benefits through our procurement activity where they are relevant and proportionate to the contract. Although no contracts were awarded above the £4m reporting threshold, we continue to use Scottish Procurement and Property Directorate collaborative frameworks, which support wider social value.

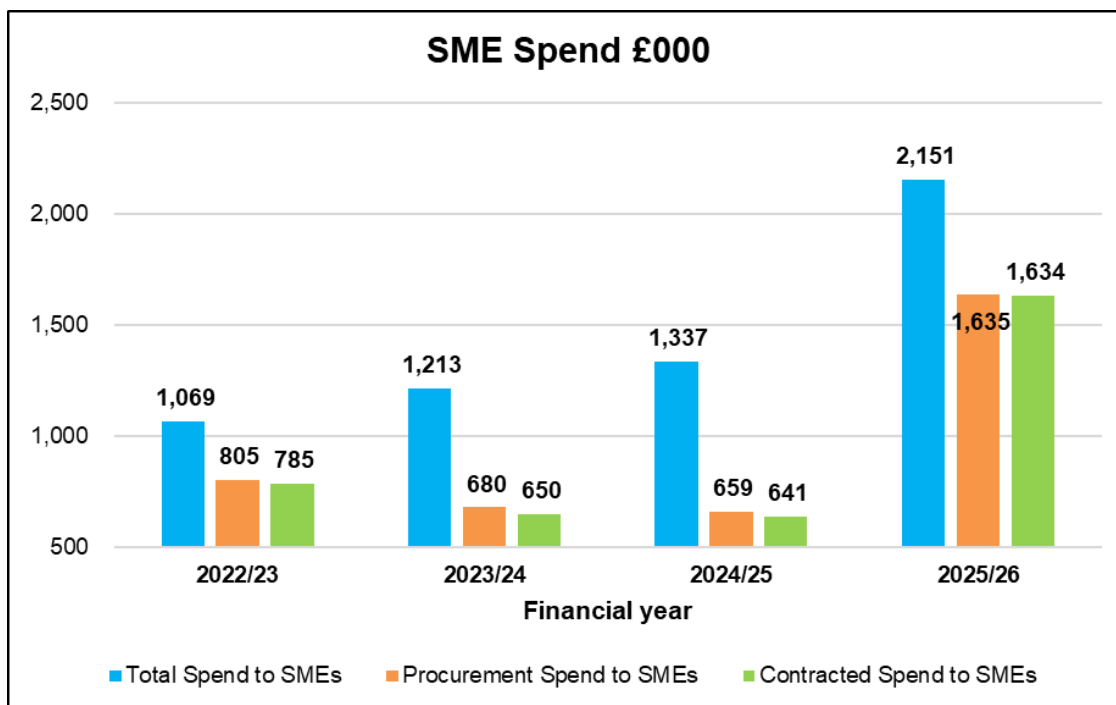
Contracts awarded during the year, and existing call-off contracts, continue to deliver a broad range of community benefits. These include opportunities linked to SMEs and local employment, apprenticeships and work placements, mentoring and coaching, support for schools and community organisations, volunteering, charitable activity, and wider skills and training initiatives.

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

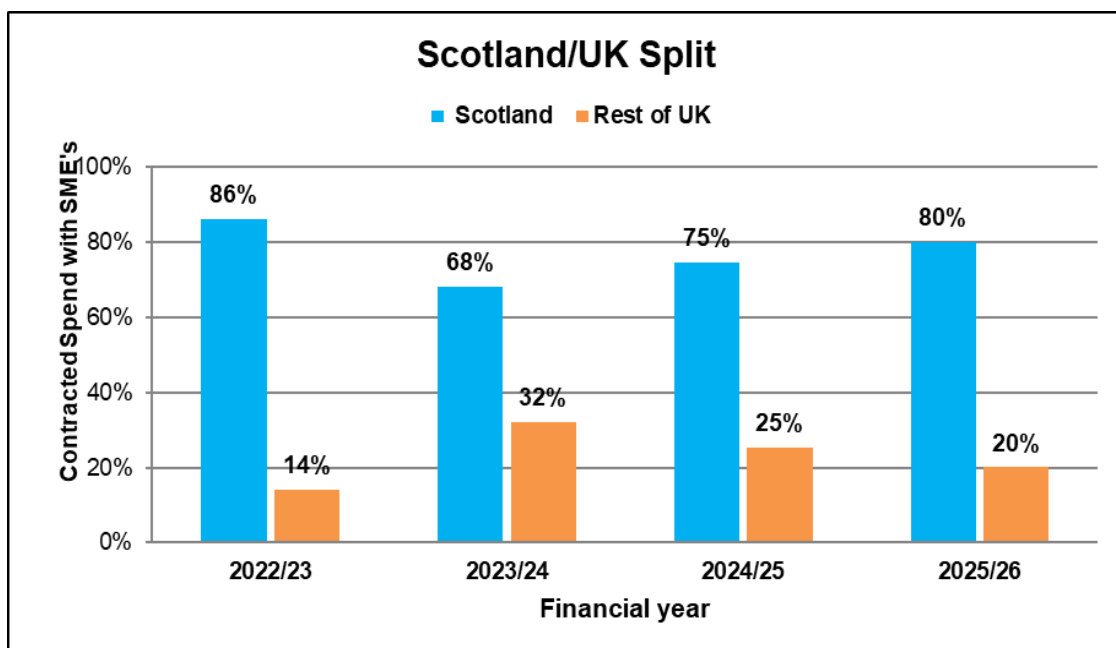
We continue to embed sustainability in our procurement practice and support wider access to opportunities for SMEs, social enterprises, supported businesses and third sector suppliers.

Staff are signposted to supported business routes to market, including our intranet directory and the Scottish Government's Supported Businesses Dynamic Purchasing System.

Spend with SMEs, social enterprises and third sector suppliers increased to £2.151m, representing 20% of total spend, compared with 16% in 2024/25.



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



3.2.5 Fair and ethical trading

We assess supplier suitability for all regulated procurement to make sure bidders meet the required legal and professional standards. During the year, no tenders were excluded on mandatory or discretionary grounds.

Our standard terms and conditions also support fair and ethical trading by allowing us to end a contract where a contractor or subcontractor does not meet their legal duties in relation to environmental, social or employment law.

3.2.6 Other sustainability benefits

We continue to capture sustainability benefits through our procurement activity using a sustainability tracking tool. In 2025/26, the Care Inspectorate awarded ten contracts and 22 call-off agreements that delivered a range of environmental, social and economic benefits.

These benefits included reduced emissions and energy use, improved waste and resource management, sustainable production and packaging, fair work practices, ethical trading, skills and training opportunities, support for SMEs and micro businesses, and wider community and equality benefits.

Benefits were delivered across both regulated and lower value contracts. Examples include remote service delivery to reduce travel, recycling and reuse of devices and office furniture, sustainable paper supply, carbon neutral services, use of hybrid and electric vehicles, renewable energy sources, and recycling of confidential waste, parts and toner cartridges.

We also increased our purchase of green general office supplies by 11% in 2025/26, with green products representing 84% of purchases.

3.3 Raise the level of procurement knowledge, skills and expertise

We remain committed to developing procurement knowledge, skills and expertise across the organisation to support the effective and efficient delivery of procurement responsibilities.

Key activities undertaken during the year included:

- 36 team level training sessions were delivered, making sure the training was meaningful and relevant
- our procurement team attended several external courses to maintain their up to date knowledge and share this with colleagues involved in procurement activities
- contract managers were appointed for all relevant contracts, with regular meetings held for key contract managers to monitor performance and ensure value for money
- E-learning modules on contract and supplier management training are available on the Care Inspectorate's Learning Management System (LMS). This is complemented by a contract management handbook
- staff with delegated procurement responsibility are encouraged to complete climate literacy e-learning and fair work practice
- collating contract management information twice a year and maintain it in a central register linked to the contract register.

The Procurement Team also supports staff to undertake lessons learned reviews, helping teams reflect on what worked well and where improvements can be made. Sharing this learning with the wider internal procurement community helps build confidence, strengthen practice and support continuous improvement across future procurement activity.

3.4 Provide timely performance information

The Procurement Development Group (PDG) brings together key procurers from the Care Inspectorate and SSSC to discuss best practice, new developments and procurement plans. The group supports the development of procurement capability, strengthens internal processes, and informs our procedures and reporting requirements, both internally and to the Scottish Government.

Agreed performance measures are reported to the group twice a year, with progress reviewed and opportunities for improvement identified. This annual performance report is presented to the Senior Management Group, Finance and Resources Committee and Board. Feedback is reflected in the 2026/27 procurement action plan where appropriate. We also collaborate directly with relevant managers to address any areas of concern.

3.5 Demonstrate a continuous improvement approach to our practice

The public procurement landscape and economic environment continue to evolve. We support the delivery of best value through strong working relationships with Central Government Procurement Shared Service (CGPSS) and our Cluster Group. These relationships support partnership working, knowledge sharing and access to best practice.

During the year, we also worked with Scotland Excel to support procurement activity linked to the Care Inspectorate's digital transformation project.

This collaborative approach helps us respond to changing needs and continue to strengthen procurement practice.

3.6 Deliver inclusive procurement

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

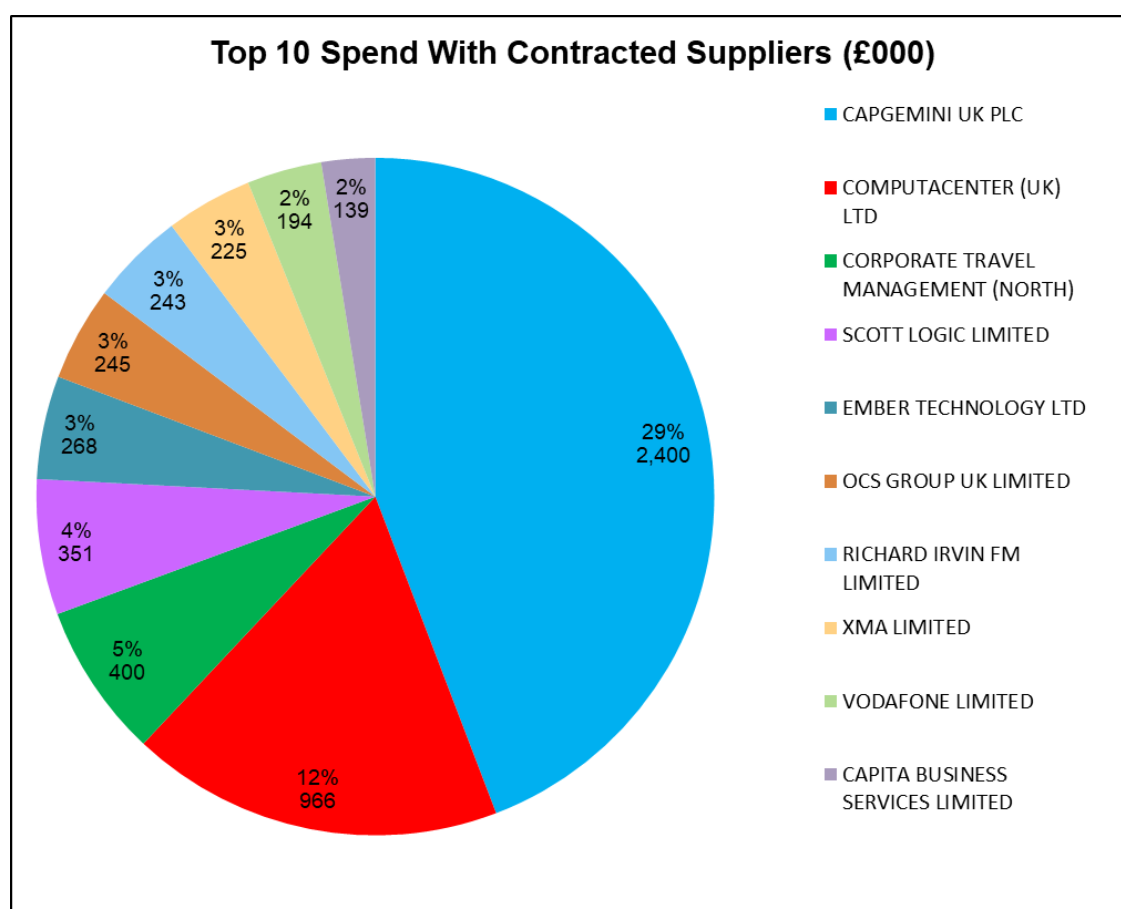
Tender opportunities greater than £10,000 are publicly advertised and our two-year forward procurement plan gives early visibility of upcoming contract opportunities.

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

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

4.0 TOP 10 CONTRACTED SUPPLIERS

Together, the top 10 suppliers account for 67% of our total procurement spend and contracted spend in 2025/26. This is broadly consistent with 2024/25 when the top 10 suppliers accounted for 66% of total procurement spend and 67% of contracted spend.



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

Spend category	Spend value £000
Professional services	2,651
Information systems	1,607
Property costs	488
Transport costs	400
Telephones	235
Training & Development	50
Total	5,431

5.0 SUPPLIER ACTIVITY

We review active suppliers quarterly to make sure that only those we do regular business with are on our creditors' ledger. Suppliers not used for a period of 13 months are made inactive. To re-engage an inactive supplier, staff must complete a procurement template to confirm compliance with procurement procedures. New suppliers are only created, or inactive suppliers reactivated, once this process is complete. This helps maintain compliant procurement practice and reduces the risk of purchasing or supplier fraud.

As at 31 March 2026 there were 238 active suppliers, compared with 198 in 2024/25.

6.0 CONCLUSION

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

Glossary

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

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



Title:	COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND 2019/20 TO 2025/26 – A STATISTICAL BULLETIN	
Author:	John McGurk, Information Analyst Ingrid Gilray, Intelligence and Analysis Manager	
Responsible Director:	Gordon Mackie, Executive Director of Digital and Data	
Appendices:	1.	Complaints about care services in Scotland, 2019/20 to 2025/26 – a statistical bulletin
Consultation:	Gareth Adam-Hammond, Chief Inspector (Registration and Complaints). Gillian Cherry, Head of Data and Information	
Resource Implications:	*-Yes/No	

EXECUTIVE SUMMARY

Our annual complaints statistical summary “Complaints about care services in Scotland 2019/20 to 2025/26” was published on 25 August 2026.

This publication is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. It includes summaries of complaints received and investigated between April 2019 to March 2026, with a focus on the most recent year.

A copy of the report is available in appendix 1.

The Board is invited to:

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

LINKS

Corporate Plan Outcomes

Assure and Improve	
Involve and Inform	X
Uphold and champion people's rights	
Maximising our impact: workforce and volunteers	
Maximising our impact: digital and data	

Strategic Risk Register

Yes	
No	X

BOARD MEETING 24 SEPTEMBER 2026

Agenda item 15
Report No: B-24-2026/27

For Noting	☒	For Discussion	☒	For Assurance	☐	For Decision	☐
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Equality Impact Assessment		
Yes ☒	Not Yet ☐ (One is planned or is already in progress)	No ☐ Reason:

Data Protection Impact Assessment Screening		
Yes ☒	Not Yet ☐ (One is planned or is already in progress, but Info Gov is aware)	No ☐ 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: <i>(see Reasons for Exclusion)</i> Not applicable – this is a public Board report.
Disclosure after:

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

BOARD MEETING 24 SEPTEMBER 2026**Agenda item 15****Report No: B-24-2026/27****COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND 2019/20 TO 2025/26 –
A STATISTICAL BULLETIN****1.0 INTRODUCTION/BACKGROUND**

This statistical bulletin is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. The report includes complaints received and investigated between April 2019 to March 2026, the seven years over which our current complaints procedure and data collection system have been operating. The report focuses on the most recent year 1 April 2025 to 31 March 2026.

Summary of main points

- In 2025/26, we received 5,721 complaints about care services. This was an increase of 418 (8%) on the previous year and most of that increase was due to complaints about support services.
- Over the past seven years since our new digital system was introduced, complaint levels have fluctuated within a relatively consistent range (5,300 to 5,900). The trend during that seven-year period is slightly decreasing.
- A total of 4,502 complaints were resolved using our four resolution pathways, an increase of 11% compared with the previous year. In 48% of these, the information given to us by the complainant was passed to the inspector for that service to be used to inform and focus future scrutiny activity; 17% were resolved by the service directly; in 15% we required the service to investigate via their own complaint's procedure; 20% were deemed high risk and were investigated by the Care Inspectorate.
- We upheld 70% of the complaints where the Care Inspectorate conducted an investigation in 2025/26.

As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 71% of care homes for older people received at least one complaint, while 25% had at least one complaint upheld during 2025/26. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people during 2025/26.

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

There are no direct resource implications arising from this report.

2.2 Sustainability

There are no direct sustainability implications arising from this report.

2.3 Policy

Not applicable for this report.

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

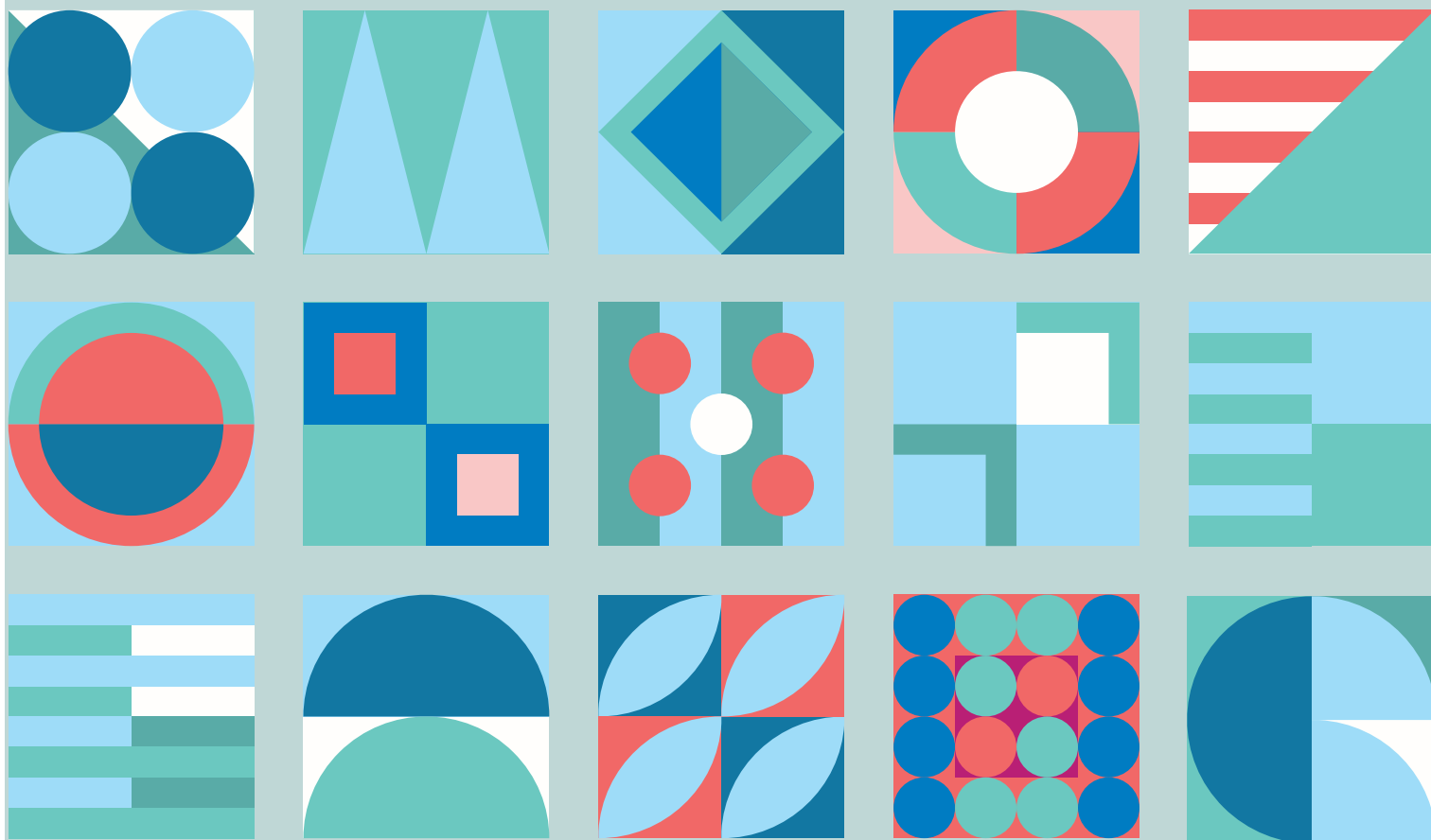
Robust and responsive complaint investigations allow people to experience better quality of care by finding solutions to problems, securing improvement, and identifying improvement which supports better outcomes generally, as well as for the person making the complaint.

2.5 Customers (Internal and/or External)

This detailed annual report on complaints allows longer-term trends to be reported and analysed to help the Care Inspectorate and others focus improvement work and ultimately to improve outcomes, assurance and protection for people experiencing care.

3.0 CONCLUSIONS/NEXT STEPS

The Board is invited to note and discuss this report.



Complaints about care services in Scotland, 2019/20 to 2025/26

A statistical bulletin

Published August 2026



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

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Executive summary

This statistical bulletin is the latest in our series on complaints about care services registered with the Care Inspectorate in Scotland. The report includes complaints received and investigated between April 2019 and March 2026, the seven years over which our current complaints procedure and data collection system have been operating. The report focusses on the most recent year 1 April 2025 to 31 March 2026.

