Scottish Information Commissioner

Minutes of the Q4 Quarterly Senior Management Team (SMT) Meeting

07 May 2026

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Scottish Information Commissioner, Kinburn Castle, Doubledykes Rd, St Andrews, Fife, KY16 9DS
Tel: 01334 464610 enquiries@scot.info

Present: Scottish Information Commissioner – David Hamilton (DH) (Chair)
Head of Policy & Information – Claire Stephen (CMS)
Head of Enforcement – Euan McCulloch (EM)
Head of Business Support – Lynn Balfour (LCB)
Business Support Manager – Liz Brown (LB) (Minutes)

Apologies: Business Support Manager – Tanya Gardner (TG)

Details	Action By	Target Completion Date	Publish Yes / No	Comments
1. Minutes, action points update and matters outstanding				
1.1 Review of minutes – 26/03/2025 • The minutes were approved and will be published with the relevant papers			Yes	Minutes published in full
1.2 Matters outstanding				
• Workforce Monitoring Strategy	DH	14/05/26		
• AI/Records Management Training	DH/LCB	14/05/26		
• CMS will ask for advice on domain names and the digital strategy group will review our existing domains. LB will add to the agenda.	CMS	21/05/26		
• CMS will liaise with LCB and contact the Keeper to ask for guidance on progressing our records management project	CMS/LCB	29/05/26		
2. Finance Report				
• The 2025/26 financial summary was deferred until the next MSMTM as the accountant is currently reviewing the accounts			N/A	N/A

3. Sickness Absence

• The SMT discussed and noted the report • LCB explained that there have been some changes in the report compared to previous years which the SMT found very useful • No concerns were raised.			Yes	Publish in full

4. Human Resourcing

Workforce planning
• Workforce trends
  ○ The report was noted and it was agreed to publish the report in full
• Recruitment
  ○ P&I recruitment is ongoing
• Office attendance
  ○ The SMT will discuss this separately. LCB will set up a meeting
	LCB/All	30/05/26	Yes	Workforce trend report published in full

5. Rights Requests

• The SMT noted the report which includes the assurance statement provided by EM along with the FOISA/EIRs and GDPR summary tables • The increase in requests was recognised • Time recording started on the 4th May • LB will carry out some further analysis of misdirected requests • Staff training on the quality of data added to our cases management system, specifically the synopsis, will be arranged • DH suggested a web form for requests made to the office, providing guidance to requestors to try and prevent misdirected requests	CMS	30/05/26	Yes	Report published in full and appendices published here (Class 7)

6. Investigations Performance

• The SMT noted the report and acknowledged that good progress has been made throughout the year, despite the high number of appeals. • DH and EM have discussed what Enforcement content should be included in the 25/26 annual report			Yes	Report published in full

7. Operational Plan Monitoring 2025/26

• The SMT will update and close the 2025/26 operational plan monitoring report in the next 2 weeks • The SMT agreed to publish the plan once updated	All	21/05/26	Yes	Plan published in full – available here

8. Interventions Report

• CMS gave an overview of the report covering the work carried out in 2025/26 and work planned for 26/27 • DH noted the comprehensive work carried out with positive results • The SMT agreed to publish the report			Yes	Reports published in full

9. Strategic Risk Register

• The SMT reviewed and agreed updates • DH will update the register	DH	14/05/26	No	Strategic Risk Register withheld – Exemptions s30(b)(ii), s30(c)

10. Operational Risk Register

• The SMT reviewed and agreed updates • DH will update the register	DH	14/05/26	No	Operational Risk Register withheld – Exemptions s30(b)(ii), s30(c)

11. Time taken to pay suppliers

• The SMT noted the report and agreed to publish in full			Yes	Report published in full

12. Communication and Engagement Framework

• The Framework is now obsolete. Analysis of analytics still ongoing and engagement adjusted accordingly. Comms planning still ongoing. • The governance and reporting assurance document will be updated	LB	14/07/26	N/A	N/A

13. Equalities Monitoring (Staff)

• The SMT noted the report and agreed to publish the in full			Yes	Report published in full

14. Information and Records Management

• The SMT noted the report and the assurance provided • The SMT are aware of the current risks and the key priority is to tighten up the retention schedule • Advice is being sought from the Keeper on retention • It was agreed to publish the report			Yes	Report published in full