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

Summary of main points

- In 2025/26, we received 5,721 complaints about care services. This was an increase of 418 (8%) on the previous year and most of that increase was due to complaints about standalone care at home support services which increased by 28% on the previous year.
- Over the past seven years since our new digital system was introduced, complaint levels have fluctuated within a relatively consistent range (5,300 to 5,900). The trend during that seven-year period is slightly decreasing.
- We assess all complaints received to ensure that they are within the remit of the Care Inspectorate to investigate, to ensure we have sufficient information about the complaint and to ensure that the complainant wishes to proceed. If it is determined we cannot proceed, then these complaints are revoked. In 2025/26 we revoked 21% of complaints received, a decrease from 23% in 2024/25.
- A total of 4,502 complaints were resolved using our four resolution pathways in 2025/26. In 48% of these, the information given to us by the complainant was passed to the inspector for that service to be used to inform and focus future scrutiny activity; 17% were resolved by the service directly; in 15% we required the service provider to investigate via their own complaint procedure; 20% were deemed high risk and were investigated by the Care Inspectorate.
- We upheld 70% of the complaints where the Care Inspectorate conducted an investigation in 2025/26.
- As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 71% of care homes for older people received at least one complaint, while 25% had at least one complaint upheld during 2025/26. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people during 2025/26.

1. Introduction

This statistical bulletin is the latest in our series on complaints about care services in Scotland. It presents data about complaints received and investigated over a seven-year period between April 2019 and March 2026, focussing on the year 1 April 2025 to 31 March 2026.

Care services operating in Scotland must be registered with the Care Inspectorate and there are currently 10,593 services on our register. The largest groups of care services in Scotland are children's daycare (for example, nurseries), childminders, care homes, care at home and housing support services.

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

External factors impacting these statistics

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

How we deal with complaints

Our complaints handling procedure is available on our website.

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

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

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

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

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

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

Digital complaints system

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

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

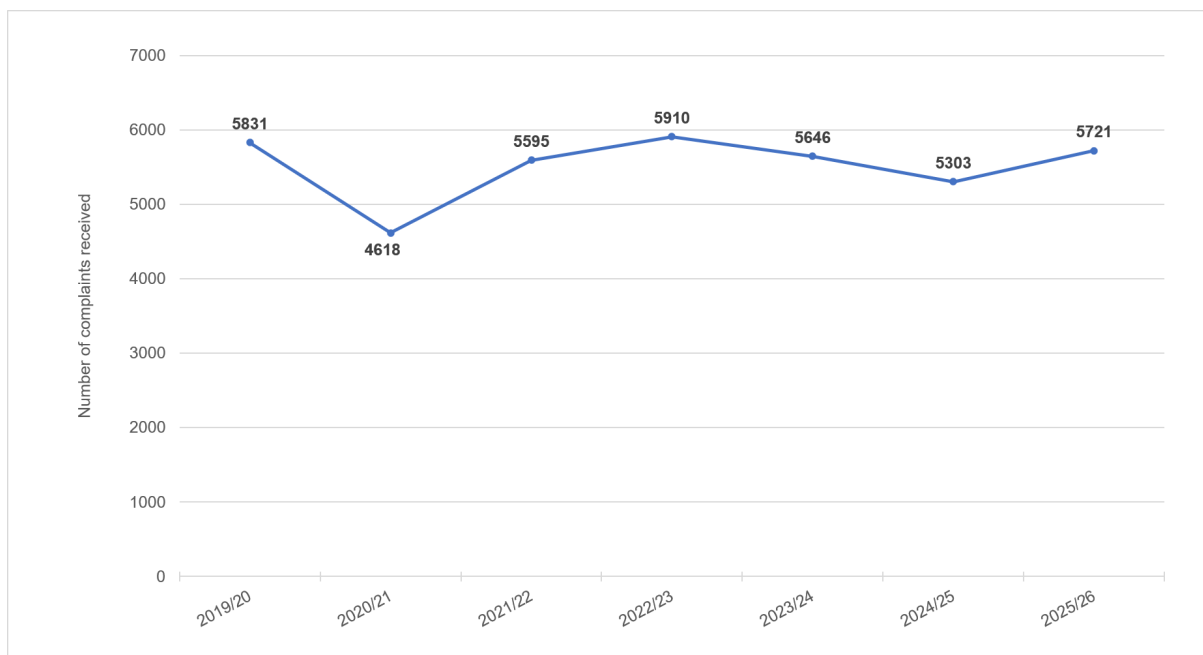
Complaints received

In 2025/26, we received 5,721 complaints about care services. This was an increase of 418 (8%) on the previous year. Over the past seven years since the new digital system was introduced, complaint levels have fluctuated within a relatively consistent range (5,300 to 5,900) and only fell below this figure in 2020/21 (see Figure 1). This trend during that seven-year period, excluding 2020/21, is slightly decreasing.

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

In 2025/26, we received 110 fewer complaints than in 2019/20 (2% decrease), largely driven by a reduction in complaints about care homes. There were 366 fewer complaints about care homes than in 2019/20, representing a 13% decline. Complaints relating to care homes for older people—which accounted for more than one-third of all complaints received in 2025/26—fell by 15% over the same period. Reductions were also seen across several other service types, including childminders, standalone support services and housing support services. A detailed breakdown of complaints by care service type is provided in the Appendix (Table A).

Figure 1: Complaints received 2019/20 to 2025/26



Once we have confirmed that a complaint falls within our remit and have sufficient information to proceed, we undertake a risk assessment and determine the most appropriate resolution pathway. During 2025/26, we resolved 4,502 complaints, an increase of 447 (11%) compared with 2024/25. These can be broken down as follows:

- **Intelligence:** Use of the information given by the person making the complaint as intelligence about the service, to help inform future scrutiny activity and improvement support. For example, bringing forward a full, unannounced inspection of a service. In 2025/26, we resolved 2,175 (48% of all complaints resolved) as intelligence, an increase compared to 46% of all complaints resolved last year. Over the last seven years, 51% of all complaints resolved have been resolved in this way.
- **Direct service action:** In 2025/26, 768 complaints (17% of all complaints resolved) were assessed as suitable to be resolved by the service directly and quickly, compared to 18% last year. Over the last seven years, 17% of all complaints resolved have been resolved in this way.
- **Investigation by the care provider:** In 2025/26, 655 complaints (15% of all complaints resolved) were assessed as suitable for the complaint to be investigated via the service's complaints procedure, and we required the provider to investigate. This was an increase from the 14% of all complaints resolved last year. Over the last seven years, 13% of all complaints resolved have been resolved in this way.
- **Investigation by the Care Inspectorate:** Where our initial assessment indicates a higher risk, we may decide that we need to conduct an investigation. In 2025/26, we completed investigations of 904 complaints (20% of all complaints resolved). This is a decrease from the 22% of all complaints resolved last year. Over the last seven years, 19% of all complaints resolved have been resolved in this way.

Revoked complaints

The gap between the complaints received and the complaints resolved is mainly due to complaints we may still be processing, especially those received at the end of the year which may not be resolved by 31 March 2026; and complaints that are revoked, which means we take no further action.

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

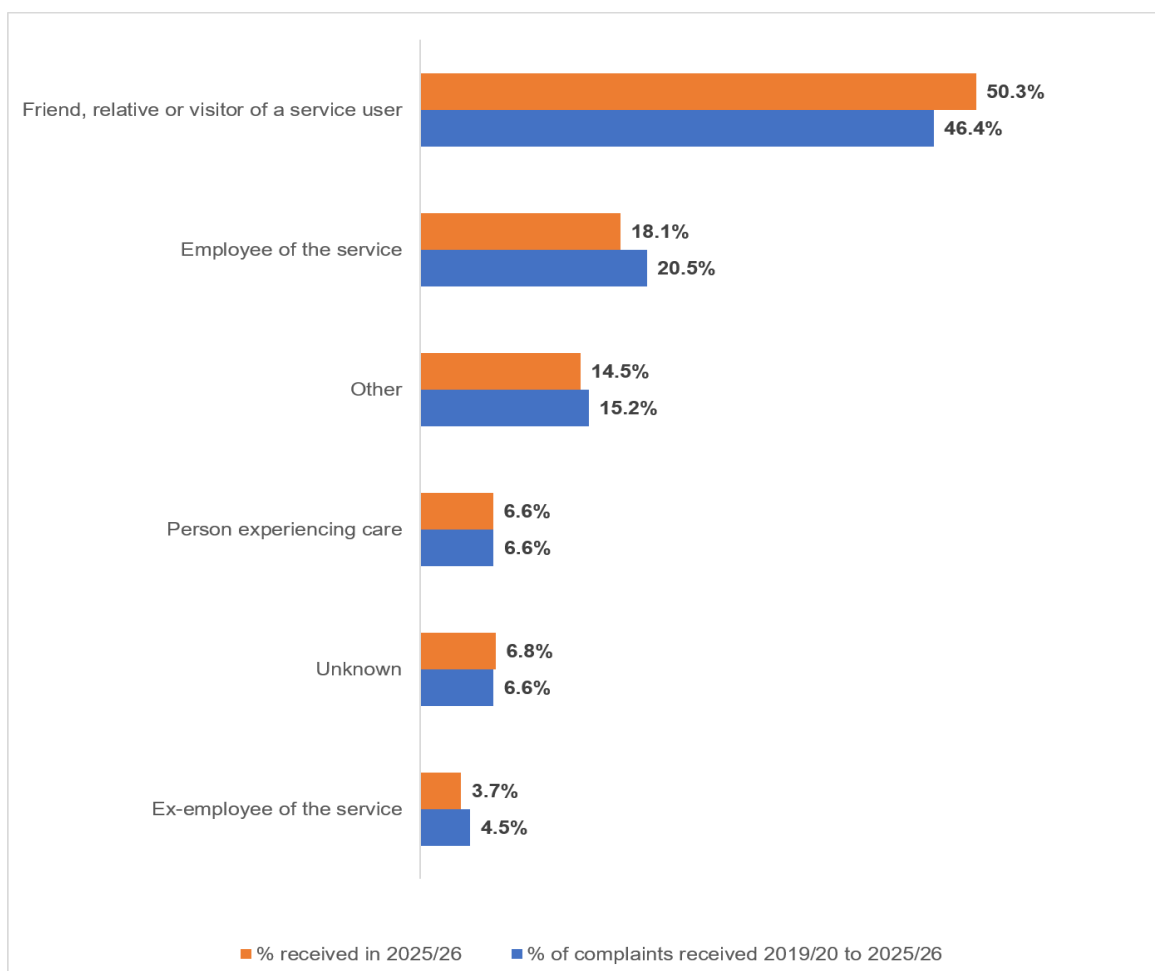
Of the 5,721 complaints received in 2025/26, by the end of the year, 1,174 were revoked (21% of all cases received, a decrease from 23% last year).

3. Who makes complaints?

Figure 2 below shows the breakdown of all complaints received over the last seven years by the relationship of the person making the complaint to the service compared to 2025/26 alone.

There has been minimal change in the distribution of who makes complaints over the last seven years, and the same trend continued in 2025/26. Of all the complaints received, friends, relatives or visitors of people who experience care and employees of the service have consistently made the highest numbers of complaints. Friends, relatives and visitors continue to account for most complainants, with 46% of complaints received in the last seven years and 50% (2,875) in 2025/26. This was followed by employees of the service, who accounted for 21% in the last seven years and 18% (1,036) in 2025/26.

Figure 2: Complaints received 2019/20 to 2025/26 and 2025/26 alone, by relationship to service



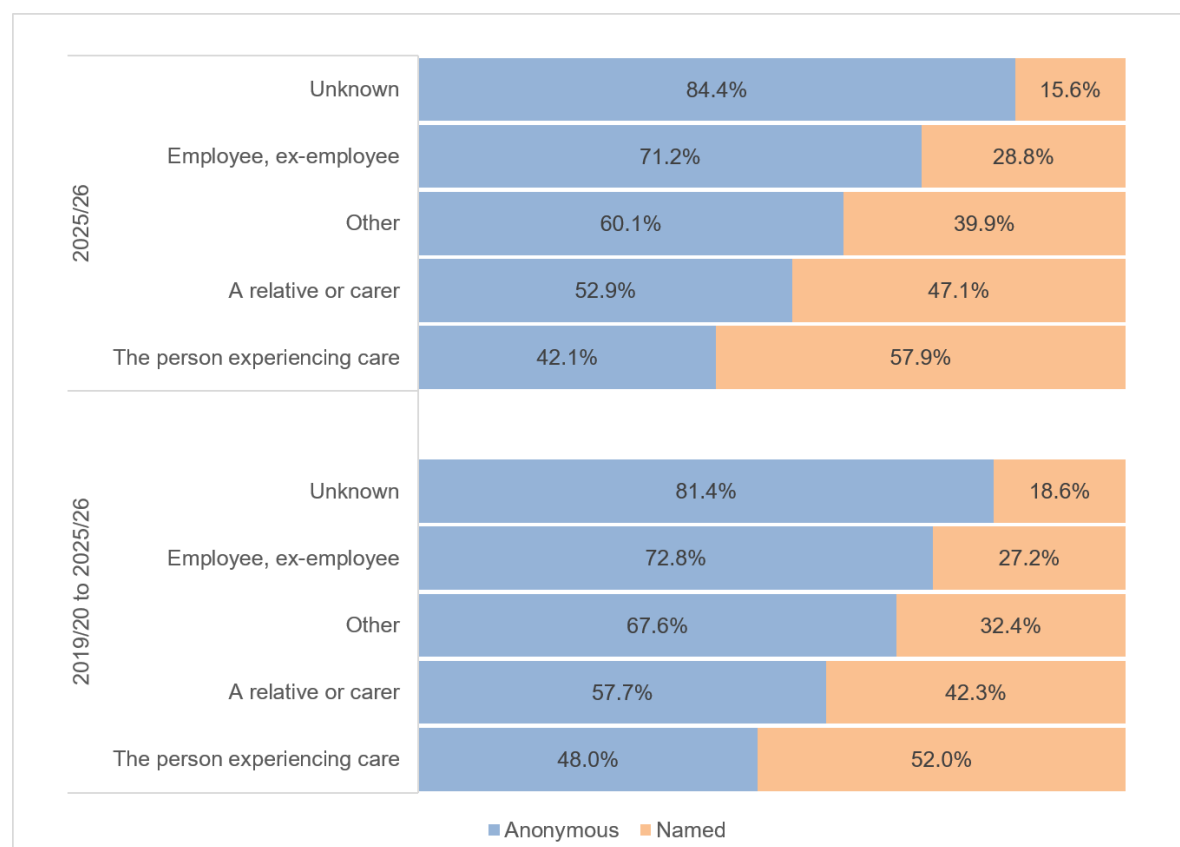
When someone makes a complaint, they can choose to remain completely anonymous. An anonymous complaint, where we cannot communicate or clarify complaints with the person raising the complaint, may limit our assessment of the complaint or any investigation we may undertake. Complainants can remain confidential,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

The proportion of complaints submitted anonymously remained high, although it decreased slightly compared with the previous year. In 2025/26, 59% of all complaints were received anonymously, compared with 62% in 2024/25.

There was a reduction in the proportion wishing to remain anonymous among almost all complainant types. Among employees and former employees, 71% chose to remain anonymous in 2025/26, compared with 73% in 2024/25. Similarly, the proportion of relatives and carers wishing to remain anonymous fell from 56% to 53%. The largest decrease was seen among people experiencing care, with 42% choosing to remain anonymous in 2025/26, down from 51% in the previous year.

Figure 3 below shows the breakdown of anonymous complaints received over the last seven years by the relationship of the person making the complaint to the service, compared to 2025/26 alone. The same trends remain over both periods. Based on all the complaints received over this seven-year period, the group most likely to remain anonymous was those whose relationship to the service was also unknown – 81% did not wish to be named, compared to 84% (330) in 2025/26. 73% of employees and ex-employees did not wish to be named over the seven-year period compared with 72% (888) in 2025/26 alone. 68% of ‘other’ complainant types wished to remain anonymous over the seven-year period compared to 60% (159) in 2025/26 alone. In contrast, 52% of people who experienced care agreed to be named over the seven-year period, compared to 58% (219) in 2025/26. It is important to note that in anonymous complaints, the relationship of the complainant to the service is based on the information provided by the complainant and is not verifiable by us.

Figure 3: Complaints received 2019/20 to 2025/26 and 2025/26 alone, that were anonymous, by relationship to service.

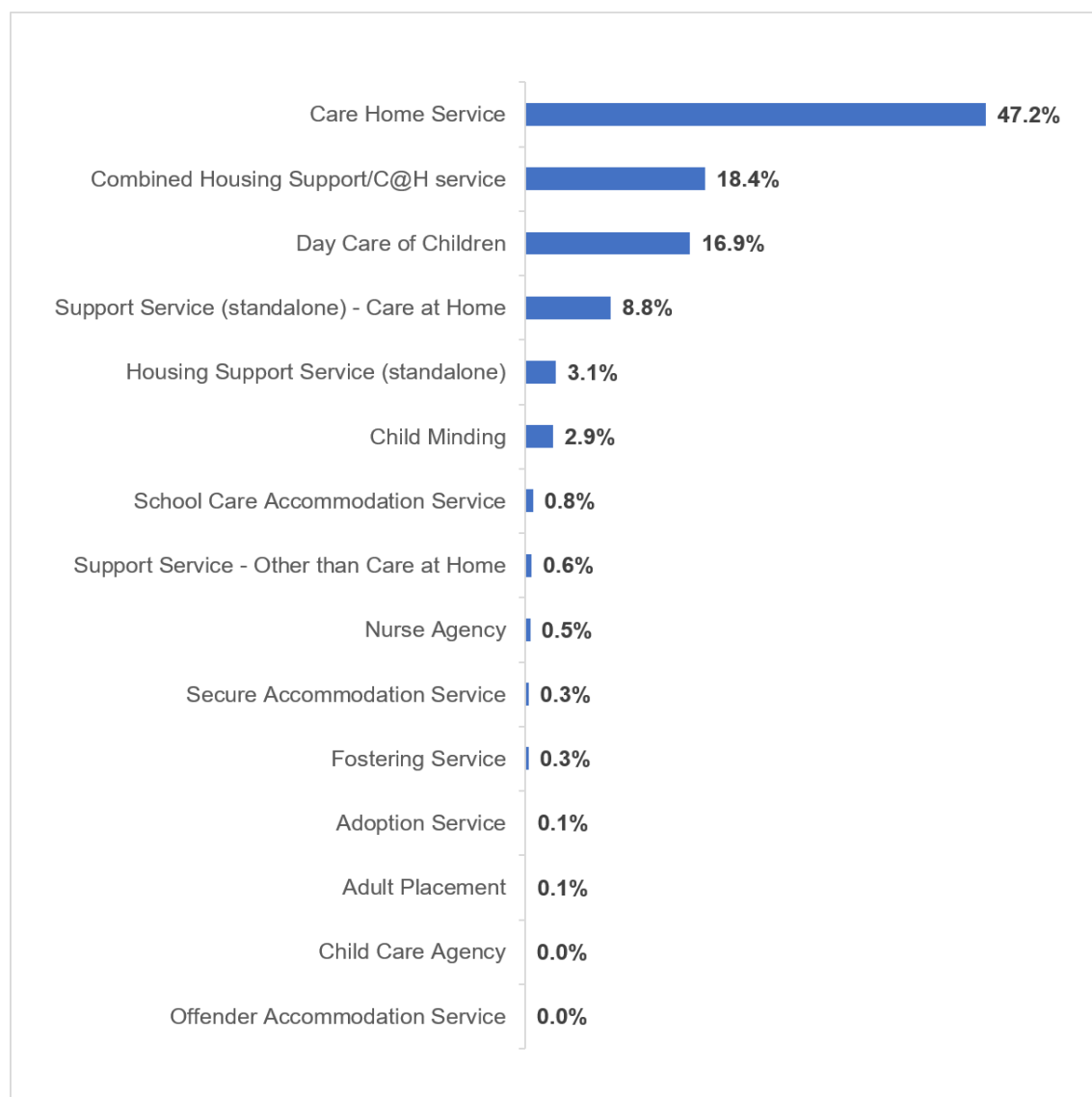


4. What types of care services do people complain about?

The largest number of complaints we received over the seven-year period was about care homes. Although making up only 13% of the 10,593¹ registered services, care homes account for 47% of the total number of complaints received – we received a total of 18,234 complaints about care homes over the last seven years.

Over the seven years, 18% of the complaints received were about combined housing support and care at home services, 17% were about daycare of children services and 9% were about standalone care at home services.

Figure 4: Complaints received 2019/20-2025/26 by type of service



These trends remain similar when looking at 2025/26 alone. Care home services continued to account for most complaints (41%), followed by combined housing support and care at home services (22%) and day care of children services (21%). A detailed breakdown by year and service type can be found in Table A of the appendix.

¹ Data source: Care Inspectorate service list register as of 31 March 2026.

5. What do people complain about?

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

In 2025/26, 31% of all areas of complaints upheld were about healthcare concerns in a service (for example, medication, nutrition or tissue viability), 15% were about staff (such as staff levels, training or recruitment procedures), 12% were about communication (either between staff and people experiencing care/relatives/carers or on information about the service), and 11% were about wellbeing (stress/distress, developmental, emotional or social). These have been a consistent top four over the past seven years. There is a more detailed list of areas of complaint in the Appendix (Table B and Table C).