15. Enquiries Service

• The report was noted • The SMT discussed what enquiries should be entered into the case management system and how enquiry numbers are recorded • Each head of department will speak to their teams to get their opinion on recording and the SMT will discuss further • The SMT agreed to publish the report	All	30/05/26	Yes	Report published in full

16. Services Standards

• The report was noted • The SMT approved the publication recommendation, subject to a change in the compliments section	LB	30/05/2026	Yes	Report published in full

17. Health and Safety

• Deferred to the next MSMTM			N/A	N/A

18. Quality Assurance – Enquiries

• Deferred to the next MSMTM • All heads of department need to obtain assurance from their team managers that enquiries continue to be quality reviewed. Confirmation should be sent to the HOBS to allow the report to be written.	All	15/05/26	N/A	N/A

19. Statements of Expenditure – section 31 of the PSR(S) Act

• Deferred to the next MSMTM • Colleagues need to update the public relations activity spreadsheet for the year before the report can be completed	All	14/05/26	N/A	N/A

20. Sustainable Development and Statement on Sustainable Growth – Section 32 of the PSR(S) Act

• Deferred to the next MSMTM			N/A	N/A

21. Prescribed Persons (Reports on Disclosure of Information) Regulations 2017

• Deferred to the next MSMTM			N/A	N/A

21. AOB

• Water supply - the following actions were agreed:				
○ contact Thorntons	LB	14/05/26		
○ contact the Landlords	LCB	14/05/26		
○ investigate the short term lease of water cooler dispensers	LB	14/05/26		
○ contact a plumber	LB	14/05/26		
○ update all staff	LB	14/05/26		
○ continue to flush kitchen tap each morning				

Signed off by:

Date: 11/06/2026

Paper: Sickness Absence Report (1 April 2025-31 March 2026)

Meeting date: QSMTM - 7 May 2026

Report by: Lynn Balfour, Head of Business Support and Tanya Gardner, Business Support Manager

Purpose of Paper

The purpose of this paper is to provide the annual update to the Senior Management Team (SMT) and, also, provide assurance to the Scottish Information Commissioner that the organisation's approach to monitoring of staff sickness absence is legally compliant.

Recommendation and actions

i. The SMT notes the contents of this paper
ii. The Commissioner acknowledges the assurance provided, and considers whether any additional action, beyond what is already outlined in the paper, is necessary.
iii. SMT consider whether this paper should be published in full

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Sickness Absence Summary

Metric	Value	Value FTE
Total members of staff for the full year[1]	30	28.1
Absence days for year	152	148.2
Average days lost per employee	5.1	5.27
% absence rate[2]	1.95%	2.03%
Members of staff with absence	20	-
% staff with a period of absence	66.7%	-

The organisation recorded a total of 152 sickness absence days during the reporting period, equating to an average of 5.1 days per employee and an overall absence rate of approximately 2.2% of available working time.

[1] Does not Include Commissioner
[2] Based on 260 working days per year

Benchmarking

Metric	SIC	Scottish Government	SIC position vs benchmark
Total sickness absence days	152	N/A	N/A
Average days lost per employee (AWDL)	5.1	8.5	Lower (-3.4 days per employee)
Sickness absence rate	2.2%	3.8%	Lower (-1.6 percentage points)

Sickness absence is benchmarked against Scottish Government workforce statistics, which indicate an average absence level of approximately 3.8% of working time lost (equivalent to around 8.5 days per employee). This provides a relevant public sector comparator for organisations with similar governance and administrative functions.

Against this benchmark, the organisation's current absence rate of approximately 1.95% (5.1 days per employee) is significantly lower, indicating relatively low levels of sickness absence and no evidence of systemic workforce health issues.

Breakdown of absence type

Type of Absence	Days lost	% of total
Short-term (< 4 weeks)	87	57.2%
Long term (> 4 weeks)	65	42.8%

Sickness absence during the reporting period was largely short-term, with one instance of long-term absence (4 weeks or more). This case was appropriately recorded and is understood within its individual context. The overall profile of absence continues to be driven by short-duration illness, with no indication of systemic long-term health concerns within the workforce.