Figure 5: All service types, by area of complaint for investigations conducted in 2025/26

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

Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Healthcare	612	30.7%
Staff	298	14.9%
Communication	244	12.2%
Wellbeing	219	11.0%
Policies and procedures	163	8.2%
Record keeping	120	6.0%
Choice	89	4.5%
Protection of people	76	3.8%
Environment	55	2.8%
Property	31	1.6%
Food	30	1.5%
Privacy and dignity	28	1.4%
Access	19	1.0%
User participation	5	0.3%
Conditions of registration	4	0.2%
Financial issues	1	0.1%
Equality issues	0	0.0%

6. Complaints received – children and young people

Children and young people's services include care home services for children and young people, adoption, fostering, school care accommodation and secure accommodation services. In 2025/26, we received 279 complaints about these services, the majority of which (66%) were about care homes for children and young people. The 279 complaints received were equivalent to 5% of complaints received across all service types during the year, staying consistent over the seven-year period.

The volume of complaints received about care homes for children and young people decreased by 11% (23 complaints) compared to last year and we received 25 fewer complaints (8% decrease) across all types of service for children and young people. While complaints received about fostering services increased compared with last year, only two required investigation and only one of these was upheld.

Figure 6: Complaints about children and young people's services received in 2025/26

Service type	Care service type	All complaints received 2025/26	All complaints received 2024/25
Children and young people services	Care home service for children and young people	183	206
	Schoolcare accommodation service	42	37
	Fostering service	27	10
	Secure accommodation service	22	42
	Adoption service	5	9
All care service types		279	304

Of the 279 complaints received about services for children and young people in 2025/26, 25% (70) came from an employee of the service, an increase from 23% in 2024/25. Complaints received from relatives or carers decreased from 36% (109) in 2024/25 to 30% (83) in 2025/26. The number of complaints made by young people themselves remains low. Only 9% of complaints about services for children and young people came directly from a young person in 2025/26, a slight increase compared to 6% in 2024/25. During 2026/27, we will be undertaking specific work to strengthen and raise the profile of our complaint's procedure for children and young people linked to The Promise, UNCRC and trauma-informed approaches.

7. Complaints about care homes for older people

In total, 35% (2,000) of the 5,721 complaints we received in 2025/26 were about care homes for older people and this is consistently the service type we receive most complaints about.

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

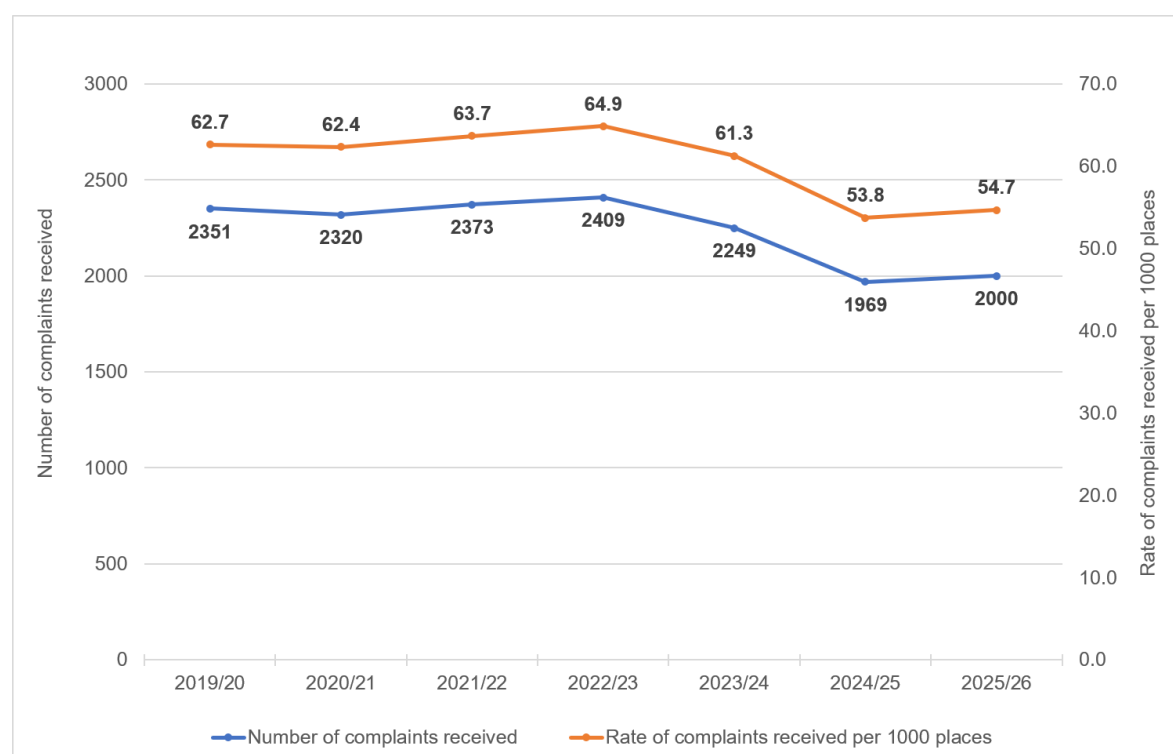
The rate of complaints received per 1,000 places in care homes for older people across Scotland was 54.7 in 2025/26. This is an increase from 53.8 last year but is still one of the lowest points it has been at over the seven-year period examined in this report as shown in Figure 7.

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

- The local authority area with the highest rate per 1000 places in 2025/26 was Dumfries & Galloway, which had a rate of 113.0, more than double the rate across Scotland as a whole. This was due to the number of complaints received about a very small number of services, which accounted for over a third of the complaints in the area.
- City of Edinburgh had the most consistently low rates over the seven-year period.
- The island areas of Scotland also tend to have low rates, although the small numbers of places mean that the rates fluctuate considerably, even if there is only a small change in the number of complaints.

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

Figure 7: Number of complaints received about care homes for older people and rate per 1000 places in Scotland 2019/20 to 2025/26



Over the year, we received at least one complaint about 71% of the 763 care homes for older people registered as of 31 March 2026.

During 2025/26, following our risk assessment process, we resolved 1,633 complaints about care homes for older people using the different pathways. This was an increase from 1,552 last year. These were as follows:

- **Intelligence:** In 2025/26, there were 839 complaints where the information given to us by the complainant was assessed and provided to the inspector for that service to be used to help inform future scrutiny activity. This was 51% of all complaints resolved – an increase from 50% last year.
- **Direct service action:** In 2025/26, 202 complaints were able to be resolved by the service directly and quickly. This is the same as last year.
- **Investigation by the care provider:** In 2025/26, 251 complaints (15%, up from 13% last year) were suitable for the complaint to be investigated via the service's complaints procedure, and we required the provider to investigate.
- **Investigation by the Care Inspectorate:** In 2025/26, 341 complaints (21%, down from 25% last year) were deemed serious enough for us to decide that we needed to conduct an investigation. A further breakdown by local authority area is provided in the Appendix (Table E).

Over the year, we conducted an investigation into at least one complaint in 30% of all care homes for older people and went on to uphold a complaint in 25%.

Of the care homes for older people that had a complaint upheld in 2025/26, 72% had one upheld complaint, 20% had two upheld complaints, and the remaining 8% had three or more upheld complaints during the year.

Most care homes for older people are operated by the private sector (78%), with the public sector providing 14% and the remaining 8% provided by voluntary organisations (Figure 8). Rates of complaints received and upheld are highest in the private sector: in 2025/26, we received at least one complaint about 78% of private sector care homes for older people and upheld a complaint about 29% of them (Figure 9).

Figure 8: Proportion of care homes for older people on 31 March 2026 – by sector

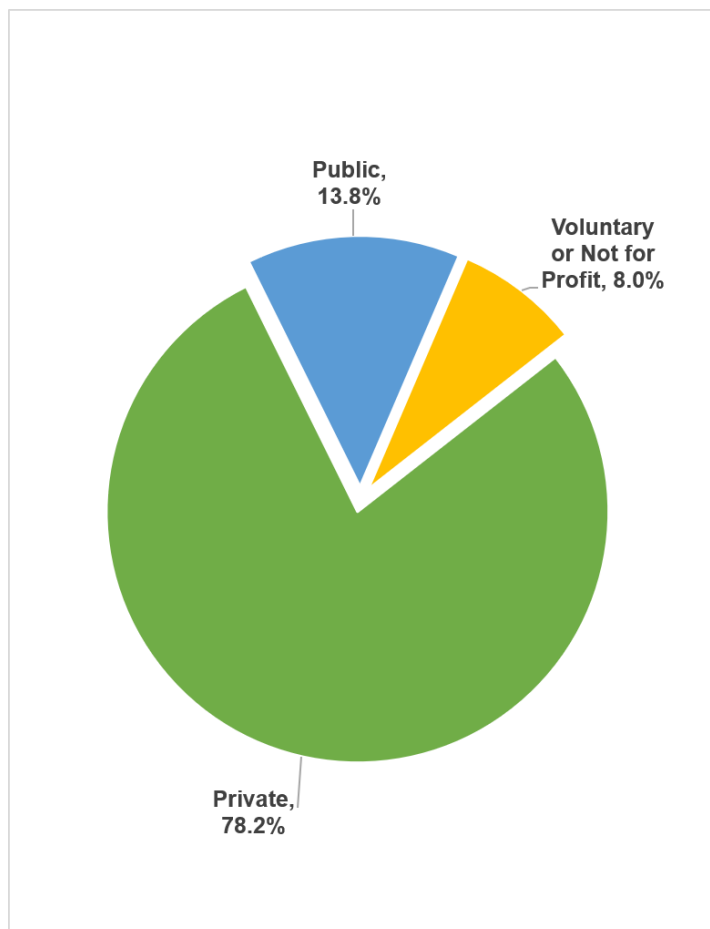
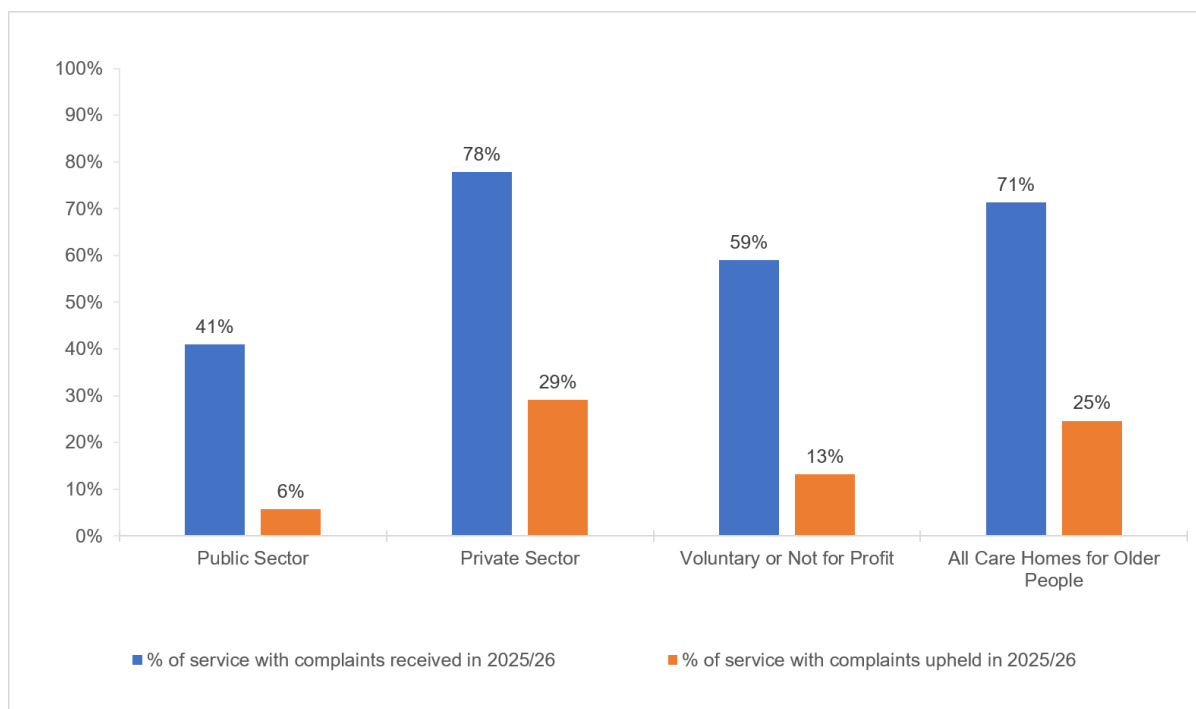


Figure 9: Care homes for older people on 31 March 2026 – Percentage of services with a complaint received or upheld about them



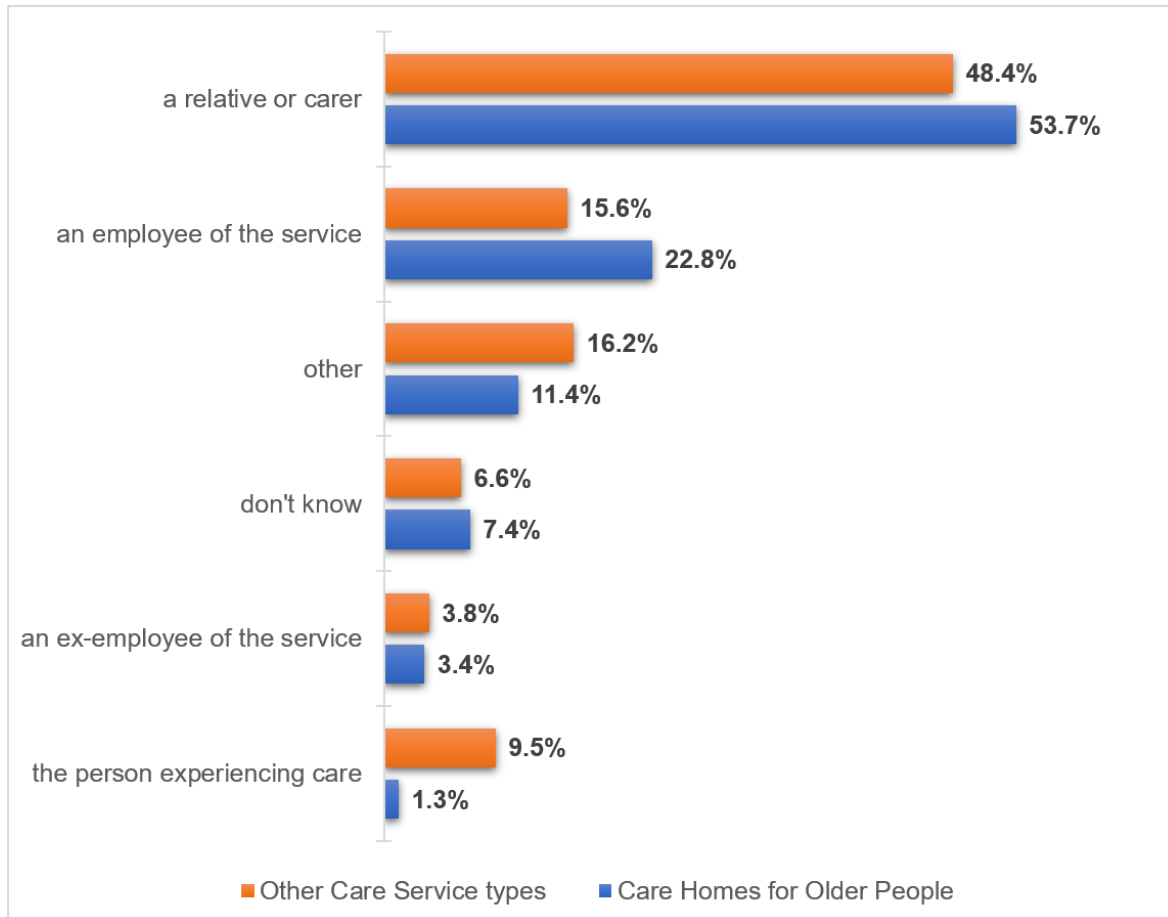
Further breakdown of areas of complaint about care homes for older people (Figure 10) shows that specific healthcare issues formed the largest group of complaints (39%). This includes complaints about nutrition, medication, tissue viability, continence care and inadequate care and treatment. This is consistently the case over the past seven years. Full details of this breakdown are in the Appendix (Table F) with a further breakdown by year (Table G).

Figure 10: Care homes for older people – by area of complaint 2025/26

Summary area of complaint	Number of areas of complaint upheld	% of all upheld areas of complaint
Healthcare	389	38.7%
Staff	123	12.2%
Communication	112	11.1%
Wellbeing	70	7.0%
Record keeping	56	5.6%
Choice	54	5.4%
Policies and procedures	53	5.3%
Environment	34	3.4%
Protection of people	33	3.3%
Property	28	2.8%
Food	20	2.0%
Privacy and dignity	16	1.6%
Access	14	1.4%
User participation	4	0.4%

In 2025/26, most of all complaints received about care homes for older people continued to be from relatives and carers of people living in the service: 54% compared to 48% for all other types of service (Figure 11). The proportion of complaints received from employees of the service was 7.2 percentage points higher for care homes for older people than for other service types. Only 1% of all complaints about care homes for older people were from people experiencing care, compared with almost 10% for all other types of service.

Figure 11: Complaints received 2025/26 by relationship of the person making the complaint – care homes for older people compared with all other complaints received



8. What we found when conducting investigations

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

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

Figure 12 below shows that in 2025/26, we upheld 70% of the investigations we conducted, the same as last year. This proportion reflects, at least in part, our risk-based procedures. Complaints taken forward for investigation are those that are serious about failings in care that have led to or are likely to lead to poor outcomes for an individual or individuals. As such, where proven, these are more likely to be upheld.

The percentage of complaints upheld varies by type of service, although percentages based on small numbers of complaints should be interpreted with caution. For those service types with more than 20 complaints investigated this year, the highest proportion of complaints upheld was about combined housing support and care at home services (83%). This was followed by care homes for older people (80%) then by standalone care at home services (78%).

Figure 12: The number of complaint investigations conducted by complaint outcome, 2019/20 – 2025/26

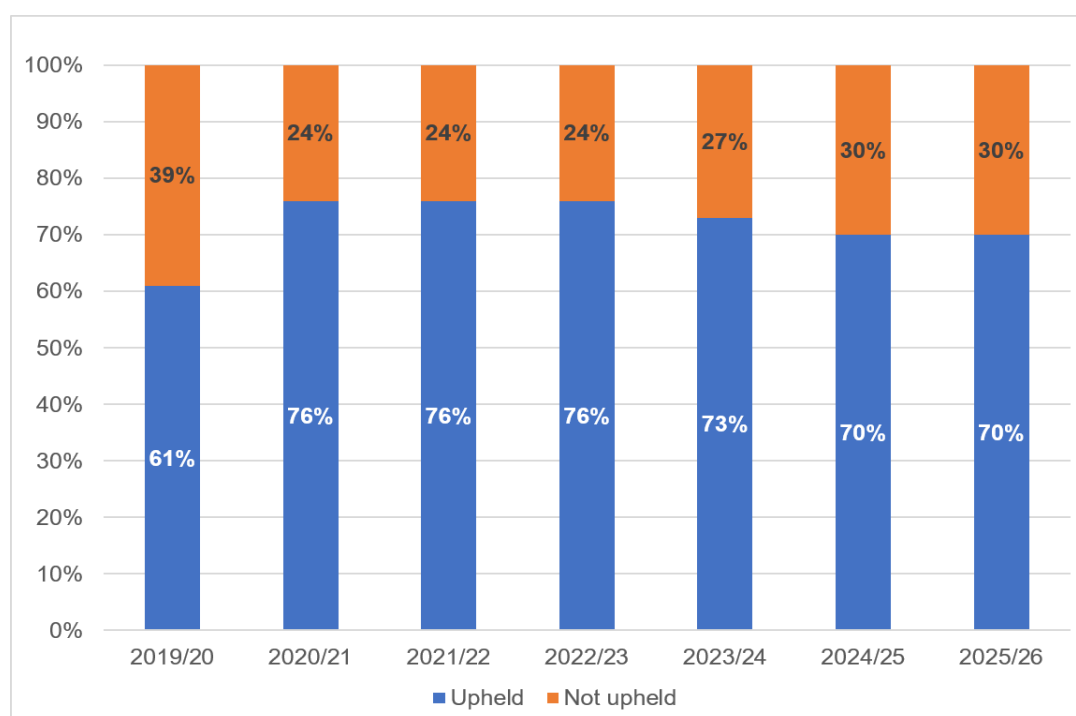


Figure 13: Percentage of complaints upheld by service type, 2025/26

Care service type	Number of complaints where investigation conducted	Number of complaints upheld	% of all complaints upheld
Adoption	1	1	*100.0%
Adult placement	0	0	
Care home	385	292	75.8%
of which, care home for older people	341	273	80.1%
Childminding	48	23	47.9%
Daycare of children	222	124	55.9%
Fostering	2	1	*50.0%
Housing support (standalone service)	8	5	*62.5%
Nurse agency	2	1	*50.0%
Offender accommodation service	0	0	
School care accommodation	6	1	*16.7%
Secure accommodation	3	0	*0.0%
Support service (standalone) – care at home	64	50	78.1%
Support service (standalone) – other than care at home	4	2	*50.0%
Combined housing support and care at home service	159	132	83.0%
All care service types	904	632	69.9%

*Based on fewer than 20 investigations

9. Supporting improvement following complaints

Complaints give a valuable insight into how services are caring for people who experience them every day. We realise that, for many people, making a complaint, whether directly to the service or to us, can be a big step and indicates that there is something not right that really matters to them. We look carefully at the information we receive from all complaints and decide the best way to proceed. As outlined above, some issues raised with us are the responsibility of other organisations to look at. In such cases, we refer people to the appropriate organisation, ensuring we are clear why we think this is how their complaints will be best addressed.

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

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

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

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

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

Following an analysis of complaint trends over several years, we identified a key opportunity to support the development of better complaints handling within the care home sector. From this, the complaints team developed an intervention to work alongside care home providers. The aim of this was to use an appreciative enquiry methodology to help co-create better complaints handling processes aligned to direct service action and investigation by the provider. Through this work, we aim to

promote and support the development and consistent application of robust complaints policies, helping services to improve their complaint handling practices. This, in turn, will increase confidence in how complaints are managed and resolved using direct service action or investigation by the provider. This improvement work was initiated in June 2026, has already been rolled out to three care home providers and continues to be offered to others.

10. Conclusions

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

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

Summary of main points

- In 2025/26, we received 5,721 complaints about care services. This was an increase of 418 (8%) on the previous year and most of that increase was due to complaints about support services.
- Over the past seven years since our new digital system was introduced, complaint levels have fluctuated within a relatively consistent range (5,300 to 5,900). The trend during that seven-year period is slightly decreasing.
- We resolved a total of 4,502 complaints during 2025/26
 - In 48%, the information given to us by the complainant was provided to the inspector for that service to be used to inform and focus future scrutiny activity and improvement support.
 - 17% were resolved by the service directly.
 - 15% were investigated through the service's own complaints procedure where we required the provider to investigate.
 - 20% were assessed as serious enough for us to decide that we needed to conduct an investigation.
- We upheld most of the complaints we investigated – 70% of investigations were upheld in 2025/26.
- As reported in previous years, we continue to receive and uphold more complaints about care homes for older people than for any other type of service – 71% of care homes for older people received at least one complaint while 25% had at least one complaint upheld during 2025/26. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people during 2025/26.

Appendix: Complaints about care services in Scotland, 2019/20 to 2025/26– Detailed tables

Table A: Complaints received by service type, 2019/20 to 2025/26

	2019/20		2020/21		2021/22		2022/23		2023/24		2024/25		2025/26		7-year total		% change 2019/20 to 2025/26
Care service type	No. of complt received	% of complt received	No. of complt received	% of complt received	No. of complt received	% of complt received	No. of complt received	% of complt received	No. of complt received	% of complt received	No. of complt received	% of complt received	No. of complt received	% of complt received	No. of complt received	% of complt received	
Adoption	3	0.1%	2	0.0%	1	0.0%	9	0.2%	4	0.1%	9	0.2%	5	0.1%	33	0.1%	66.7%
Adult placement	3	0.1%	3	0.1%	2	0.0%	3	0.1%	5	0.1%	4	0.1%	6	0.1%	26	0.1%	100.0%
Care home service	2718	46.6%	2629	56.9%	2747	49.1%	2814	47.6%	2636	46.7%	2338	44.1%	2352	41.1%	18234	47.2%	-13.5%
Child care agency	0	0.0%	1	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	2	0.0%	0.0%
Childminding	244	4.2%	126	2.7%	142	2.5%	145	2.5%	146	2.6%	138	2.6%	160	2.8%	1101	2.9%	-34.4%
Daycare of children	850	14.6%	426	9.2%	857	15.3%	1084	18.3%	1076	19.1%	1049	19.8%	1184	20.7%	6526	16.9%	39.3%
Fostering	26	0.4%	10	0.2%	15	0.3%	13	0.2%	20	0.4%	10	0.2%	27	0.5%	121	0.3%	3.8%
Housing support (standalone)	266	4.6%	171	3.7%	152	2.7%	177	3.0%	162	2.9%	149	2.8%	130	2.3%	1207	3.1%	-51.1%
Nurse agency	26	0.4%	29	0.6%	21	0.4%	31	0.5%	26	0.5%	33	0.6%	23	0.4%	189	0.5%	-11.5%
Offender accommodation	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	1	0.0%	100.0%
School care accommodation	67	1.1%	34	0.7%	27	0.5%	55	0.9%	40	0.7%	37	0.7%	42	0.7%	302	0.8%	-37.3%
Secure accommodation	11	0.2%	9	0.2%	13	0.2%	19	0.3%	19	0.3%	42	0.8%	22	0.4%	135	0.3%	100.0%
Support service (standalone) - care at home	509	8.7%	468	10.1%	598	10.7%	545	9.2%	435	7.7%	364	6.9%	465	8.1%	3384	8.8%	-8.6%
Support service (standalone) – other than care at home	58	1.0%	10	0.2%	31	0.6%	30	0.5%	35	0.6%	26	0.5%	57	1.0%	247	0.6%	-1.7%
Combined housing support and care at home service	1050	18.0%	700	15.2%	989	17.7%	985	16.7%	1041	18.4%	1104	20.8%	1247	21.8%	7116	18.4%	18.8%
All care service types	5831	100.0%	4618	100.0%	5595	100.0%	5910	100.0%	5646	100.0%	5303	100.0%	5721	100.0%	38624	100.0%	-1.9%

Table B: All service types by area of complaint, complaints upheld in 2025/26

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

Area of complaint	Detailed area of complaint	No. of upheld areas of complaint	% of all upheld areas of complaint
Healthcare	Healthcare > Inadequate healthcare or healthcare treatment	212	10.6%
	Healthcare > Medication issues	106	5.3%
	Healthcare > Continence care	62	3.1%
	Healthcare > Tissue viability	52	2.6%
	Healthcare > Nutrition	44	2.2%
	Healthcare > Other	41	2.1%
	Healthcare > Hydration	31	1.6%
	Healthcare > Infection control issues	25	1.3%
	Healthcare > Oral health	20	1.0%
	Healthcare > Palliative care	8	0.4%
	Healthcare > Clinical governance	6	0.3%
	Healthcare > Mental health care	5	0.3%
Staff	Staff > Training / qualifications	83	4.2%
	Staff > Levels	82	4.1%
	Staff > Other	73	3.7%
	Staff > Other fitness issues	46	2.3%
	Staff > Recruitment procedures (including disclosure checks)	8	0.4%
	Staff > Unfit to work with vulnerable people	3	0.2%
	Staff > Registration with professional bodies	2	0.1%
	Staff > Unfit to be in proximity of children	1	0.1%
Communication	Communication > Between staff and service users/relatives/carers	221	11.1%
	Communication > Other	19	1.0%
	Communication > Information about the service	3	0.2%
	Communication > Language difficulties	1	0.1%
Wellbeing	Wellbeing > Other	124	6.2%
	Wellbeing > Emotional	36	1.8%
	Wellbeing > Social	21	1.1%
	Wellbeing > Developmental	15	0.8%
	Wellbeing > Visiting	12	0.6%
	Wellbeing > Behaviour	11	0.6%
Policies and Procedures	Policies and procedures > Complaints procedure	135	6.8%
	Policies and procedures > Other	28	1.4%
Record keeping	Record keeping > Personal plans/ agreements	95	4.8%
	Record keeping > Other	25	1.3%

**Table B: All service types by area of complaint, complaints upheld in 2025/26
(cont.)**

Area of complaint	Detailed area of complaint	No. of upheld areas of complaint	% of all upheld areas of complaint
Choice	Choice > Care and treatment	42	2.1%
	Choice > Activities	21	1.1%
	Choice > Dignity and privacy	13	0.7%
	Choice > Other	8	0.4%
	Choice > Service not meeting religious, cultural, faith, social needs	5	0.3%
Protection of people	Protection of people > Adults	47	2.4%
	Protection of people > Children	17	0.9%
	Protection of people > Policies and procedures	6	0.3%
	Protection of people > Restraint	4	0.2%
	Protection of people > Other	2	0.1%
Environment	Environment > Fitness of premises / environment	30	1.5%
	Environment > Other	14	0.7%
	Environment > Inadequate facilities	7	0.4%
	Environment > Security	4	0.2%
Property	Property > Loss of/missing	22	1.1%
	Property > Care of	6	0.3%
	Property > Other	3	0.2%
Food	Food > Other	17	0.9%
	Food > Availability	6	0.3%
	Food > Choice	4	0.2%
	Food > Quality	3	0.2%
Privacy and dignity	Privacy and dignity > Privacy and dignity	28	1.4%
Access	Access > To other services e.g. advocacy/health	12	0.6%
	Access > Other	7	0.4%
User participation	User participation > Other	5	0.3%
Conditions of registration	Conditions of registration > Exceeding capacity	3	0.2%
	Conditions of registration > Other	1	0.1%
Financial issues	Financial issues > Financial issues	1	0.1%

Table C: Number and % of complaint investigations that were upheld, by area of complaint and type of care service 2025/26

	Adoption service		Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		Nurse Agency		School care accommodation service		Support service (standalone) - care at home		Support service (standalone) – other than care at home		Combined housing support/care at home service	
Detailed area of complaint	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Healthcare > Inadequate healthcare or healthcare treatment		0.0%	141	7.1%		0.0%	1	0.1%		0.0%	4	0.2%		0.0%		0.0%	10	0.5%		0.0%	56	2.8%
Healthcare > Medication issues		0.0%	43	2.2%	1	0.1%	3	0.2%		0.0%		0.0%		0.0%		0.0%	16	0.8%		0.0%	43	2.2%
Healthcare > Continence care		0.0%	46	2.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%	14	0.7%
Healthcare > Tissue viability		0.0%	35	1.8%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%	3	0.2%		0.0%	13	0.7%
Healthcare > Other		0.0%	35	1.8%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%	3	0.2%
Healthcare > Nutrition		0.0%	35	1.8%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	8	0.4%
Healthcare > Hydration		0.0%	28	1.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	2	0.1%
Healthcare > Infection control issues		0.0%	12	0.6%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%	7	0.4%		0.0%	4	0.2%
Healthcare > Oral health		0.0%	19	1.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Healthcare > Palliative care		0.0%	8	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Healthcare > Clinical governance		0.0%	4	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Healthcare > Mental health care		0.0%	4	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Staff > Levels		0.0%	54	2.7%		0.0%	12	0.6%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	15	0.8%
Staff > Training / qualifications		0.0%	39	2.0%		0.0%	5	0.3%		0.0%	2	0.1%	1	0.1%		0.0%	10	0.5%		0.0%	26	1.3%
Staff > Other		0.0%	16	0.8%	4	0.2%	22	1.1%		0.0%		0.0%		0.0%		0.0%	9	0.5%		0.0%	22	1.1%
Staff > Other fitness issues		0.0%	17	0.9%	2	0.1%	14	0.7%		0.0%		0.0%		0.0%		0.0%	6	0.3%		0.0%	7	0.4%
Staff > Registration with professional bodies		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Staff > Recruitment procedures (including disclosure checks)		0.0%	1	0.1%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%	4	0.2%		0.0%	1	0.1%
Staff > Unfit to work with vulnerable people		0.0%	3	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Staff > Unfit to be in proximity of children		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%

Table C: Number and % of complaint investigations that were upheld, by area of complaint and type of care service 2025/26 (cont.)

	Adoption service		Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		Nurse Agency		School care accommodation service		Support service (standalone) - care at home		Support service (standalone) – other than care at home		Combined housing support/care at home service	
Detailed area of complaint	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Wellbeing > Other		0.0%	50	2.5%	12	0.6%	42	2.1%		0.0%	2	0.1%		0.0%		0.0%	10	0.5%		0.0%	8	0.4%
Wellbeing > Emotional		0.0%	6	0.3%	3	0.2%	24	1.2%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%	2	0.1%
Wellbeing > Social		0.0%	19	1.0%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Wellbeing > Developmental		0.0%	1	0.1%		0.0%	14	0.7%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Wellbeing > Behaviour		0.0%	2	0.1%		0.0%	8	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%
Wellbeing > Visiting		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.2%		0.0%	8	0.4%
Communication > Between staff and service users/relatives/carers	1	0.1%	103	5.2%	7	0.4%	48	2.4%		0.0%		0.0%	1	0.1%		0.0%	10	0.5%	4	0.2%	47	2.4%
Communication > Other		0.0%	12	0.6%		0.0%		0.0%	1	0.1%		0.0%		0.0%		0.0%	1	0.1%		0.0%	5	0.3%
Communication > Information about the service		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Communication > Language difficulties		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Policies and procedures > Complaints procedure	1	0.1%	51	2.6%		0.0%	5	0.3%		0.0%		0.0%		0.0%		0.0%	16	0.8%	1	0.1%	61	3.1%
Policies and procedures > Other		0.0%	6	0.3%	1	0.1%	15	0.8%		0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%	4	0.2%
Record keeping > Personal plans/ agreements		0.0%	48	2.4%	1	0.1%	7	0.4%		0.0%		0.0%		0.0%		0.0%	13	0.7%		0.0%	26	1.3%
Record keeping > Other		0.0%	12	0.6%	1	0.1%	7	0.4%		0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%	3	0.2%
Choice > Care and treatment		0.0%	25	1.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	6	0.3%		0.0%	11	0.6%
Choice > Activities		0.0%	17	0.9%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	2	0.1%
Choice > Dignity and privacy		0.0%	7	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	5	0.3%
Choice > Other		0.0%	7	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Choice > Service not meeting religious, cultural, faith, social needs		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	3	0.2%

Table C: Number and % of complaint investigations that were upheld, by area of complaint and type of care service 2025/26 (cont.)

	Adoption service		Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		Nurse Agency		School care accommodation service		Support service (standalone) - care at home		Support service (standalone) – other than care at home		Combined housing support/care at home service	
Detailed area of complaint	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Protection of people > Adults		0.0%	28	1.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	7	0.4%		0.0%	12	0.6%
Protection of people > Children		0.0%	1	0.1%	5	0.3%	11	0.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Protection of people > Policies and procedures		0.0%	2	0.1%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%	2	0.1%		0.0%		0.0%
Protection of people > Restraint		0.0%	3	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%		0.0%
Protection of people > Other		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Environment > Fitness of premises / environment		0.0%	19	1.0%		0.0%	10	0.5%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Environment > Other		0.0%	11	0.6%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Environment > Inadequate facilities		0.0%	7	0.4%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Environment > Security		0.0%	2	0.1%		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Property > Loss of/missing		0.0%	22	1.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Property > Care of		0.0%	6	0.3%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Property > Other		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Food > Other		0.0%	13	0.7%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	3	0.2%
Food > Choice		0.0%	2	0.1%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%
Food > Quality		0.0%	3	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Food > Availability		0.0%	2	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	4	0.2%
Privacy and dignity > Privacy and dignity		0.0%	17	0.9%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	9	0.5%

Table C: Number and % of complaint investigations that were upheld, by area of complaint and type of care service 2025/26 (cont.)

	Adoption service		Care home service		Childminding		Daycare of children		Fostering service		Housing support service (standalone)		Nurse Agency		School care accommodation service		Support service (standalone) - care at home		Support service (standalone) – other than care at home		Combined housing support/care at home service	
Detailed area of complaint	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Access > To other services e.g. advocacy/health		0.0%	9	0.5%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%	2	0.1%
Access > Other		0.0%	5	0.3%		0.0%	1	0.1%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%
User participation > Other		0.0%	4	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%
Conditions of registration > Exceeding capacity		0.0%		0.0%	3	0.2%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Conditions of registration > Other		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%		0.0%		0.0%
Financial issues > Financial issues		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	1	0.1%

Table D: Rate (per 1000 registered places in care homes for older people) and number of complaints received about care homes for older people, by local authority area. 2019/20 to 2025/26

Note: Local authority areas where fewer than five complaints were received have been suppressed to maintain anonymity. Where there were no complaints the entry will be blank.

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

Table D: Rate (per 1000 registered places in care homes for older people) and number of complaints received about care homes for older people, by local authority area. 2019/20 to 2025/26 (cont.)

Local Authority area	2024/25			2025/26		
	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places
Aberdeen City	54	1371	39.4	82	1372	59.8
Aberdeenshire	61	1556	39.2	65	1550	41.9
Angus	88	1018	86.4	99	1018	97.2
Argyll & Bute	30	515	58.3	30	515	58.3
City of Edinburgh	74	2856	25.9	87	2769	31.4
Clackmannanshire	19	280	67.9	10	240	41.7
Dumfries & Galloway	73	1041	70.1	117	1035	113.0
Dundee City	59	948	62.2	46	948	48.5
East Ayrshire	54	850	63.5	67	847	79.1
East Dunbartonshire	28	923	30.3	34	923	36.8
East Lothian	35	782	44.8	45	782	57.5
East Renfrewshire	28	670	41.8	31	734	42.2
Falkirk	154	955	161.3	70	952	73.5
Fife	170	3069	55.4	180	3023	59.5
Glasgow City	245	4024	60.9	268	4029	66.5
Highland	105	1644	63.9	76	1701	44.7
Inverclyde	24	683	35.1	39	647	60.3
Midlothian	12	512	23.4	17	566	30.0
Moray	25	586	42.7	11	584	18.8
Na h-Eileanan Siar	<5	210	-		210	0.0
North Ayrshire	66	906	72.8	88	904	97.3

Table D: Rate (per 1000 registered places in care homes for older people) and number of complaints received about care homes for older people, by local authority area. 2019/20 to 2025/26 (cont.)

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

Table D: Rate (per 1000 registered places in care homes for older people) and number of complaints received about care homes for older people, by local authority area. 2019/20 to 2025/26 (cont.)

Local Authority area	2024/25			2025/26		
	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places	No. of complaint received	No. of registered places available	Rate of complaint received per 1000 places
North Lanarkshire	72	1655	43.5	82	1637	50.1
Orkney Islands	<5	109	-	<5	109	-
Perth & Kinross	71	1396	50.9	75	1534	48.9
Renfrewshire	125	1422	87.9	50	1380	36.2
Scottish Borders	34	746	45.6	44	730	60.3
Shetland Islands		149	0.0	<5	149	-
South Ayrshire	55	1197	45.9	61	1148	53.1
South Lanarkshire	104	2306	45.1	117	2295	51.0
Stirling	24	674	35.6	34	674	50.4
West Dunbartonshire	43	622	69.1	31	622	49.8
West Lothian	31	956	32.4	36	951	37.9

Table E: Rate (per 1000 registered places in care homes for older people) and number of complaint investigations completed by the Care Inspectorate for care homes for older people, by local authority area. 2019/20 to 2025/26

Note: Local authority areas where fewer than five complaint investigations have been completed have been suppressed to maintain anonymity. Where there were no complaints the entry will be blank.

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

Table E: Rate (per 1000 registered places in care homes for older people) and number of complaint investigations completed by the Care Inspectorate for care homes for older people, by local authority area. 2019/20 to 2025/26 (cont.)

Local Authority area	2024/25			2025/26		
	No. of complaint investigate complete	No. of registered places available	Rate of complaint investigate complete per 1000 places	No. of complaint investigate complete	No. of registered places available	Rate of complaint investigate complete per 1000 places
Aberdeen City	12	1371	8.8	15	1372	10.9
Aberdeenshire	11	1556	7.1	5	1550	3.2
Angus	19	1018	18.7	12	1018	11.8
Argyll & Bute	<5	515	7.8	<5	515	-
City of Edinburgh	19	2856	6.7	19	2769	6.9
Clackmannanshire	<5	280	-		240	0.0
Dumfries & Galloway	12	1041	11.5	15	1035	14.5
Dundee City	19	948	20.0	12	948	12.7
East Ayrshire	7	850	8.2	14	847	16.5
East Dunbartonshire	7	923	7.6	7	923	7.6
East Lothian	9	782	11.5	11	782	14.1
East Renfrewshire	6	670	9.0	6	734	8.2
Falkirk	22	955	23.0	5	952	5.3
Fife	44	3069	14.3	39	3023	12.9
Glasgow City	37	4024	9.2	35	4029	8.7
Highland	23	1644	14.0	16	1701	9.4
Inverclyde	7	683	10.2	<5	647	-
Midlothian	<5	512	-	5	566	8.8
Moray	<5	586	-	6	584	10.3
Na h-Eileanan Siar		210	0.0		210	0.0

Table E: Rate (per 1000 registered places in care homes for older people) and number of complaint investigations completed by the Care Inspectorate for care homes for older people, by local authority area. 2019/20 to 2025/26 (cont.)

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

Table E: Rate (per 1000 registered places in care homes for older people) and number of complaint investigations completed by the Care Inspectorate for care homes for older people, by local authority area. 2019/20 to 2025/26 (cont.)