Common Causes for Short Term Sickness Absence

Cause	Instances	%
Cold, cough, flu	17	43.6%
Headache / migraine	7	17.9%
Gastrointestinal	3	7.7%
Other	12	30.8%
Total	39	100%

All short-term sickness absence instances relate to short term, minor illness, with 43.6% attributed to cold/flu-type symptoms. No single other category is a dominant driver, indicating it is likely that absence is largely seasonal and non-systemic rather than linked to underlying workplace issues.

Comparison with prior year [3]

Metric	2025-26	2024-25	Change
Days lost	152	475	-323 days (68%)
Average days per employee	5.1	16.97	-11.87 days (69.9%)
Sickness absence rate	1.95%	6.52%	-4.57%

Sickness absence has reduced across all key measures in 2025–2026, with the overall absence rate decreasing from 6.52% to 1.95% and total days lost falling by approximately two thirds. Average days lost per employee has also reduced in line with this trend, indicating an overall improvement in workforce attendance.

Key Senior Management Team (SMT) Actions

The Senior Management Team has implemented a range of actions to support employee health, wellbeing, and effective attendance management:

- Access to occupational health services has been expanded, including the introduction of a self-referral route for staff.
- Mental health and wellbeing training is available to all staff via the online learning platform, including tailored content for line managers.
- Dedicated menopause awareness and support sessions have been delivered for both staff experiencing menopause and managers supporting affected colleagues.
- The attendance management policy is currently under review and being refreshed to ensure it remains effective and fit for purpose.
- Training has been scheduled as part of the newly established Managers' Group, with the initial session focused on identifying and implementing reasonable adjustments which was part of an internal audit recommendation.

Commentary

Sickness absence is monitored on a regular basis and reported through established management and governance processes. Current data indicates that absence levels are low and predominantly short-term in nature, with no evidence of systemic or sustained health issues affecting the workforce. The organisation continues to review absence trends to identify any emerging patterns and ensure appropriate support mechanisms are in place for staff.

Data Notes

Sickness absence metrics are calculated using full-time equivalent (FTE) staff numbers to account for part-time working patterns. This ensures that absence rates and average days lost accurately reflect the total working time available across the workforce. Absence rates are calculated using an assumed 260 working days per full-time

[3] Based on number of employees employed in year (28 in 2024-25)

equivalent per year. Due to the small workforce size, percentage changes may be influenced by individual absence cases and should be interpreted with this context in mind. Scottish Government Workforce Statistics are used as an external benchmark and are provided for indicative comparison only, as differences in methodology and workforce composition may affect direct comparability. Scottish Government Workforce Statistics December 2025 - gov.scot. Figures may not sum due to rounding.

Paper: **Workforce Trends report 2025-26**

Meeting date: **QSMTM - 07 May 2026**

Paper prepared by: **Tanya Gardner (Business Support Manager)**

Purpose of Paper

This report provides the Senior Management Team (SMT) with a year-end overview of the organisation's human resourcing and workforce trends.

Recommendation and actions

i. The SMT notes the contents of this paper

ii. The Commissioner acknowledges the assurances provided, and considers whether any additional action, beyond what is already outlined in the paper, is necessary.

iii. SMT consider whether this paper should be published in full.

Executive Summary

- Workforce headcount remains stable at year-end.
- Voluntary turnover has reduced to zero.
- Recruitment timelines remain stable and appropriate to the Organisation.
- No significant workforce risks identified for 2026–27.

Retention and Turnover [1]

Metric	2025-26	2024-25
Staff members joined	4	6
Staff members left	**4**	**5**
- Resignation	0	4
- End of contract	2	0
- Retirement	2	1
Turnover percentage (Voluntary)	**0%**	**17.9%**
Turnover percentage (All)	**15.1%**	**19%**

The organisation has effectively eliminated voluntary turnover in 2025–26, which represents a significant improvement in employee retention and engagement compared with the previous year.

Data from the staff survey in November 2024 noted that 95% of staff would recommend working for the Scottish Information Commissioner which is supported by the 2025-26 voluntary retention figures. A further staff survey is due to be completed in May 2026.

The Scottish Information Commissioner secured two temporary posts in 2025-26 which resulted in the staff members becoming permanent after a successful recruitment process.

[1] Turnover based on average annual FTE figures

A further two temporary posts were secured from Scottish Parliament contingency funding and at the date of this report, are in the process of being recruited.