Local Authority area	2024/25			2025/26		
	No. of complaint investigate complete	No. of registered places available	Rate of complaint investigate complete per 1000 places	No. of complaint investigate complete	No. of registered places available	Rate of complaint investigate complete per 1000 places
North Ayrshire	9	906	9.9	16	904	17.7
North Lanarkshire	21	1655	12.7	19	1637	11.6
Orkney Islands		109	0.0		109	0.0
Perth & Kinross	18	1396	12.9	18	1534	11.7
Renfrewshire	16	1422	11.3	7	1380	5.1
Scottish Borders	7	746	9.4	10	730	13.7
Shetland Islands		149	0.0		149	0.0
South Ayrshire	11	1197	9.2	7	1148	6.1
South Lanarkshire	17	2306	7.4	17	2295	7.4
Stirling	6	674	8.9	<5	674	-
West Dunbartonshire	8	622	12.9	11	622	17.7
West Lothian	7	956	7.3	5	951	5.3

Table F: Care homes for older people, complaints upheld in 2025/26 by area of complaint

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

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Healthcare	Healthcare > Inadequate healthcare or healthcare treatment	134	13.3%
	Healthcare > Continence care	44	4.4%
	Healthcare > Medication issues	40	4.0%
	Healthcare > Tissue viability	35	3.5%
	Healthcare > Other	32	3.2%
	Healthcare > Nutrition	32	3.2%
	Healthcare > Hydration	28	2.8%
	Healthcare > Oral health	18	1.8%
	Healthcare > Infection control issues	11	1.1%
	Healthcare > Palliative care	8	0.8%
	Healthcare > Clinical governance	4	0.4%
	Healthcare > Mental health care	3	0.3%
Staff	Staff > Levels	51	5.1%
	Staff > Training / qualifications	38	3.8%
	Staff > Other fitness issues	16	1.6%
	Staff > Other	14	1.4%
	Staff > Unfit to work with vulnerable people	3	0.3%
	Staff > Recruitment procedures (including disclosure checks)	1	0.1%
Communication	Communication > Between staff and service users/relatives/carers	98	9.7%
	Communication > Other	12	1.2%
	Communication > Information about the service	2	0.2%
Wellbeing	Wellbeing > Other	45	4.5%
	Wellbeing > Social	18	1.8%
	Wellbeing > Emotional	5	0.5%
	Wellbeing > Behaviour	2	0.2%
Record keeping	Record keeping > Personal plans/ agreements	44	4.4%
	Record keeping > Other	12	1.2%
Choice	Choice > Care and treatment	24	2.4%
	Choice > Activities	14	1.4%
	Choice > Other	7	0.7%
	Choice > Dignity and privacy	7	0.7%
	Choice > Service not meeting religious,cultural,faith,social needs	2	0.2%
Policies and procedures	Policies and procedures > Complaints procedure	47	4.7%
	Policies and procedures > Other	6	0.6%

Table F: Care homes for older people, complaints upheld in 2025/26 by area of complaint (cont.)

Area of complaint	Detailed area of complaint	No. of upheld complaints	% of upheld complaints
Environment	Environment > Fitness of premises / environment	16	1.6%
	Environment > Other	9	0.9%
	Environment > Inadequate facilities	7	0.7%
	Environment > Security	2	0.2%
Protection of people	Protection of people > Adults	28	2.8%
	Protection of people > Other	2	0.2%
	Protection of people > Policies and procedures	2	0.2%
	Protection of people > Children	1	0.1%
Property	Property > Loss of/missing	21	2.1%
	Property > Care of	6	0.6%
	Property > Other	1	0.1%
Food	Food > Other	13	1.3%
	Food > Quality	3	0.3%
	Food > Availability	2	0.2%
	Food > Choice	2	0.2%
Privacy and dignity	Privacy and dignity > Privacy and dignity	16	1.6%
Access	Access > To other services e.g. advocacy/health	9	0.9%
	Access > Other	5	0.5%
User participation	User participation > Other	4	0.4%

Table G: Care homes for older people, complaints upheld by detailed area of complaint, 2019/20 to 2025/26

Detailed area of complaint	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Access > Other		2	3	4	4	1	5
Access > To other services e.g. advocacy/health	2		1	9	8	8	9
Choice > Activities	9	7	6	18	23	18	14
Choice > Care and treatment	26	14	23	45	44	28	24
Choice > Dignity and privacy	8	6	9	14	7	11	7
Choice > Other		2	1	8	3	3	7
Choice > Service not meeting religious, cultural, faith or social needs		1		3	1	1	2
Communication > Between staff and service users/relatives/carers	61	55	111	129	129	108	98
Communication > Information about the service		2	3	1	2	3	2
Communication > Language difficulties	1		1	1	1	1	
Communication > Other	9	4	6	5	12	11	12
Conditions of registration > Other				3	1	1	
Environment > Fitness of premises / environment	21	3	16	26	20	32	16
Environment > Inadequate facilities	11	1	3	13	13	20	7
Environment > Other	12	1	6	12	11	10	9
Environment > Security	1			4	6	4	2
Equality issues > Equality issues					1	2	
Financial issues > Financial issues		2	1	1			
Food > Availability	1	1	5	2	5	7	2
Food > Choice	3	1	1	7	7	9	2
Food > Other	4	3	5	15	10	9	13
Food > Quality	5		3	5	8	11	3
Healthcare > Clinical governance	2	3	4	4	4	6	4
Healthcare > Continence care	23	10	17	33	52	43	44
Healthcare > Hydration	15	9	20	36	37	33	28
Healthcare > Inadequate healthcare or healthcare treatment	76	35	104	185	214	163	134
Healthcare > Infection control issues	6	7	17	14	14	10	11
Healthcare > Medication issues	35	13	25	55	73	59	40
Healthcare > Mental health care	4		2	1	7	4	3
Healthcare > Nutrition	20	18	26	43	54	40	32
Healthcare > Oral health	4	7	9	12	11	15	18
Healthcare > Other	25	20	30	47	45	45	32
Healthcare > Palliative care	3	3	7	12	17	13	8
Healthcare > Tissue viability	18	10	22	37	47	26	35
Policies and procedures > Complaints procedure	19	14	12	38	41	52	47
Policies and procedures > Other	9	4	15	10	19	17	6
Privacy and dignity > Privacy and dignity	14	8	24	31	20	32	16

Table G: Care homes for older people, complaints upheld by detailed area of complaint, 2019/20 to 2025/26 (cont.)

Detailed area of complaint	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Property > Care of	7	3	15	15	7	10	6
Property > Loss of/missing		6	28	25	34	14	21
Property > Other		1	4	2	4		1
Protection of people > Adults	23	11	31	54	36	31	28
Protection of people > Children							1
Protection of people > Other	2	1	1	2	3	1	2
Protection of people > Policies and procedures	2	1		2		4	2
Protection of people > Restraint					2	1	
Record keeping > Other	7	5	5	3	11	10	12
Record keeping > Personal plans/ agreements	13	4	9	22	32	24	44
Staff > Levels	52	19	24	42	48	46	51
Staff > Other	7	2	3	9	6	2	14
Staff > Other fitness issues	3	4	4	5	5	7	16
Staff > Recruitment procedures (including disclosure checks)	3	1	1		2	1	1
Staff > Registration with professional bodies	1			1			
Staff > Training / qualifications	13	9	11	34	47	34	38
Staff > Unfit to work with vulnerable people			1				3
User participation > In managing/developing the service		2		1			
User participation > Other	3	2	6	1	5	3	4
Wellbeing > Behaviour	4	1	6	2	3	3	2
Wellbeing > Developmental	1						
Wellbeing > Emotional	4	2	9	13	17	13	5
Wellbeing > Other	58	28	51	51	62	51	45
Wellbeing > Social	6	1	6	9	15	23	18
Wellbeing > Visiting			17	5	3	10	

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#keep
the
promise





Title:	DRAFT CHILDREN'S RIGHTS REPORT 16 JULY 2024 – 31 MARCH 2026: A REPORT ON OUR PROGRESS	
Author:	Jacqui Duncan, Equalities Professional Adviser	
Responsible Director:	Edith Macintosh, Executive Director Assurance and Improvement	
Appendices:	1.	Children's Rights Report 16 July 2024 – 31 March 2026: A Report On Our Progress
Consultation:	The draft wording for this report was circulated for consultation and has been developed with contributions from the following teams: • Children and Young People (regulated services) • Early Learning and Childcare • Methodology • Organisational and Workforce Development (including the Professional Development Award team) • Quality Improvement (including Participation and Equalities team) • Registration and Complaints (including Child Contact Centres) • Strategic inspection (children and young people)	
Resource Implications:	Delivered through existing staffing resources	

EXECUTIVE SUMMARY

The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 requires listed public authorities to publish a triennial report that sets out how our work supports articles of the United Nations Convention on the Rights of the Child (UNCRC).

Appendix 1 sets out the draft report covering the period 16 July 2024 to 31 March 2026. In line with [Scottish Government Statutory Guidance](#), the report is structured around the UNCRC clusters, an internationally recognised framework for implementing, monitoring and reporting on children's rights.

The report features examples of co-production from children, young people, and our young inspection volunteers.

This report shares our on-going commitment to children's rights and to highlight our positive yet significant progress, against the various articles of the UNCRC.

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This work is also integral to delivering our:

- [Corporate Plan 2026–31](#)
- [Corporate Parenting and Children's Rights Plan \(2024–2027\)](#)
- Commitments to keeping The Promise

A child friendly version of the report, written in language that appeals directly to children, young people and their families will also be produced. This is now a legal requirement.

The Board is invited to:

- | | |
|----|---|
| 1. | Note the progress since 16 July 2024 to secure better or further effect the UNCRC requirements. |
| 2. | Approve the report for publication. |

LINKS

Corporate Plan Outcomes

Assure and Improve	
Involve and Inform	
Uphold and champion people's rights	X
Maximising our impact: workforce and volunteers	
Maximising our impact: digital and data	

Strategic Risk Register

Yes	
No	X

For Noting	X	For Discussion		For Assurance		For Decision	X
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Equality Impact Assessment

Yes ☐	Not Yet ☐ One is planned or is already in progress	No ☒ Reason: Statutory reporting, no change that will impact people. Accessibility requirements will be discussed with the communications team concerning the child friendly version of this report.
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Data Protection Impact Assessment Screening		
Yes <input style="width: 40px; height: 20px; margin-left: 10px;" type="checkbox"/>	Not Yet <input style="width: 40px; height: 20px; margin-left: 10px;" type="checkbox"/> (One is planned or is already in progress, but Info Gov is aware)	No <input checked="" style="width: 40px; height: 20px; margin-left: 10px;" type="checkbox"/> Reason: 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: *(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.
c)	Matters relating to terms and conditions of employment; grievance; or disciplinary procedures relating to identified members of staff.
d)	Matters involving commercial confidentiality.
e)	Matters involving issues of financial sensitivity or confidentiality.
f)	Matters relating to policy or the internal business of the Care Inspectorate for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Board.
g)	Issues relating to potential or actual legal or statutory appeal proceedings which have not been finally determined by the courts.

CHILDREN'S RIGHTS REPORT 16 JULY 2024 – 31 MARCH 2026: A REPORT ON OUR PROGRESS**1.0 INTRODUCTION / BACKGROUND**

- 1.1** The Scottish Government is committed to making Scotland the best place for children to grow up, a Scotland where the rights of children and young people are respected, protected, enabled, and fulfilled across our public services and society.

2.0 OUR RESPONSIBILITIES AS A PUBLIC AUTHORITY/LEGAL LANDSCAPE

- 2.1** The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 places a legal duty on public authorities, including ourselves, to report every three years on how they are putting children's rights into practice.

This report reflects our progress for the period 16 July 2024 to 31 March 2026, which is the first reporting period under the new legislation. It highlights the actions we have taken to protect, promote, and uphold children's rights, as well as setting out our plans for further improvement.

Since our last triennial [Children's Rights Report](#) in 2023, the legal framework has been strengthened significantly. The 2024 Act means that children's rights set out in the UNCRC are now directly recognised in Scots law. This places clearer responsibilities on organisations like ours to both comply with children's rights duties and actively work to realise and advance those rights in practice.

Under section 18 of the Act, we are required to publish a report as soon as practicable after each three-year reporting period.

Our report must outline:

- the steps we have taken to meet our legal duties and improve children's rights during the reporting period and
- the actions we plan to take in the next period to continue this work.

Future reporting periods will run on a three-year cycle, with the next period covering 1 April 2026 to 31 March 2029.

3.0 HOW OUR WORK SUPPORTS THE ARTICLES OF THE UNCRC

- 3.1** We have proactively aimed to respect, protect, enable, and fulfil children's rights through our work. Over the last three years we have actively involved seven young inspection volunteers in strategic joint inspections and regulated care inspections has been important to build understanding of what matters to children and young people experiencing care.

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Appendix 1 sets out the draft report for publication in October 2026. This outlines how we have met and delivered the articles of the UNCRC through our work since 16 July 2024 to 31 March 2026.

Colleagues across the organisation were consulted in developing this report. Specific details are included on page 1 of this report.

Across the organisation, there is now a stronger and more consistent focus on:

- placing children's experiences, relationships and outcomes at the heart of assurance and quality improvement activity;
- embedding the principles of the promise in everyday practice, with greater emphasis on relationships, voice, trauma-informed approaches and understanding the experiences of care experienced children and young people;
- ensuring children and young people can influence and shape our work through meaningful participation and engagement;
- improving accessibility and inclusion through a wider range of communication and engagement approaches;
- using children's lived experiences to inform national scrutiny, improvement activity and service development; and
- strengthening our understanding and oversight of restraint and restrictive practices, with a clear focus on prevention, rights, dignity and safety.

This focus has resulted in several significant achievements including:

- **Embedding children's rights, care experience and the promise across organisational strategy and practice**, including the introduction of a dedicated strategic outcome in the Corporate Plan 2026-31 and the publication of the Children's Rights, Care Experience and Corporate Parenting Plan 2024-2027.
- **Publishing and implementing new rights-based quality frameworks for children's services**, which focuses on how services keep the promise and support children and young people to grow up loved, safe and respected.
- **Enhancing our approach to reducing restraint and restrictive practices**, including publishing annual national data, introducing revised notifications and self-evaluation tools, developing a clear organisational position statement and embedding this work within wider promise and improvement activity.
- **Leading nationally significant scrutiny and thematic review activity**, including reviews of disabled children's experiences, transitions for care experienced young people, cross-border placements and learning from inspections across 15 Community Planning Partnership areas.
- **Driving quality improvement within early learning and childcare**, undertaking **2,745 inspections**, implementing rights-based quality frameworks and delivering national improvement activity focused on children's safety, wellbeing and participation.
- **Strengthening organisational learning, complaints handling and quality improvement systems**, including Project REACH (Resolution, Engagement

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and Complaint Handling), enhanced learning from complaints across children's services, greater involvement of people with care experience and wider use of co-designed approaches.

- **Strengthening the participation, influence and accessibility of engagement for children and young people**, including expanding the Young Inspection Volunteer programme, co-designing feedback approaches, developing accessible resources, increasing opportunities to influence methodology and policy, and extending the use of Talking Mats, Easy Read materials, visual resources, accessible reporting formats and digital engagement approaches.

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

No additional resources.

4.2 Sustainability

This report contributes to the long-term sustainability of social care by promoting children's rights, early intervention, participation and quality improvement. By embedding rights-based approaches, listening to the experiences of children, promoting co-design and strengthening organisational learning, we are supporting services to identify issues earlier, improve outcomes and build more inclusive, responsive and resilient care systems. The increased use of accessible and digital engagement approaches also supports sustainable ways of involving children and young people in our work.

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

This supports us to deliver what we express [in both our corporate plan](#) and our Children's Rights, Care Experience and Corporate Parenting plan, where we want babies, infants, children and young people, and their families, with experience of care to:

- experience high-quality compassionate care and support;
- have improved outcomes (from the services which support them); and
- feel that their rights have been respected and realised.

We are making the necessary links as a Corporate Parent that is committed to keeping the promise, Getting it Right for Every Child, along with the implementation of the UNCRC to contribute to making Scotland the best place for children and young people to grow up.

4.4 Customers (Internal and/or External)

This report showcases our progress in respecting and protecting children's rights in our role as the assurance and improvement support body for social care services and social work in Scotland. It will enhance our reputation as a duty bearer as it clearly demonstrates that we respect, uphold, champion,

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and defend the rights of children and young people who experience care.

The Scottish Government, The Children's and Young People's Commissioner Scotland and other external organisations with a specific interest in children's rights will read this report. Some children and young people, and their families and loved ones, may also read this report, so we need to have a child-friendly version.

5.0 CONCLUSIONS/NEXT STEPS

The Board is invited

- to note progress since 16 July 2024 to 31 March 2026 to secure better or further effect the UNCRC requirements; and
- to approve the report for publication.

Children's Rights Report

16 July 2024 – 31 March 2026

This report showcases our progress in respecting and protecting children's rights in our role as the assurance and improvement support body for social care and social work in Scotland.

Publish Date: October 2026

DRAFT

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- Cluster 6: Family Environment and Alternative Care
- Cluster 7: Basic Health and Welfare
- Cluster 8: Education, Leisure, and Culture
- Cluster 9: Special Protection Measures

Foreword

As Chief Executive, I am pleased to introduce this report, which sets out how we have continued to strengthen our work to respect, protect and fulfil the rights of babies, infants, children, and young people across Scotland.

This report builds directly on our previous [Children's Rights Report](#) (2020–2023), which set out clear progress in embedding children's rights across our organisation.

Across our assurance and quality improvement work, we are moving towards a rights-based approach that is grounded in children's lived experiences. Our focus has shifted from evidencing that children's rights are recognised, to demonstrating how they are realised and advanced in the everyday lives and experiences of children and young people.

This means asking consistently:

- what children experience in the services we regulate and support
- how relationships shape children's experience of care
- whether children feel listened to, respected, included, and able to influence decisions that affect them.

This shift matters as it strengthens our ability to see children's rights as part of everyday practice. It also helps us understand more clearly what difference our work is making, where progress is strongest and where we need to go further.

We are cognisant of [Together Scotland's](#) five principles, which underpin our approach to strengthening children's rights across the organisation:

1. embedding rights in practice
2. equality and non-discrimination
3. empowerment
4. participation
5. accountability.

These principles continue to shape how we lead, make decisions and support quality improvement across our organisation and the wider social care sector. Children consistently remind us that rights are not abstract concepts. They are experienced in everyday moments including:

- how adults listen
- how decisions are made
- whether their care feels respectful, responsive, and centred on what matters to them.

We are proud to share this report with you which shows that our work is increasingly shaped by that understanding. (Insert photo, Jackie Irvine, Chief Executive to be signed off).

Making sure we uphold children's rights continues to be one of the most important things we do. As Scotland strengthens its commitment to children's rights, we are focused on ensuring that every baby, infant, child, and young person connected to the Care Inspectorate's work has their rights respected, protected, and upheld in everyday practice.

Over the last few years, through the full incorporation of the United Nations Convention on the Rights of the Child (UNCRC), our work to keep [the promise](#), and our responsibilities as a corporate parent, we have strengthened our rights-based approach across everything we do.

We have:

- increased opportunities for children and young people to participate
- created more space for people with care experience to shape our work
- continued to challenge inequality wherever we see it.

We are also making our interactions more accessible by improving how we work and adapting our approaches.

The commitment to rights is now even more visible in our new [Corporate Plan 2026–31](#), particularly through strategic outcome 3: uphold and champion people's rights. Our young inspection volunteers and our wider participation work remain central to this. The insights we get help us understand what rights look like in real life and where things need to improve. (Insert photo, Rosie Orr, Board Member).

Acknowledgements

We would like to thank everyone who continues to help us to protect and uphold children's rights and those who have shared their achievements and future priorities.

Who we are and our commitment to Children's Rights

At the Care Inspectorate, we are a scrutiny and quality improvement body. We protect and support children and young people's rights. You can read more about us in our [Corporate Plan 2026–31](#).

As a duty bearer under the UNCRC, we must not only recognise children's rights, but we must also show how they are upheld in practice.

All our work is grounded in the [Health and Social Care Standards](#):

- dignity and respect
- compassion
- inclusion
- responsive care
- wellbeing.

Our continuing commitment to the promise

The promise was identified as an organisational priority in our:

- Corporate Plan 2022–2025 and in our [new plan](#) for 2026-31
- [Equality outcomes](#) 2025-2029 (specifically embedding children's rights in equality outcome 1)
- [Children's Rights, Care Experience and Corporate Parenting triennial report 2021 – 2023](#) (inclusive)
- [Children's Rights Report](#) (2020–2023).

The promise remains central to our organisational priorities for 2026–2031 and is an important mechanism through which we deliver our strategic outcome to uphold rights and improve outcomes for babies, infants, children, and young people.

During this reporting period, the promise has become embedded across our organisation. Rather than being a standalone programme of work, it now shapes how teams understand and carry out their roles.

This is shown through our consistent emphasis on:

- focusing on relationships in our inspection approaches
- embedding lived experience within quality frameworks and practice
- strengthening meaningful participation
- developing accessible and inclusive communication across our work
- prioritising early intervention and prevention for children and families
- recognising the impact of our systems on children's experiences
- supporting a confident, trauma-informed workforce.

What is the UNCRC?

The United Nations Convention on the Rights of the Child (UNCRC) provides the framework for this report.

It recognises that all children have the right to:

- be protected from harm
- develop and thrive
- be listened to
- have their best interests prioritised.

These rights are interconnected and cannot be considered in isolation.

- You can read the full convention on UNICEF's (United Nations Children's Emergency Fund) website <https://www.unicef.org/child-rights-convention/convention-text>
- Additional information is available from the [Children's and Young People's Commissioner Scotland](#).

- Scottish Government Statutory Guidance [UNCRC \(Incorporation\) \(Scotland\) Act 2024 - part 2: statutory guidance - gov.scot](#) and [UNCRC \(Incorporation\) \(Scotland\) Act 2024 - part 3: statutory guidance - gov.scot](#)

Purpose of this report

The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 places a legal duty on public bodies, including the Care Inspectorate, to report on how children's rights are being respected, protected, and fulfilled in practice.

This report covers the period 16 July 2024 to 31 March 2026, which is the first reporting period under the new legislation. It sets out the actions we have taken and explains the difference those actions are making for babies, infants, children, and young people. The report also identifies where further work is needed. Since our last report in 2023, the legal framework has been strengthened significantly. The 2024 Act means that children's rights set out in the UNCRC are now directly recognised in Scots law. This places clearer responsibilities on organisations like ours to both comply with children's rights duties and actively work to realise and advance those rights in practice.

Under section 18 of the Act, we are required to publish a report as soon as practicable after each reporting period. Our report must outline:

- the steps we have taken to meet our legal duties and improve children's rights during the reporting period
- the actions we plan to take in the next period to continue this work.