Recruitment

Metric	2025-26	2024-25
Vacancies advertised	5	4
Appointments made	3[2]	4
Average time to hire (working days)[3]	21 days	22 days
Average time to fill (working days) [4]	53 days	73 days

Recruitment activity remained stable during 2025–26, with all roles being successfully filled, consistent with appointment levels in 2024–25. The average time to hire remained low and stable. This reflects efficient and well-embedded interview, selection, and decision-making processes, enabling timely progression from application closure date to unconditional offer.

While time to fill remains relatively high compared with some sectors, this is consistent with expectations for a Civil Service organisation. Timelines include pre-employment security vetting and disclosure checks, as well as notice periods for incoming staff, many of whom operate at a professional level. These factors are structural rather than operational and do not indicate inefficiencies within the recruitment process.

The average time to fill for 2025-26 may appear to have reduced significantly, however one of the three posts was an internal appointment which did not include pre-employment checks or notice periods.

[2] Two posts are still going through the recruitment process therefore not included in appointment data
[3] Calculated as closing date to unconditional offer date
[4] Calculated as date job advertised to start date

Staff Numbers [5]

Total number of staff and composition

	2025-26			2024-25		
	Female	Male	Total	Female	Male	Total
Senior Managers	2	1	**3**	1	1	**2**
Staff	17	10	**27**	18	8	**26**
TOTAL	**19**	**11**	**30**	**19**	**9**	**28**

FTE Staff

	2025-26			2024-25		
	Permanent	Temporary	Total	Permanent	Temporary	Total
Senior Managers	2.8	0	**2.8**	2.6	0	**2.6**
Staff	21.8	2.5	**24.3**	19.2	5	**24.2**
TOTAL	**24.6**	**2.5**	**27.1**	**22.8**	**5**	**27.8**

While overall headcount increased during 2025-26, the average FTE across the year remained stable from the previous year. This is due to a higher number of staff being employed over the duration of the year but not employed for the full year. At year-end point in both years (31 March), there was two additional members of staff in 2025-26 (30) from the previous year (28).

Workforce Risks and Mitigations

Overall workforce risk for 2026–27 is considered low, reflecting strong retention, a stable workforce profile, and effective recruitment processes. No significant workforce issues have been identified that are expected to impact organisational delivery. At the time of the report, there is no planned staff turnover for 2026-27.

[5] Based on number of staff as at 31 March for each year. Excludes Commissioner as appointed by Scottish Parliament.

A small number of departures during the past two years were due to retirement, highlighting the ongoing need to manage knowledge and skills in specialist roles. Succession planning should be considered regularly as part of overall workforce planning.

While some roles are funded on a temporary basis, these are closely monitored and have been successfully converted to permanent posts where appropriate.

Overall, the workforce remains stable and engaged, with existing mitigations considered appropriate. No additional actions are required at this time beyond continued monitoring through normal governance processes.

Report on Rights Requests, including Assurance Statement

Meeting Date: QSMTM Q4 2025/26 07 May 2025

Report by: Liz Brown, Finance and Administration Manager

Assurance Statement by: Euan McCulloch, Head of Enforcement

Purpose of report

1. The purpose of this report is to update the Senior Management Team (SMT) about requests for information, requests for review and subjects access requests received and dealt with in 2025-26 and provide the related assurance.

Recommendation and actions

2. I recommend that the SMT:

   (i) note the content of this report and the summary reports in appendix 1 & 2

   (ii) agree that this report and appendices are published in full.

Report

Requests for Information and Requests for Review

3. The numbers of requests for information in 2025-26 in comparison to 2023-24 and 2024-25 are set out in the table below:

Request for information	2023-24	2024-25	2025-26
Number received	117	148	176

4. The numbers of requests for review in 2025-26 in comparison to 2023-24 and 2024-25 are set out in the table below

Requests for review	2023-24	2024-25	2025-26
Number received	7	7	8

5. Timescales and targets for responding to requests for information and requests for review were met.

6. Number of requests for information closed by team:

	Enforcement	Business Support	Policy & information	Total closed
Number	41	115	20	176
% closed by team	23%	66%	11%	

7. There was 1 request received in 2024-25 that was closed in 2025-26 and 4 requests open at the end of 2025-26.

Subject Access Requests

Subject Access Requests	2023-24	2024-25	2025-26
Number received	16	17	21

8. There were no open subject access requests at 31 March 2026.

9. All subject access requests handled in 2025/26 were closed within the statutory timescale.

Assurance from the Head of Enforcement (HOE)

10. The HOE can provide assurance to the SMT that our responses to information requests dealt with in 2025-26 comply with relevant legislation and related guidance.