Future reporting periods will run on a three-year cycle, with the next period covering 1 April 2026 to 31 March 2029.

What has changed since we reported in 2023?

- Our assurance and quality improvement activities are increasingly focused on children's experiences, the quality of relationships, and whether rights are realised, upheld, and advanced in everyday practice.
- The promise has moved from being a distinct programme of work to shaping everyday practice across the organisation, with a stronger focus on relationships, voice, trauma-informed practice and the experiences of care experienced children and young people.
- Participation is strongly embedded across inspection, quality improvement, learning and decision-making, with children and young people increasingly shaping how we work.

- Accessibility and inclusive communication have improved through more flexible engagement methods, child-friendly information, visual tools, easy read materials, podcasts, and feedback approaches.
- Children's lived experiences are informing national quality improvement activity, including work linked to the promise, strategic scrutiny, secure care, cross-border placements, and service improvement.
- Our understanding, oversight and reporting of restraint and restrictive practices has strengthened with a clearer focus on prevention, rights, dignity, and safety.

How this report is structured

Using the nine UNCRC clusters is an internationally recognised approach to the:

- implementation
- monitoring and
- reporting of children's rights.

The report follows the Scottish Government Statutory Guidance and uses the UNCRC clusters as a framework for reporting.

The clusters should be read as part of one overall story of progress. As some of our work cuts across more than one cluster. Where this happens, we have sought to locate the main evidence in the most relevant cluster and use shorter references elsewhere to show the connections.

Cluster 1: Definition of the Child

Article 1 of the UNCRC defines a child as anyone under the age of 18.

Cluster 2: General Measures of Implementation

- Implementation of the convention (Article 4)
- Knowledge of rights (Article 42)
- Making reports widely available (Article 44 (6))

Children's rights are increasingly embedded across our frameworks, methodologies and decision making. This has strengthened accountability and supported our staff to apply rights in day-to-day scrutiny and quality improvement practice. This includes rights-based quality frameworks aligned with the Health and Social Care Standards, and risk-based inspection planning that prioritises higher-risk services to support children's safety, protection, and wellbeing.

Joint inspections with Healthcare Improvement Scotland (HIS), His Majesty's Inspectorate of Constabulary in Scotland (HMICS) and His Majesty's Inspectorate of

Education (HMIE) continue to strengthen a shared, system-wide approach to protecting and promoting children's rights.

A significant development over the reporting period is the development of rights-based methodologies, including participation-focused inspections and more accessible reporting formats such as:

- easy read materials
- podcasts
- visual outputs.

We continue to invest in a skilled and confident workforce, reflecting the People foundation of the promise and supporting the delivery of children's rights in practice. Further details are provided under Learning and Development.

We ensure Children's Rights and Wellbeing Impact Assessments (CRWIA) are routinely carried out for new and revised policies.

Children and young people (regulated services) and methodology

The [Quality framework for care homes for children and young people and special residential schools](#) has been updated and strengthened to focus more clearly on children's experiences and outcomes. The new framework helps services understand what good outcomes look like, identify areas for development and encourages them to use practical tools and resources to strengthen practice around both self-evaluation and producing a development and improvement plan.

We have seen inspection grades improve across children's and young people's services in recent years. This provides encouraging evidence of improving service quality and practice, while helping us identify where further support and improvement may be needed.

Significant developments during this reporting period.

- Published our [second annual report on restraint and restrictive practices](#) (2025). This has been positively received, with The Promise Progress Framework recognising its value and referencing it in wider publications.
- Strengthened peer learning and development through the Scottish Physical Restraint Action Group (SPRAG), particularly in improving how restrictive practices are reported across care and education settings. Separate arrangements are in place for young people in secure care.
- Published an [organisational position statement on restrictive practice](#) (2025), setting out a clear and consistent approach.
- Developed an [updated self-evaluation tool](#) to support services to reflect on their practice, policies, and culture in relation to restrictive practices (2024).

- Introduced the [promise Assurance Inspection Framework](#), grounded in the values and foundations of the promise. This supports greater engagement with children and young people through our assurance and quality improvement work.
- Delivered an innovative improvement project to strengthen the involvement of social workers in the inspection process.
- Used Sign Supported English to support young people experiencing hearing loss. In one service, this enabled us to provide inspection feedback through a video format, making the information more accessible and meaningful.
- Achieved national recognition in 2025 for supporting Children and Young People inspection teams to develop a bespoke version of the Happy to Translate app. The tool provides key phrases in multiple languages to support initial engagement with children, young people, and families, significantly improving accessibility and communication.
- Used Care Standard Questionnaire (CSQ's) to gather feedback from children and young people living in regulated care services, providing an important evidence base to inform improvement.

These developments have strengthened oversight, improved consistency and made it easier for services to understand what rights-based practice looks like in everyday care. They also provide a stronger evidence base for identifying where children's experiences are improving and where further action is needed.

Strategic inspection (children and young people)

In August 2025, we published a review of findings from the joint inspection programme (2021–2025). This report summarised learning from inspections of services for children and young people at risk of harm across 15 Community Planning Partnership areas.

The review focused on how well children's rights were upheld and experienced in practice. Across this programme, we evaluated one quality indicator: impact on children and young people.

To inform our evaluations, we gathered a wide range of evidence on the extent to which children and young people at risk of harm:

- felt listened to and that their views were taken seriously in decision-making
- experienced staff taking time to understand them as individuals
- benefited from consistent, trusting relationships with adults
- felt they were in the right place to receive the care and support they needed
- experienced improvements across the SHANARRI wellbeing indicators.

Between 2023 and 2026, the strategic team has undertaken scrutiny and thematic review activity focused on whether children's rights are considered in service planning and experienced in practice. This has strengthened national learning and

deepened our understanding of what helps children feel safe, heard, included, and well supported, as well as the barriers that can prevent this.

These secure care and cross-border case studies illustrate how children's lived experiences have informed national learning and highlighted areas for improvement.

Case Study: Secure Care Pathways Review

[The Secure Care Pathways Review report](#) was published in September 2023. As part of this work, the review team met individually with 30 children on three occasions over an 18-month period. This allowed relationships to develop and created space for children to reflect on their experiences.

Children spoke about:

- the importance of adults who remain consistent
- how trust develops over time
- the challenges of moving between different parts of the 'system'
- feeling excluded from decisions that affect them.

An important message was that care is experienced as a journey, not as isolated interventions. Even where individual services were described positively, transitions between services often felt uncertain and disruptive. This work contributed to national understanding and wider learning.

Learning and improvement themes were shared with around 40 internal colleagues and over 80 external stakeholders through interactive webinars.

This work contributes to national learning on improving experiences before, during and after secure care, and on preventing the need for children to enter secure care wherever possible, which are important priorities of the promise.

In December 2023, this work was featured in [The Promise Story of Change](#), recognising it as a positive example of practice improvement and a meaningful contribution to implementing the promise ambitions for children who require or experience secure care.

Case Study: Cross-Border Review

The [Cross-Border Thematic Review](#), was published in July 2024. This review centred on the views and experiences of young people placed in Scotland from other parts of the United Kingdom, alongside the perspectives of the staff supporting them. It explored how well children and young people experienced their rights being upheld, including their:

- involvement in decisions about their move

- access to education
- health and wellbeing support
- their ability to maintain important relationships
- whether they felt listened to and respected.

The findings highlight that, when children are placed across local authority and national boundaries, they can experience inconsistency, delays, and a lack of coordination between services.

Areas identified for improvement were:

- improved coordination across services and authorities
- improved consistency in decision-making
- ensuring children's rights are upheld in complex, cross-boundary situations.

Early learning and childcare (ELC)

Through inspection and quality improvement activity, we promote rights-based, high-quality care, play and learning experiences. We promote rights-based, high-quality, nurturing care, play and learning experiences for children and young people. Children's views remained central to inspection activity and informed our evaluations and published findings.

Between July 2024 and 31 March 2026, inspectors carried out 2,745 inspections across childminding, daycare and childcare agency services.

During the reporting period, we issued:

- 13 improvement notices requiring services to improve safety and wellbeing
- 13 serious concern letters requiring immediate action within 24 hours.

Common areas for improvement included:

- child protection
- medication
- sufficient staffing levels
- infection prevention and control
- environmental safety.

Key developments

- Strengthening our inspection practice through using the Short Observation Framework for Inspection (SOFI). This tool supports inspectors to understand and evidence children's experiences from their own perspective. SOFI remains a core part of inspector training and supports the protection and promotion of children's rights.
- Publishing a quality framework [for childcare agencies introducing and supplying childcare staff](#) with a strong emphasis on children's rights.

- ELC Inspectors also contributed to phase three of the “Feeding Back to Young People” pilot in school age childcare services aiming to improve how we share inspection feedback. The approach was tested in 16 services and received very positive feedback.
- Piloting communication approaches to help children better understand and engage with inspections.
- Ten inspectors developed and tested communication tools across 179 services, working with the communications team and an internal stakeholder group. These included:
 - a children’s social story entitled “[Visitors to my nursery](#)”
 - use of Sign Supported English
 - visual communication aids.

Early learning and childcare (ELC) improvement programme

The commissioned [ELC Improvement Programme](#) has supported services across Scotland to improve the quality of children’s experiences and outcomes. The programme has engaged more than 500 services, with programme activities estimated to have reached over 30,000 children.

The evidence suggests the programme has strengthened leadership, staff confidence, and continuous improvement practice. For children, this supports more consistent, nurturing and rights-respecting early learning and childcare experiences.

Learning and development (Organisational and Workforce Development)

To support Article 42 of the UNCRC, we have strengthened learning and development, so staff are better able to understand, apply and promote children’s rights in practice.

The outcome is a more confident workforce with a growing shared understanding of rights, participation, trauma-informed practice, accessibility, and the promise. This learning is being applied across assurance and improvement (including methodology, registration, and complaints) and more widely across our organisation.

Internal learning and development

- The promise
 - A dedicated curriculum has been developed within our Learning Management System, bringing together a range of modules aligned to the promise.
 - 105 staff have accessed this resource.
- The promise and the UNCRC have been important elements of the Professional Development Award (PDA) in Scrutiny and Improvement

Practice curriculum for inspectors during this reporting period. The PDA is the professional qualification undertaken by inspectors of regulated services.

- Thirty-three inspectors across inspection, complaints and registration graduated in the reporting period. Eleven inspector PDA projects focused on the promise, voice, trauma, development of rights-based practice within their scrutiny role.
- Accessibility (e.g. Talking Mats, Makaton)
 - Talking Mats training: 24 delegates
 - Supports inclusive communication and enables children and adults to express their views, in line with Article 12.
- Together Training – Each and Every Child (2022–2023)
 - 163 delegates
 - Focused on embedding children's rights and participation in practice.
- Corporate Parenting (Who Cares? Scotland)
Originally delivered as a virtual session by Who Cares? Scotland, this is now embedded within the core induction programme for all staff.
 - 122 employees have completed the module since 2023.
 - Strengthens understanding of corporate parenting responsibilities and children's rights.
- Easy Read Training
 - 20 participants.
 - Promotes accessible information in line with Article 17 (access to information).
- Trauma-informed Practice Training
 - 402 participants (including protection eLearning modules).
 - Supports rights-respecting, sensitive approaches to care and regulation.

External learning and engagement

- Cross-border placement of children
 - 1 event attended.
- Children in Scotland Annual Conference
 - 1 event attended.

Registration and complaints

We have been actively involved in Scottish Government consultations that affect children's rights.

- **Schedule 12 Care Service Definition Review:** We have advocated for all legislation to use a consistent definition of a child as anyone up to the age of 18. Currently, some legislation used by the Care Inspectorate defines a child as under 16. Through our engagement, we continue to challenge this position and support alignment.
- **Child Contact Services Consultation:** We supported the Scottish Government to introduce the new definition of Child Contact Services through The Regulation of Care (Child Contact Services) (Scotland) Order 2025. We will continue working with the sector, including children and young people, until 1 April 2027 to develop the approach to registering and regulating these services.
- **School Age Childcare:** We contributed to the Scottish Government's initial consultation on introducing a specific care service definition for school age childcare. Further work in this area has not yet begun.
- **Expansion of 1,140 Hours of Childcare:** We have supported the registration of services in line with the Scottish Government's commitment to expand access to funded childcare.

These initiatives are at an early stage, so outcome data is not yet fully available. We are developing measures and reporting processes to assess impact over time, including how children's views and experiences inform the design and delivery of our new regulatory responsibilities.

Cluster 2: priorities for 1 April 2026 to 31 March 2029

- Continue strategic joint inspections of services for children and young people subject to compulsory supervision orders and living at home with their parents.
- Undertake the joint national review of group-based child sexual abuse, exploitation and child criminal exploitation
- Progress delivery of the Corporate Parenting and Children's Rights Plan, with a focus on participation, feedback, advocacy, and accessible communication.
- Strengthen rights-based inspection and improvement through analysis of inspection evidence, continued collaboration with the Scottish Government, and development of ELC methodology.
- Review and update quality frameworks for children's services, including fostering, adoption, boarding, and secure care.
- Reduce barriers to participation and strengthen the influence of lived experience across improvement, participation, and equalities work.

Cluster 3: General Principles of the UNCRC

There are four guiding principles of the UNCRC:

- Non-discrimination (Article 2)
- Best interests of the child (Article 3)
- Life survival and development (Article 6)
- Respect for children's views (Article 12).

These principles are interconnected and in practice, they mean that children should not only be protected from discrimination and harm, but they should also be actively involved in decisions that affect them. Article 12 links closely to the [voice foundation of the promise](#), which emphasises that children must be listened to, meaningfully involved and responded to.

The main outcome in this cluster is that participation is becoming more meaningful, accessible, and influential. Children and young people are better supported to share their views in ways that work for them, which is shaping inspection, quality improvement, learning, and organisational decision-making.

Children and young people (regulated services)

In regulated services, we have strengthened communication practice so that more children and young people can understand inspections, share their views and receive feedback in accessible ways. For example, we:

- sent out [social stories](#) in advance of inspections along with our poster for residential childcare or our poster for foster care and our video animation to support young people to understand our role to:
 - know what to expect
 - understand what happens before and during the inspection
 - feel less anxious about the inspection
- created access to the [Boardmaker](#) communication tool that helps to create visual symbols that support verbal interactions with people living with disabilities
- provided training in Talking Mats, a visual communication framework which supports children with speech, language and communication needs to express their feelings and views
- created a child friendly poster which briefly explains the role of the Care Inspectorate in a variety of languages tested the feeding back to young people pilot project (see Participation case study page 18).

These developments support children's rights to be heard by reducing communication barriers and making participation more understandable, accessible, and meaningful.

Strategic inspection (children and young people)

Published in August 2024, the [Disabled children and young people's experiences of social work services: a thematic review](#) is an important example of how we have applied the principles of non-discrimination, participation, and best interests.

The review strengthened national learning by drawing directly on the experiences of disabled children and young people, their families, young inspection volunteers, and specialist organisations. This ensured the findings were grounded in lived experience and focused on the barriers, rights and support needs that matter most. It highlighted barriers to inclusion and identified what needs to change so disabled children can participate fully and receive support that reflects their rights, needs, and choices.

[Accessible versions](#) of the report were produced, helping ensure the findings could be shared in ways that were more inclusive and easier to understand.

This work aligns with UNCRC General Comment No. 9, which emphasises the right of disabled children to full inclusion, participation, and the removal of barriers that limit their access to rights and services.

As part of our general duty to further improve the quality of social services, we are responsible for reviewing the effectiveness of the processes for each learning review and providing observations to individual chief officer groups and protection committees. A learning review may be conducted when a child has sustained significant harm or risk of significant harm as defined in the National Guidance for Child Protection in Scotland. The criteria set out in the [National Guidance for Child Protection Committees Undertaking Learning Reviews](#) should also be met.

This work aligns closely with Article 6 of the UNCRC, as it aims to improve systems and responses to better protect children and support their development. Learning reviews are underpinned by children's rights, and national reports on learning review data were published in 2024 and 2025.

This evidence also informs later sections of the report, particularly where participation, advocacy and inclusive communication are considered in more detail.

Early learning and childcare (ELC)

In ELC, we ensure that even the youngest children are rights holders whose views, safety, development, and best interests must be considered in everyday practice.

In December 2024, following a small number of serious incidents where children were scalded in services, we published [good practice guidance on the prevention and management of scalding in daycare of children and childminding settings](#).

It provides practical advice on the safe management of hot liquids to reduce the risk of injury, as well as clear steps to minimise harm where an incident has occurred. It

also links directly to our practice note [Keeping Children Safe: Supporting Positive Mealtime Experiences in Early Learning and Childcare \(ELC\)](#).

Between June and December 2025, we delivered a series of webinars to support children's safety, wellbeing and rights. These covered safeguarding, supervision, accident prevention, relationship-based practice, and learning from incidents and complaints. More than 1,400 practitioners attended live, with over 7,700 views online.

Case Study: SIMOA Campaign

The [SIMOA](#) (Safety, Inspect, Monitor, Observe, Act) campaign was developed following an increase in serious incidents following the pandemic, including children:

- leaving premises unsupervised
- being left behind during transitions
- unaccounted for during outings and transport.

The campaign focused on supporting services to reflect on everyday practice, identify where risks arise, and strengthen supervision and routines.

Inspectors worked alongside services to examine how risk was managed across important moments of the day, including:

- transitions between spaces
- outdoor activities
- routine daily practice.

This collaborative approach enabled services to make practical changes that improved children's safety. Early monitoring indicates a reduction in serious incidents following implementation.

This work reinforces that safeguarding is rooted in everyday practice. Risk often emerges in routine situations, and improvement depends on reflection, awareness, and consistent practice. It also reflects a wider shift towards trauma-informed approaches, where understanding children's experiences is central to keeping them safe.

Alongside SIMOA, there has been a continued focus on preventative safeguarding through national guidance on accident risks, such as scalding and choking, and a reduction in restrictive practices through rights-based, person-centred approaches.

For children, this means:

- safer environments
- improved supervision
- more consistent and responsive practice.

Areas for continued improvement:

- embedding preventative approaches across all services
- strengthening consistency in practice
- improving the link between learning and continuous improvement.

Methodology

Our quality frameworks explicitly reference the UNCRC and provide practical tools to support self-evaluation based on children and young people's views. The recently updated Children and Young People framework for care homes and special residential schools embeds children's rights throughout its key questions and quality illustrations of very good practice. It also includes a virtual improvement toolbox, with clear links to UNCRC articles and supporting resources.

Our frameworks emphasise that services should actively use the voices of children and young people to inform and direct improvement. This expectation is also reflected in our self-evaluation tools.

In some cases, inspectors have adapted materials to support accessibility, including the use of sign-along symbols to support video content for children experiencing hearing loss. This approach was extended to ELC services with school-aged children.

Case Study: Participation Feeding Back to Young People

A quality improvement project aimed to strengthen how children and young people receive feedback following regulatory inspections. This has engaged 26 services and 87 children and young people, with extension into ELC school-age childcare settings now underway.

Children highlighted that they often did not know what happened after they shared their views.

In response, new approaches were tested, allowing children to choose how feedback was delivered including visual formats and direct conversations.

As a result, children:

- better understood inspection outcomes
- felt more involved
- recognised the impact of their participation.

This tells us that participation is most effective when:

- children feel safe
- communication is clear
- outcomes are visible.

We recognise that, for some people, care experience can result in lifelong disadvantage, stigma, and discrimination. In line with Article 2 of the UNCRC, which protects children from discrimination, the Care Inspectorate decided to acknowledge care experience as a protected characteristic. This term includes people who are looked after at home, as well as those looked after away from home in kinship care, foster care, residential care, or secure care. The decision has also been made to include people who are adopted and to recognise care experience as lifelong, removing the age 26 barrier. Therefore, care experienced individuals can continue to be involved in opportunities with the organisation. This reflects our commitment to reducing inequality for care experienced people and to working towards embedding this recognition consistently across our policies, practice, and decision-making.

Young inspection volunteers

During this reporting period, young inspection volunteers contributed to:

- inspector learning
- inspection feedback approaches
- [Sharon Telfer: Youth Enquiry Service Podcast \(Dumfries and Galloway joint inspection\)](#)
- [Western Isles joint inspection podcast](#)
- the digital social care improvement programme
- a film on closed cultures that we use internally for training purposes.

Their insight has helped make scrutiny more child-centred, accessible, and reflective of children's real experiences.

Case Study: Professional Development Award in Scrutiny and Improvement Practice for inspectors

Young inspection volunteers have played a vital role in supporting the development of the Professional Development Award in Scrutiny and Improvement Practice for inspectors. Their input supports both the content and the approach, emphasising that the lived experiences of children and young people can help inform how inspectors engage, gather evidence, and understand practice. This strengthened the child-centred focus of inspections and supported more reflective, rights-based practice, supporting inspectors to better understand and uphold the rights of children and young people in their work.

"The PDA continues to support inspectors to critically reflect on how scrutiny activity can uphold rights, strengthen relationships, hear lived experience and contribute to improvement. The involvement of inspection volunteers in the PDA both in the co-production of learning materials and involvement in learning events, brought an authenticity and practical insight. This provided opportunities to share

different perspectives in a safe space; allowed for professional dialogue and reflection; and supported inspectors to think more creatively about how they listen, gather evidence, and ways scrutiny can make children and young people's voices heard and influence improvement. This has supported inspectors to reflect more deeply on the impact of their professional relationships, use of language, professional judgement, and decision-making, and to develop practice that is more person-centred, trauma-informed, and rights-based. "Lynn Williamson, Professional Development Award (PDA) in Scrutiny and Improvement Team

We reviewed the framework for supporting young inspection volunteers to ensure arrangements are accessible, trauma-informed, relationship-based, and responsive to diverse needs.

Following procurement, the framework was awarded to Move On, whose expertise is already helping us already helping to strengthen support, enhance the experience of young inspection volunteers, and drive continuous improvement across the programme.

Overall, Cluster 3 shows tangible progress in our participation practice and demonstrates that our understanding of participation has matured. Participation is no longer seen simply as asking children and young people for their views; it is increasingly understood as relational, ongoing, and meaningful.

Registration and complaints

Complaints and feedback are important rights-based routes for participation, accountability, and learning. An area of ongoing development is ensuring that feedback is provided to children and young people in meaningful, accessible, and age-appropriate ways.

Through Project REACH (Resolution, Engagement and Complaints Handling), we are strengthening complaints handling across ELC and children and young people sectors. The aim is to make complaints processes more accessible, responsive, and learning-focused, so that feedback from children, young people and families is heard, actioned, and used to improve the quality of care. As part of this work, the Complaints Team contributed to an ELC webinar focused on how learning from complaints can drive quality improvement.

Supporting resources are available to promote accessible complaints processes for [children and young people](#), including an [animation on complaints for children and young people](#).

Cluster 3: priorities for 1 April 2026 to 31 March 2029

- Use digital transformation to improve how children and young people engage with and influence our work.
- Strengthen inclusive participation through greater use of alternative communication tools and national learning on engagement.
- Continue delivering our Corporate Parenting and Children's Rights Plan, including improving feedback, advocacy, and accessibility.
- Embed children's rights and participation across quality frameworks, inspection methodologies, and the Young Inspection Volunteer programme.
- Make complaints processes more accessible and child centred.
- Strengthen support for children to express their views and concerns.
- Work with the Scottish Public Services Ombudsman (SPSO) to embed children's rights and promote awareness of the right to complain.

Cluster 4: Civil Rights and Freedoms

The main outcome in this cluster is that children are better able to understand, express views about and influence matters that affect them through more accessible information, clearer feedback and inspection approaches that promote participation.

- Birth registration, name, nationality, care (Article 7)
- Protection and preservation of identity (Article 8)
- Freedom of expression (Article 13)
- Freedom of thought, conscience, and religion (Article 14)
- Freedom of association (Article 15)
- Right to privacy (Article 16)
- Access to information and mass media (Article 17)

Across this reporting period, we have strengthened our understanding that children's civil rights and freedoms are experienced through everyday interactions.

A significant shift has been making inspection and quality improvement activity easier for children to understand. This includes explaining who we are, why we are there, how children can share their views and what happens after they do.

This responds to feedback from children and young people that formal processes can feel unclear or distant. Making information more accessible helps children understand their rights, make informed choices about participation, and see how their views contribute to change.

Children and young people (regulated services)

We have been working closely with stakeholders in relation to the implementation of the Children (Care and Justice) (Scotland) Act 2024, particularly with regards to the implications for secure accommodation services.

Early learning and childcare (ELC)

The ELC quality improvement framework includes a dedicated indicator that helps inspectors evaluate how children experience play, learning, expression, and involvement.

The “playing, learning and developing” indicator centres on children’s right to play and emphasises joy, fun, curiosity, and high-quality learning indoors and outdoors. It also highlights the importance of children leading their own play and learning, which supports freedom of expression and respect for their views.

Inspectors continue to strengthen their understanding of how children learn and develop through peer learning and professional development projects.

ELC improvement work has focused on strengthening the voice, influence, and involvement of children aged three to five, helping services develop more meaningful play and learning experiences shaped by children’s interests and choices.

Inspection evidence from 2025–2026 shows that in 21% of inspections, inspectors identified requirements or areas for improvement linked to children’s right to education, play, and learning. The most common areas for improvement related to children’s engagement, the quality of interactions and play experiences, learning environments, and staff knowledge and skills in child development, planning, and high-quality practice.

Cluster 4: priorities for 1 April 2026 to 31 March 2029

- Support implementation of the Children (Care and Justice) (Scotland) Act 2024 and strengthen children’s rights across care, education, and justice services.
- Improve children’s participation through accessible communication, feedback, and the use of inspection evidence to strengthen rights and outcomes.
- Complete and report on the joint national review of group-based child sexual abuse, exploitation and child criminal exploitation to inform protection, practice, and accountability.

Cluster 5: Violence Against Children

This cluster focuses on violence against children including abuse and neglect and the right not to be subjected to inhuman or degrading treatment or punishment.

The main outcome in this cluster is stronger oversight of harm, restraint, and restrictive practices, helping to reduce avoidable harm.

- Protect from all forms of violence (Article 19)

- The right to health and health services (article 24)
- School approaches to managing behaviour and discipline (Article 28(2)).
- Sexual exploitation (Article 34)
- No child subjected to cruel, inhuman, or degrading treatment (Article 37(a))
- Promote physical and psychological recovery (Article 39)

Children and young people (regulated services)

Reducing restraint and restrictive practices has been a significant focus of our work. The promise is clear that Scotland must strive to become a nation that does not restrain its children unless this is the only way to keep them safe. Our work in this area supports safer, more rights-based care by improving recording, reporting, learning, and sector-wide consistency.

- the regular publication of restraint data
- the development of policy
- the creation of self-evaluation tools to support continuous improvement.

Significant developments include:

- revised definitions of restraint and restrictive practices in [Children and young people's care services: Guidance on records you must keep and notifications you must make](#)
- the development of our Self-evaluation tool: The use of restrictive practices
- a new notification on the use of restraint and restrictive practices using the revised definitions
- revised content of the annual returns for residential childcare services using the same definitions
- publication of annual data on the use of restrictive practices in residential childcare services in 2024 and 2025. This data is included in the Promise Progress Framework as one of the indicators of how well Scotland is doing in its progress towards keeping the promise. Restrictive practice figures are now published annually, and show a general downward trajectory
- publication of our policy position on the use of restrictive practices
- co-creation of Incident Reporting Scenarios with SPRAG to support a consistent approach to the reporting of restrictive practices for education settings that are connected to care settings, such as school care accommodation services and secure accommodation services
- learning is used to help inform the [Promise Plan 24-30 Route map: Rights and Restraint](#).

The impact is greater visibility of restrictive practice, clearer expectations for services, and stronger evidence to reduce restraint and improve outcomes for children.

We also regulate Women's Aid services across Scotland, which support women, children and young people affected by domestic abuse. This links directly to Article 19 of the UNCRC by helping ensure children are protected from violence, abuse, neglect, and harm through safe, trauma-informed, and rights-based services.

Strategic inspection (children and young people)

The Scottish Government asked us and Health Improvement Scotland to facilitate the development of the Barnahus ([Bairns' Hoose](#)) standards, which we published in May 2023. The Bairns' Hoose Standards set out how services in Scotland should work together to provide a child-centred, trauma-informed response for children who are victims or witnesses of abuse, or whose behaviour has caused serious harm.

The Bairns' Hoose Standards set out what children, young people and families should experience from services and how professionals should work together to support them. We continue to support Scottish Government implementation activity and focus on understanding whether these standards are experienced in practice.

Joint inspections of services for children and young people at risk of harm provided important evidence about how well children's rights were being upheld. Findings highlighted the importance of involving children in care planning and decision-making, although consistency remained variable. While most children felt listened to about their individual care and support, their views were less likely to have influenced wider service improvement.

The national joint review of group-based child sexual abuse, exploitation and child criminal exploitation explored how services identify harm, respond to risk and exercise leadership accountability in complex safeguarding situations.

Early learning and childcare (ELC)

In ELC, we have strengthened sector guidance on reducing restrictive practice. In December 2025, building on our organisational policy position, we published a dedicated practice note, [Reducing Restrictive Practice – Promoting Children's Rights, Safety and Wellbeing](#). This supports services to understand restrictive practice through a children's rights, safety, and wellbeing lens for our youngest children. The guidance emphasises necessity and proportionality and supporting reflective practice after any use of restrictive practice. For children, this supports safer, more rights-based environments where dignity and wellbeing remain central.

Methodology

Our methodology work brings together the organisation-wide policy position, notification processes, self-evaluation tools, and inspection quality indicators so that restrictive practice is considered consistently across scrutiny and quality improvement activity. Together, these tools help inspectors assess whether services are preventing harm, reducing restriction, using trauma-informed approaches, and supporting children's recovery, dignity, and rights when incidents occur.

Quality Improvement and Participation (including Equalities)

Through our commitment to Equally Safe at Work, we increased awareness of violence against women across the organisation in our role as an employer. While this work focuses on workplace culture, prevention, and support for staff, it also has an indirect connection to children's rights, recognising that children can be affected by domestic abuse and other forms of gender-based violence. This supports our wider commitment to Article 19 of the UNCRC by promoting awareness, safety, and trauma-informed responses.

Cluster 5: priorities for 1 April 2026 to 31 March 2029

- Improve consistency in the recording and reporting of restrictive practices across care and education settings.
- Strengthen national collaboration to support safer, rights-based practice.
- Maintain Equally Safe at Work accreditation and promote a culture that prevents violence against women and girls.

Cluster 6: Family Environment and Alternative Care

This cluster focuses on the family environment, the right of children to be well cared for if they live apart from their parents, and the right to be protected from all forms of violence and abuse.

The main outcome in this cluster is a stronger focus on relationships, stability, family connection, and support for children who live with, or apart from, their families. Our work increasingly examines whether children experience care as safe, loving, consistent and centred on what matters to them.

- Parental guidance and a child's evolving capacities (Article 5)
- Separation from parents (Article 9)
- Family reunification (Article 10)
- Abduction and non-return of children (Article 11)
- Parental responsibilities and state assistance (Article 18(1-2))

- Protection from all forms of violence (Article 19)
- Children deprived of a family (Article 20)
- Adoption (Article 21)
- Review of treatment in care (Article 25)
- Adequate standard of living (Article 27)

This work recognises that children should remain safely within their families wherever possible, with support provided early to help families overcome challenges. Where children cannot live with their family, they must still experience stable, loving care and be supported to maintain important relationships, including with brothers and sisters where this is safe and in their best interests.

This reflects Article 18 of the UNCRC, which highlights the importance of supporting parents and families in raising their children, alongside Article 20, which recognises the right to special protection where children cannot live with their family. It also aligns with Article 9, which emphasises the importance of maintaining contact with family members, including siblings, where this is in the child's best interests.

Children and young people (regulated services)

Promise assurance inspections are an example of how our scrutiny is becoming more relationship-based and proportionate. They focus on children's experiences in better performing care homes and explore whether children continue to feel safe, listened to, respected and at the centre of their care.

This type of inspection will enable us to:

- spend more time listening directly to children and young people
- explore whether the promise foundations of Voice, Care and People are being experienced in practice
- identify early risks to good outcomes while keeping scrutiny proportionate to service performance
- support services to sustain and improve relationship-based, rights-respecting care.

Following positive feedback, the pilot is being extended for services evaluated as very good or excellent and assessed as lower risk. The learning will inform how this approach becomes part of regular inspection methodology.

Children and young people described the difference that trusted relationships, feeling safe and being listened to made in their day-to-day lives:

"I spoke with staff, we all spoke with my social worker, and things changed. I feel like the staff listen to me and what I want".

"I feel safe, staff know what they are doing. When I'm out staff keep in touch, so I get my time with friends and staff are there if I need them".

"I love it here, it makes me feel safe."

"I consider this to be my home, and I think the other young people would feel the same."

"I have a good relationship with all the staff, and I'm always involved in any decisions about me. I attend my meetings and am happy to give my opinions."

"People listen to me and I am treated with respect", "I enjoy this place and I have become a mature young man" and "People here keep me safe".

These examples show why relationship-based scrutiny matters. Children's rights are most visible in whether they feel safe, respected, and listened to.

Strategic inspection (children and young people)

Strategic inspection evidence also contributes to this cluster by showing how strongly relationships, family support and system coordination affect children's experiences of care and protection. Children's outcomes improve when services work together around the child and their important relationships.

[Transitions for care experienced young people: a thematic review](#), published in November 2024, provides important evidence on Article 20. Commissioned by the Scottish Government, the review explored how well young people in and leaving care were supported to move into adulthood and whether their rights were upheld during this transition.

The review found positive examples of trusting relationships, rights-based practice, and trauma-informed support. It also identified continuing challenges in the consistency of pathways, planning and support for young people leaving care.

The outcome is a clearer evidence base for improving transitions so that young people experience support as planned, relational and sustained, rather than fragmented at a critical point in their lives.

Early learning and childcare (ELC)

We recognise the importance of involving families in their child's care, learning, and development. Our quality improvement framework includes a specific indicator on nurturing care and support, including the quality of relationships and connections with families. Where improvement is needed, inspectors signpost services to good practice resources, including [Me, My Family and My Childcare Setting](#).

Services are required to notify us of allegations of abuse or misconduct. During the reporting period, we provided briefings to the Scottish Government on 32 allegations connected to registered services. Where concerns are identified, we undertake

additional scrutiny activity to help ensure children remain safe and protected while investigations are ongoing.

Learning from incidents and complaints has also informed improvements to our inspection processes, particularly within childminding services.

These developments included:

- developing guidance for ELC inspection staff to support the recording of details about children within the childminding environment and the areas of the home accessed by children
- issuing entry guidance to ensure inspectors have clarity on powers of entry and how to support access if entry is refused
- providing record-keeping training for all ELC inspectors.

Quality improvement and participation (including Equalities)

Quality improvement, participation, and equalities work reinforces the importance of relationships with children, families and care experienced people. Our engagement with advocacy organisations supports a more relationship-based approach and emerging work with care experienced parents will help us better understand how systems affect family life, belonging and support.

Registration and complaints

Registration work is also developing in this area through our new responsibilities for child contact services. These services support children to maintain important relationships with family members they do not live with, including through supervised or supported contact and, in some cases, online contact. Our role will be to help ensure these services are safe, consistent, rights-based and centred on children's needs, rights, and choices.

As noted under Cluster 2, the Schedule 12 Care Service Definition Review reflects a developing area of regulatory responsibility for services that shape family arrangements and children's relationships. This includes the introduction of child contact services and the development of inspection methodology and quality frameworks to support safe, consistent, and rights-respecting practice.

Cluster 6: priorities for 1 April 2026 to 31 March 2029

- Embed Promise Assurance Inspections and proportionate scrutiny approaches across well-performing services.
- Prioritise children's voice, experiences and relationships in inspection and quality improvement activity.

- Undertake a strategic joint review focused on group-based child sexual abuse, exploitation, child criminal exploitation and protection systems.
- Develop a rights-based framework for child contact services, informed by lived experience and focused on safety, participation, and relationships.
- continue to use the [Scottish Approach to Service Design](#) and the [Scottish Approach to Change](#) to develop systems and processes around people's needs, rather than organisational structures.

Cluster 7: Basic Health and Welfare

The main outcome in this cluster is a stronger, more holistic understanding of children's wellbeing. Our work increasingly recognises that health, welfare, development, disability, family support, trauma, poverty, and participation are connected, and that children's rights are realised when services respond to the whole child.

- Life, survival, and development (Article 6)
- Parental responsibilities and state assistance (Article 18(3))
- Children with disabilities (Article 23)
- Health and health services (Article 24)
- Social security (Article 26)
- Adequate standard of living (Article 27 (1-3))
- Drug abuse (Article 33)

A significant development during this reporting period is the continued shift towards trauma-informed and trauma-responsive practice. This recognises that children's wellbeing is shaped by their relationships, experiences, care environment, and the extent to which adults respond with sensitivity and consistency.

This has been supported by the Promise Learning and Development Framework, Trauma Champions, and alignment with national trauma training. Together, these developments are strengthening staff confidence to understand the impact of trauma, respond safely, and reduce the risk of re-traumatisation.

The impact is a more consistent focus on safety, recovery, relationships, and wellbeing as part of rights-based practice. This is central to helping children and families rebuild trust and access support that reflects their individual needs.

Strategic inspection (children and young people)

Strategic scrutiny contributes to this cluster by identifying how well systems support children's health, development, disability rights, and wellbeing. The [Disabled children and young people's experiences of social work services: a thematic review](#), published in August 2024, provided important evidence about the barriers disabled children face and the support required to uphold their rights.

Joint inspection evidence from 15 local authority areas also contributes to our understanding of wellbeing, particularly through the SHANARRI (safe, healthy, achieving, nurtured, active, respected, responsible, included) wellbeing indicators and children's experiences of safety, support, and relationships. However, this evidence is often indirect.

Early learning and childcare (ELC)

In ELC, personal planning is central to supporting children's health, development, and wellbeing. These are developed with children, families, and relevant professionals. They use GIRFEC (Getting it Right for Every Child) and the SHANARRI wellbeing indicators to support holistic assessment and planning, particularly for children who are disabled, require additional support or would benefit from early identification of need.

We are continuing to:

- provide accessible information to help families make informed choices about childcare. The Choosing a Quality Childminder [leaflet](#) and [podcast](#) support families to understand what good care looks like and make informed choices.
- trial an approach that enables families to provide instant feedback on childminding services at any time.
- promote direct engagement with inspectors and offer questionnaires to people experiencing care and their families ahead of planned inspections.

Registration and complaints

Complaints can also highlight issues linked to health and welfare, including medication, access to support, personal care, and the quality of children's day-to-day experiences. This reinforces the importance of Article 24 as part of safeguarding and quality improvement activity. These insights are valuable; however, they are generally reactive and arise from individual concerns.

Cluster 7: priorities for 1 April 2026 to 31 March 2029

Early learning and childcare (ELC)

- Continue to support trauma-informed and trauma-responsive practice through learning, leadership, and practice development.
- Work with Scottish Government and partners to improve outcomes for vulnerable children and children requiring additional support.
- Continue to strengthen ELC personal planning, family engagement, and early identification of need through rights-based inspection and quality improvement activity.

- Undertake a review of the nappy changing guidance in 2027 to ensure it remains current and reflects best practice.

Cluster 8: Education, Leisure, and Culture

This cluster focuses on every child's right to an education that helps them achieve their potential without discrimination.

The main outcome in this cluster is that our inspection and quality improvement work is supporting a stronger focus on children's right to play, learn, develop, and take part in cultural and leisure experiences. This is particularly visible in early learning and childcare, where inspection evidence helps identify whether children experience high-quality, inclusive, and engaging play and learning.

- The right to education (Article 28)
- The goals of education (Article 29)
- Children of minorities/indigenous groups (Article 30)
- Leisure, play and culture (Article 31).

Early learning and childcare (ELC)

In ELC, children's right to education, leisure, play, and culture is central to inspection and quality improvement activity. Inspectors consider whether children experience play that is enjoyable, engaging, inclusive and developmentally appropriate, indoors, and outdoors. The quality improvement framework supports this by focusing on children's right to play and learn in ways that reflect their interests, choices, identities, and individual needs.

Where improvement is needed, inspectors use professional dialogue, inspection findings, and good practice resources to support services to strengthen children's engagement, learning environments and opportunities for meaningful play. This helps ensure children's experiences of education and play are available and are considered high quality and responsive to their rights.

Strategic inspection (children and young people)

Strategic scrutiny contributes to this cluster through evidence about whether children, including disabled children and young people, can access education, leisure, play, and cultural opportunities without discrimination. The [disabled children and young people's experiences of social work services: a thematic review thematic review](#) identified barriers to inclusion and highlighted the importance of coordinated support so children can participate fully in learning, community life, and everyday experiences.

This evidence reinforces that education, leisure and culture are closely linked to accessibility, participation, and family support. Children's rights in this cluster are realised when services remove barriers, listen to children's views and support children to learn, play, and belong.

Cluster 8: priorities for 1 April 2026 to 31 March 2029

- Use ELC inspection evidence to strengthen children's experiences of play, learning, creativity, and outdoor opportunities.
- Support services to improve learning environments where inspection evidence identifies barriers to engagement, inclusion, or development.

Cluster 9: Special Protection Measures

This cluster focuses on groups of vulnerable and marginalised children who require special protection.

The main outcome in this cluster is a stronger focus on children who may face additional risk, exclusion, or barriers to their rights. Our work is helping to strengthen protection, inclusion, accountability, and early identification of harm for children in vulnerable circumstances, including those affected by exploitation, secure care, cross-border placements, discrimination, or complex safeguarding concerns.

- Refugee children (Article 22)
- Children of minorities/indigenous (Article 30)
- Child labour (Article 32)
- Drug abuse (Article 33)
- Abduction, sale, and trafficking (Article 35)
- Other forms of exploitation (Article 36)
- Inhumane treatment and detention (Article 37(b-d))
- War and armed conflicts (Article 38)
- Recovery and rehabilitation of child victims (Article 39)
- Juvenile justice (Article 40)

Children and young people (regulated services)

- Advancing inclusion, equality, and the rights of vulnerable groups, with particular attention to transgender and non-binary young people through [our updated guidance](#) aligned with Equality and Human Rights Commission (EHRC), the Supreme Court ruling and upcoming Code of Practice.

The impact is that services are supported to take a more person-centred, rights-based approach, recognising each child's individual needs, identity, and circumstances. This promotes dignity, respect, inclusion, and a stronger sense of belonging, while reinforcing the importance of risk assessments and responding to any concerns in ways that protect children from harm and uphold their rights.

Strategic inspection (children and young people)

The national joint review of group-based child sexual abuse, exploitation and child criminal exploitation focuses on how well systems identify, protect and support children who may be at heightened risk of harm or exploitation.