Resources

11. Responding to information requests and reviews can be demanding on staff time due to the research that may be required to identify relevant information and the deadlines for response. However, responding to such requests, within the required timescales is an important function of the Commissioner.

Appendix 1

Information Requests & Reviews to the Scottish Information Commissioner
Report to 31 March 2026

Number of requests received for information held by the Commissioner	2024-25 Total	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Total
FOISA requests	147	28	54	40	51	**173**
EIRs requests	1	1	1	1	0	**3**
Requests for review	4	0	3	2	3	**8**
TOTAL	152	**29**	**58**	**43**	**54**	**184**

Number of FOISA/EIR requests closed	2024-25 Total	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Total
Information provided in full						
FOISA	15	3	8	6	4	**21**
EIRs	0	0	0	0	0	**0**
Information partially supplied						
FOISA	19	2	9	6	9	**26**
EIRs	1	0	0	0	0	**0**
Information not held by the Commissioner						
FOISA	108	21	34	27	33	**115**
EIRs	0	1	1	1	0	**3**
Information not supplied						
Clarification not provided	2	0	0	1	0	**1**
Request withdrawn	4	0	1	0	0	**1**
Excessive costs	0	0	0	0	0	**0**
Manifestly unreasonable (cost grounds)	0	0	0	0	0	**0**
Vexatious	0	0	0	1	1	**2**
Repeated requests	0	0	0	1	0	**1**
Manifestly unreasonable (other than on cost grounds)	0	0	0	0	0	**0**
Exempt (refusal notice issued)	2	1	0	1	0	**2**
Neither confirm nor deny	0	0	0	0	1	**1**
No response to initial request	0	0	0	0	0	**0**
Information request invalid	1	0	0	0	0	**0**
Timescale extended	0	0	0	0	0	**0**
TOTAL	152	**28**	**53**	**44**	**48**	**173**
Number of cases open at quarter/year end	1	2	4	1	4	

No of times a fee was charged	2024-25 Total	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Total
	0	**0**	**0**	**0**	**0**	**0**

Proportion of FOISA/EIR requests for information answered within statutory timescales	2024-25 Total	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Total
No of requests answered within statutory timescales	112	28	53	44	48	**173**
No of requests answered outwith statutory timescales	1	0	0	0	0	**0**
No of requests which received no response	0	0	0	0	0	**0**
% answered within statutory timescales	99%	**100%**	**100%**	**100%**	**100%**	**100%**

Number of request for reviews closed	2024-25 Total	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Total
Internal review upholds original decision in full	6	0	3	1	3	**7**
Internal review partially upholds original decision	0	0	0	0	0	**0**
Internal review - substituted a different decision (overturned)	0	0	0	1	0	**1**
RFRs - reaching a decision for the first time (no response to original RFR)	0	0	0	0	0	**0**
RFR invalid	1	0	0	0	0	**0**
RFR withdrawn	0	0	0	0	0	**0**
TOTAL	7	**0**	**3**	**2**	**3**	**8**
Number of cases open at quarter/year end	0	0	0	0	0	

Proportion of request for reviews answered within statutory timescales	2024-25 Total	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Total
No of requests answered within statutory timescales	7	0	3	2	3	**8**
No of requests answered outwith statutory timescales	0	0	0	0	0	**0**
No of requests which received no response	0	0	0	0	0	**0**
% answered within statutory timescales	100%	**N/A**	**100%**	**100%**	**100%**	**100%**

Appendix 2

GDPR Rights Requests to the Scottish Information Commissioner
Report to 31 March 2026

Number of GDPR rights requests received for information held by the Commissioner	2024-25 Total	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2024-25 Total
TOTAL	17	7	2	5	7	**21**

Number of subject access requests closed	2024-25 Total	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2024-25 Total
SAR:Granted in full	4	4	1	0	1	**6**
SAR:Refused - no proof of ID	0	0	0	0	0	**0**
SAR:Refused - manifestly unfounded/excessive	1	0	0	1	0	**1**
SAR:Refused - exemption applied	0	1	1	1	0	**3**
SAR:Partially refused	9	0	0	2	1	**3**
SAR:Information not held	3	0	2	1	4	**7**
SAR:Fee not paid	0	0	0	0	0	**0**
SAR:Withdrawn	0	0	0	0	1	**1**
Erasure:Granted	1	0	0	0	0	**0**
TOTAL	18	**5**	**4**	**5**	**7**	**21**
Number of cases open at quarter/year end	0	2	0	0	0	