Evidence from secure care pathways and cross-border placements also contributes to this cluster. It was recognised that systems need to work together more effectively so that children in the most complex circumstances are protected, listened to, and supported in ways that uphold their safety, dignity, rights, and wellbeing.

Early learning and childcare (ELC)

In ELC, workforce learning supports early recognition of risk, exploitation, trauma, and protection concerns. Managers and inspectors have undertaken training across areas such as trauma-informed practice, modern slavery, safe staffing, and child protection procedures.

This strengthens workforce capability to identify children who may need additional protection and to respond earlier where there are signs of exploitation, abuse, neglect, or vulnerability.

Quality improvement and Participation (including Equalities)

Quality improvement, participation, and equalities work supports this cluster by bringing lived experience into service improvement. This includes engagement with care experienced young people and adults, advocacy partners and co-design approaches that help us understand how services affect children who may face additional barriers or vulnerabilities. Three young inspection volunteers have used the 'unaccompanied young asylum seekers' programme with Guardianship Scotland, and their lived experience is extremely valuable.

Registration and complaints

Registration and complaints work contributes to special protection measures where children are in secure care, complex placements, safeguarding situations, or

services where new regulatory responsibilities are developing. This includes complaints that identify protection concerns and emerging work on child contact services. The evidence base in this area is still developing.

Cluster 9: priorities for 1 April 2026 to 31 March 2029

- Promote inclusive, rights-based support that respects the identity, needs and experiences of children requiring special protection.
- Strengthen learning and accountability through the national review of child sexual abuse, exploitation and child criminal exploitation.
- Build workforce capability to recognise and respond to vulnerability, exploitation, trauma, and harm.
- Improve outcomes for children requiring special protection through quality improvement, inspection, complaints, and regulatory activity.
- Increase the participation of children requiring special protection and strengthen how we identify, understand and report on their experiences to inform learning, prevention, and improvement.



Title:	ESTATES ANNUAL REPORT 2025/26
Author:	Carole Kennedy – Estates, Health and Safety Manager
Responsible Director:	Nina Blakey, Executive Director of Corporate Services
Appendices:	None
Consultation:	
Resource Implications:	Yes

EXECUTIVE SUMMARY

This report provides an update on the implementation of our estates strategy.

During 2025/26, we closed the Hamilton and Stirling offices, with the staff relocating to the new Glasgow office, Atlantic Quay

We also engaged with staff in the reviews of our accommodation in Aberdeen, Oban, Dumfries and Selkirk. The results of these reviews will be reported in the 2026-27 report.

The Board is invited to:

1. Note the 2025/26 Estates activities and plans for 2026/27

LINKS

Corporate Plan Outcomes

Assure and Improve	X
Involve and Inform	X
Uphold and champion people's rights	X
Maximising our impact: workforce and volunteers	X
Maximising our impact: digital and data	X

Strategic Risk Register

Yes	
No	X

For Noting	X	For Discussion		For Assurance		For Decision	
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Equality Impact Assessment		
Yes ☒	Not Yet ☐ (One is planned or is already in progress)	No ☐ Reason:

Data Protection Impact Assessment Screening		
Yes ☐	Not Yet ☐ (One is planned or is already in progress, but Info Gov is aware)	No ☒ Reason: There are no direct data implications as a result of this report

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

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.

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ESTATES ANNUAL REPORT 2025/26**1.0 INTRODUCTION/BACKGROUND**

The Estates Strategy 2023-2029 was approved by the Board at the Board meeting of 15 December 2022. This report provides an annual update on the implementation of the strategy.

2.0 ESTATE REVIEW

The review of our accommodation has continued into 2025/26. The position at the end of the 2025/26 financial year is detailed below.

Review Grouping	Office	Public sector sharing arrangement	Current status	Date Closed / Closing	Current Lease end date
North	Aberdeen	Yes - CI lead but moving to a drop-in space with Aberdeenshire Council	Open but moving Feb 27		28 February 27
North	Inverness	Yes - MOTO with Nature Scot	Open		April 27, rolling 12 months notice
North	Stornoway	Yes - MOTO with SCRA	Open		November 26
East	Dundee	Yes - CI lead	Open		April 38
East	Edinburgh	Yes - MOTO with SG	Open		12 month notice
East	Selkirk	Yes - Lease with Scottish Enterprise	Open		40 day notice prior to the Scottish Quarters
East	Stirling	No	Closed	19-Sep-25	September 25
West	Dumfries	Yes - Licence with NHS	Open		3 month notice
West	Glasgow	Yes - MOTO with SG	Open (new)		July 29
West	Hamilton	No	Closed	19-Sep-25	September 25
West	Oban	Yes - MOTO with SG	Closing	20-Nov-26	20 November 26

2.1 North

The three remaining North offices (Aberdeen, Inverness and Stornoway) were reviewed in 2025/26. The recommendations from the review went to the Executive Team in May 2026.

The decisions were:

Aberdeen – close the current office, which we share with Education Scotland, and Scottish Government in favour of a small, drop in space with Aberdeenshire Council. They will afford us 8 desks, access to meeting rooms and the car park for £4,000 per desk. The Business Case to Scottish Government's Property and Controls Team is being prepared.

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Inverness – this is the only location we have north of Aberdeen. We occupy a small space in Nature Scot's Great Glen House which gives us access to meeting rooms and parking. The decision was to retain this location on a rolling annual basis.

Stornoway – this is a small 30m² dedicated space, occupied by two members of staff. The office is also used as a base by visiting inspectors from other offices when they are on the island conducting an inspection. It is a well-used office, and the decision was to retain the location with revised MOTO for three years plus one plus one.

2.2 West

The Hamilton and Stirling offices closed in September 2025. There was HR consultation with staff on their future bases, with the majority now being based from Glasgow.

The Dumfries and Oban office outcomes and recommendations were presented to the Executive Team in June 2026. The decisions were:

Dumfries – staff had a further six months to demonstrate that they had a requirement for a base in the area. Data from the desk booking system would be used as evidence. If there is no evidence, the location would be withdrawn by May 2027.

Oban – The last remaining staff member based from the office retired on 31 March 2026. We approached the MOTO owners, SG Rural Payments and Inspections Division. They have agreed a termination date of 30 November 2026. The office remains accessible to any visiting inspector until then.

2.3 East**2.3.1 Overview**

Stirling closed in September 2025.

Selkirk – this was a commercial lease with Scottish Enterprise. We were made aware last year that the building was up for sale. Once sold, we would no longer be compliant with SG's Central Estates Strategy. The sale was completed this year, so we need to move. A shared location with Scottish Government in nearby Tweedbank has been identified and is currently undergoing refurbishment. The business case to SG will be prepared as soon as the building will become available, with a lease termination being served as soon as possible.

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2.3.2 Dundee Update

The Care Inspectorate is the lead tenant for the seven public bodies occupying Compass and Quadrant Houses in Dundee.

	Compass House		Quadrant House
Ground	Education Scotland / Scottish Government	SSSC	Scottish Courts and Tribunal Service (SCTS)
First	Care Inspectorate		SSSC
Second	Crown Office and Procurator Fiscal Service (CoPFS)	Care Inspectorate	OSCR

There are regular tenant meetings with all aspect of the maintenance, sustainability and improvements being shared and discussed.

3.0 ACCOMMODATION COST

The table below provides a summary of our 2025/26 budgeted and actual costs, as well as the 2026-27 budgeted accommodation costs compared to the 2022/23 baseline position.

	2022/23	2025/26				2026/27	
Office	Baseline cost £'000	Budgeted Cost £'000	Variance from Baseline £'000	Actual Cost £'000	Variance from Baseline £'000	Budgeted £'000	Variance from Baseline £'000
Compass, Dundee	650	473	177	478	172	464	186
Aberdeen	200	236	-36	214	-14	222	-22
Paisley	169	0	169	0	169	0	169
Hamilton	134	146	-12	132	2	0	134
Dunfermline	132	0	132	0	132	0	132
Edinburgh (VQ)	124	125	-1	142	-18	147	-23
Stirling	86	73	13	35	51	0	86
Selkirk	54	55	-1	58	-4	56	-2
Inverness	44	50	-6	44	0	46	-2
Elgin	21	0	21	0	21	0	21
Lerwick	15	0	15	0	15	0	15
Stornoway	14	15	-1	19	-5	18	-4
Oban	14	12	2	7	7	8	7
Dumfries	13	18	-5	10	3	10	3
Glasgow (AQ)	0	118	-118	154	-154	138	-138
General costs	91	93	-2	0	91	92	-1
Total	1,761	1,413	348	1,293	468	1,200	561

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4.0 PERFORMANCE MANAGEMENT

	2022/23 Budget Baseline	2024/25 Performance Figures	2025/26 Performance Figures
Net spaced leased / rented (NIA)	4,991 m ²	3,916m ²	2,659m ²
CI Space per budgeted FTE	7.72m ²	6.00m ²	3.83m ²
Cost per square metre	£356.56	£380.40	£486.27
Net Accommodation costs as a percentage of revenue budget	4.39%	3.59%	2.56%

The significant reduction in space takes into account the closure of the Paisley office (680m²), our Hamilton office (442m²) and Stirling office (177m²), as well as the opening of the Glasgow office (239m²). We achieved the 22% space reduction in 2024-25 as per the Estates Strategy, with a further reduction to 47% from the 2022/23 baseline.

Our budgeted FTE for 2025/26 increased by 33.93 due to a projected increase in inspectors. Combine this with the reduction in our NIA and you get a large improvement in the efficiency of our space by FTE. The FTE for 2026/27 is expected to raise further to 747.53 from 694.06, so the Care Inspectorate space per budgeted FTE will reduce again next year.

The cost per square metre figure continues contrary to Estates Strategy expectations and is attributable to increasing rates, utilities costs, building materials and labour costs, including the Living Wage. It is now expected for this trend to continue.

Net Accommodation costs as a percentage of the revenue budget continues to decrease and we anticipate this will reduce further over the life of the Estates Strategy.

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

There are no direct resource implications as a result of this report.

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5.2 Sustainability

Year	Electricity tCO2	Gas tCO2	Water tCO2	Total tCO2	Percentage saving from Baseline	Change against last year
2022-23	93.8	129.7	0.4	223.9		
2023-24	66.1	87.0	0.4	153.5	31%	31%
2024-25	52.7	75.3	0.5	128.6	43%	16%
2025-26	39.6	57.4	0.4	97.4	57%	24%

The tCO2 figures for property are consistent with our reduction in space from baseline. There is a further reduction expected next year.

In 2025/26, we appointed a new contractor to manage the Building Management System (BMS) in the Dundee offices. They have made changes to the system, including the reduction in the number of hours that the heating is on for, the number of hours the hot water is on for and replaced the radiator valves in the cellular spaces from system controlled valves to staff controlled valves. We are anticipating a reduction in gas usage in 2026/27 as well as improved staff comfort as a result.

5.3 Policy

There are no direct policy implications associated with this paper.

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

Provision of suitable accommodation to allow our staff to work together, meet and collaborate effectively is important to the delivery of our strategic objectives which are intended to deliver improvement to the provision of care. Ensuring our estate is efficient means our limited resources can be better targeted to delivery of work that directly impacts on improving the provision of care.

5.5 Customers (Internal and/or External)

This report impacts mainly on internal customers.

6.0 CONCLUSIONS/NEXT STEPS

The estate is being managed in line with the approved Estates Strategy

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Title:	BOARD AND COMMITTEE MEETING DATES FROM APRIL 2027
Author:	Fiona McKeand, Executive and Committee, and Corporate Support Manager
Responsible Director:	Nina Blakey, Executive Director of Corporate Services
Appendices:	None
Consultation:	Head of HR Head of Digital and Data and members of the Intelligence and Analysis team Head of Finance and Corporate Governance and the Finance and Procurement Manager Colleagues in Scottish Social Services Council and Healthcare Improvement Scotland Executive Team Board Chair and Committee Conveners
Resource Implications:	None

EXECUTIVE SUMMARY

At its autumn meeting each year, the Board is invited to agree the dates for the next cycle for its public meetings, committee meetings and Board Development Events. These dates are firstly presented to the Executive Team for internal agreement.

This paper sets out the background to the reporting framework for Board and Committees which has been in place since 2022. Since then, a new committee has been convened and has completed its first full cycle of business. It is appropriate, therefore, to review the reporting and internal approval processes and subsequent meeting dates to ensure they are working effectively for all involved.

This paper outlines proposals to make slight changes to the scheduling pattern of the Committee and Board meeting dates with effect from 1 April 2027, aligned to the changes of the dates of the Strategic Management Group meetings.

The Board is invited to:

1. consider and approve the proposed scheduling changes to the Committee and Board meetings;
2. approve the earlier start time for Committee meetings being held by Teams; and
3. consider the proposal to move to a biennial planning framework.

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LINKS	
Corporate Plan Outcomes	
Assure and Improve	
Involve and Inform	
Uphold and champion people's rights	
Maximising our impact: workforce and volunteers	
Maximising our impact: digital and data	
Strategic Risk Register	
Yes	
No	X

For Noting		For Discussion	X	For Assurance		For Decision	X
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Equality Impact Assessment		
Yes ☐	Not Yet ☐	No ☒ Reason: No change to any policy, therefore not required.

Data Protection Impact Assessment Screening		
Yes ☐	Not Yet ☐	No ☒ Reason below: No data considerations and no sensitive data is being processed.

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

Reason for Confidentiality/Private Report: Not applicable
Disclosure after: Not applicable

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

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BOARD AND COMMITTEE MEETING DATES FROM 1 APRIL 2027**1.0 BACKGROUND AND INTRODUCTION**

The Board and Committee annual cycle of meetings is set within a reporting framework which was agreed by the Board in September 2022. The original intention of the revised framework was to enable the Board to be provided with up to date information - as soon after each quarter end reporting period as possible - on how the Care Inspectorate is achieving the delivery of the strategic outcomes set out in its Corporate Plan. The schedule therefore gave more focus to the timing of Board meeting dates whilst giving due consideration to the time required by colleagues to collate quarterly data and submit reports to the Strategic Management Group for approval (SMG).

Since the original reporting framework was established four years ago, the Board has approved the convening of a new Finance and Resources Committee (FRC), the meetings for which are required to be held prior to Board for reporting purposes. The FRC receives some reports that were previously submitted to Board, and two of these – HR and Budget Monitoring - require to be presented to the SMG before the committee meets. There is now, therefore, a shorter window within which to prepare and report on quarterly data that previously was provided to Board.

Synchronising the SMG approval process of the quarterly reports with the timing of the FRC, Audit and Risk Committee (ARC) and Board meetings requires careful planning and due consideration of the timing required to collate and process quarterly data, and executive director sign-off.

2.0 CONSULTATION PROCESS**2.1 Internal**

Having consulted colleagues in HR, Finance and Intelligence and Analysis - all of whom have responsibility for preparing quarterly reports to the FRC and to Board - it became apparent that the current scheduling is placing some challenges on colleagues in terms of being able to turn around quarter-end data and report preparation in time for submission to SMG meetings.

We have explored the possibility of extending by one week the window for data and information collation following each quarter end, and this found favour with all colleagues who were consulted.

2.2 External – SSSC and Healthcare Improvement Scotland

Due to our respective Chairs and Council Convener holding *ex-officio* seats, there is a need to ensure that the Care Inspectorate's Board meeting dates do not coincide with the HIS Board and SSSC Council meeting dates. We have consulted with colleagues at both bodies and have received details of their Council and Board

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meeting dates for 2027/28, none of which overlap with any of the proposed Care Inspectorate Board meetings.

2.3 Board Chair and Committee Conveners

The Board Chair and Committee Conveners have supported in principle the proposals outlined below and agreed that these be presented to the Board for full consideration and decision.

3.0 PROPOSED CYCLE FOR 2027/28

At the Executive Team meeting on 12 August 2026, the chief executive and executive directors considered and agreed to the proposal to move the meeting dates of the SMG to the first Wednesday of each month (currently the last Wednesday of each month), thus allowing a further five day window following quarter end for the collation of data, preparation of reports, sign-off by relevant executive directors and submission to SMG for approval prior to FRC, ARC (where applicable) and Board.

3.1 Committee and Board Meetings

Having agreed to move the monthly SMG meeting dates by one week, it is recommended that the FRC, ARC and Board meeting dates for 2027/28 are also moved back by one week, to help facilitate reporting deadlines.

This would look like:

FRC	18 May 2027		17 Aug 2027	16 Nov 2027	15 Feb 2028
ARC	20 May 2027	19 Aug 2027 (AR&A only)	9 Sep 2027	18 Nov 2027	17 Feb 2028
Board	10 Jun 2027		30 Sep 2027	16 Dec 2027	9 Mar 2028
					23 Mar 2028

3.2 Board Development Events (BDE) and Board Strategic Event (BSE)

There are no plans to change the scheduling pattern of the BDEs, which the Board has previously approved as two full day events to be held on dates between meetings of the public Board, and two half-day events to be held as afternoon sessions on a public Board meeting date. From the commencement of the new Board cycle in 2027, the planning is as follows:

April – full day
June – half day
December – half day
January – full day

A BSE would be planned for the month October. Precise dates during these months to be discussed with the Chair and Executive Team.

4.0 FURTHER POINTS TO CONSIDER

4.1 Format and Start Times for Committee Meetings

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

Meetings of the FRC and ARC have been held by TEAMS, in agreement with the Conveners. The exceptions to this would be the Committees meetings each hold their effectiveness sessions and these would be held in-person. The other exception would be the meeting of the ARC in August each year, which is open to all Board members to discuss the draft Annual Report and Accounts. This meeting would also be held in person.

The Board is invited to consider and approve an earlier start time of the Committee meetings that are held wholly by TEAMS to 9.30 am, except for those mentioned above which would remain at 10.30 am. The later start of 10.30 am is an historic arrangement when meetings were held in person, and allowed members time for travel from across Scotland. It is anticipated that an earlier start for TEAMS meetings would be beneficial for all involved, but especially for freeing up full afternoon calendar time for Care Inspectorate officers and colleagues.

4.2 Longer-Term Planning

The Care Inspectorate currently plans its Board, Committee and SMG schedule on an annual basis. In comparison, the SSSC plans on a triennial basis which appears to work well. Rather than suggest this for the Care Inspectorate, the Board is invited to consider a move to planning on a biennial basis, meaning that with effect from 1 April 2027, dates could be set up to and including the end of March 2029.

5.0 IMPLICATIONS AND/OR DIRECT BENEFITS

5.1 Resources

There are no resources implications for these proposals.

5.2 Sustainability

There are no direct sustainability implications arising from this report.

5.3 Policy

There are no direct policy implications for these proposals.

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

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

5.5 Customers (Internal and/or External)

There are no direct implications on internal or external customers.

6.0 NEXT STEPS

The Board is invited to

- consider the proposed changes to the Committee and Board meetings dates;
- consider and approve the earlier start time for Committee meetings being held by Teams; and
- consider the proposal to move to a biennial planning framework.

Pending the above, dates will be confirmed in calendars, the Board meeting dates will be added to the website for public information and confirmation will be provided to SSSC, HIS and sponsor department at Scottish Government.



BOARD

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	✓				
• Procurement Strategy <i>(5 year cycle, next due 2026-31, in line with Corporate Plan)</i>					
• Communications Strategy					
• Estates Strategy					
• Financial Strategy					
• Health and Safety Strategy					
• ICT Strategy					
• Improvement and Involvement Support Strategy and Delivery Plan (2026-29)					
• Information Governance Strategy					
• Intelligence Strategy					
• Legal Services Strategy					
• Shared Services Strategy					
• Workforce Strategy					
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 <i>(for approval)</i>		✓			
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 <i>(for approval)</i>	✓				
Budget Monitoring Summary Report <i>(post-FRC meeting)</i>		✓	✓	✓	
Finance and Resources Committee Update to the Board	✓	✓	✓	✓	
Audit and Risk Committee Update to the Board	✓	✓	✓	✓	
Annual Report and Accounts and Financial Position Update <i>(to 1st Quarter meeting of Board)</i>	✓ In FRC Update report to Board				
Complaints Activity Annual Report 2025/26 (about the CI)	✓				
Co-option on to standing committees – draft process <i>(for approval, post-FRC and ARC)</i>	✓				
Annual Procurement Performance Report		✓			
Complaints Activity Annual Report (about care services)		✓			
Children's Rights Report (Triennial Report 2023/2026)		✓			
Children's Rights, Care Experience And Corporate Parenting Plan 2024 – 2027 – Annual Update report			✓		
Equality Duty Reporting – Annual Progress Report				✓	
Annual Review of the CI's Financial Regs <i>(for approval)</i>				✓	
Extension of Delivery Reference Group (for discussion)	✓				
Reservation of Powers and Scheme of Delegation (post-Board Governance Review – any changes)			✓		
OPERATIONAL ITEMS					
Care Inspectorate/SSSC Partnership Agreement	✓				
Care Inspectorate Annual Business Plan	✓				
Care Inspectorate Staff Code of Conduct <i>(for approval, post-FRC)</i>	✓				
Draft Sustainability Plan <i>(for approval, post-FRC)</i>	✓				

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	✓				
Estates Annual report (post-FRC meeting)		✓ (moved from June)			
Board and Committee Cycle 2027/28: meeting dates		✓			
Planning for BDE Programme 2027-28				✓	
2026/27 Inspection Plan Progress Report (tbc)					
Approval of Compensation Payments (when required)					
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
13 August 2026	Public Service Reform
24 Sept 2026	Annual Report and Accounts (for approval)