Proportion of subject access requests answered within statutory timescales:	2024-25 Total	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2024-25 Total
No of requests answered within statutory timescales	18	5	4	5	7	**21**
No of requests answered outwith statutory timescales	0	0	0	0	0	**0**
No of requests which received no response	0	0	0	0	0	**0**
% answered within statutory timescales	100%	**100%**	**100%**	**100%**	**100%**	**100%**

Report to:	QSMTM
Report by:	Euan McCulloch, Head of Enforcement
Meeting Date:	7 May 2026
Subject/ Title: (and VC no)	Investigations performance report 2025/26 Q4 (and for the full year)
Attached Papers (title and VC no)	None

Purpose of report

The purpose of this Committee Report (CR) is

- to update the Senior Management Team (SMT), and provide it with assurance, on investigations performance in Quarter 4 of 2025/26 (and for the year as a whole)
- to make recommendations to SMT as set out below

Recommendation and actions

1. I recommend:
   - that SMT notes investigations performance in Quarter 4 of 2025/26 (and the full year), specifically
     a) effective performance against all measures, for cases under active investigation
     b) the substantial – and continuing – high number of incoming cases of all kinds
     c) the consequent challenges in progressing the full caseload effectively, particularly the remaining “Blue” cases but also the “Green” ones, Failure to Respond (FTR) cases and those still at validation
   - that SMT notes the measures being taken, where practicable, to address the various caseload handling issues identified
   - that this report and accompanying papers are published in line with the “Publication” section below.

Executive summary

2. Investigations performance for the Quarter is summarised in the following reports presented to the relevant Investigations Performance Meetings
   - VC 243915 (February)
   - VC 245478 (March)
   - VC 247187 (April)

   and considered in the following minutes of those meetings
   - VC 244736 (February)

- VC 245904 (March)
- No April meeting

3. From these reports and minutes, I would highlight the following for further consideration by SMT

   - Application numbers remained high for the rest of the year. As expected, the final number for the year exceeded 1,000 (1,084 at year end).
   - The number of cases awaiting validation remains a concern (166 at year-end). It does, however, appear to be falling at a reasonable pace (136 as at 04/05 – still a long way to go, but indicative of good performance) and continues to be subject to monitoring by the Inflow Group.
   - One clear impact of the increase in application numbers has been a proportionate rise in the number of FTR cases (147 at year end, without adjustment to take account of the final March figure, against an average of 85 for the previous three years). From 1 April, these have all been reallocated to FOIOs, to relieve pressure on the Validation Officers and allow them to concentrate on validation alone: this has been accompanied by an increased focus on pursuing withdrawal where the requester receives a response during an FTR investigation (on the basis that any systemic issues with the authority in question are more appropriately addressed through the intervention process).
   - Performance against all measures has remained effective, as regards cases under active investigation, although creeping up to an average age at closure closer to 4.5 months than 4. It remains a concern that we are not closing more cases in less than four months, although performance still has to be seen as strong given overall case numbers.
   - We continue to allocate “Blue” cases as resources allow, albeit slowly. However, our ability to allocate one Preliminary Investigations Officer (PIO) almost entirely to resolution helped bring the figure down to around 85 (it fluctuates slightly, given that resolution attempts are not always successful).
   - Another area of ongoing concern is the number of “Green” cases becoming available for – and awaiting – allocation, with 98 cases on the Allocation Spreadsheet at the time of writing. This remains subject to regular monitoring at both Engine Room and Investigations Performance meetings, with cases being allocated whenever resources allow and opportunities for resolution being identified/pursued as appropriate.

4. I would also highlight the ongoing (albeit unquantified, at present – and necessary) call on resources dealing with a substantial number of – often demanding – information and subject access requests, along with (but frequently related to) the investigations caseload.

Risk impact

5. The level of applications carries with it a number of risks in terms of investigations performance, as described above and considered previously, with potential impact on meeting objectives (including those agreed with Parliament), reputation and staff morale. With these in mind, we continue to pay close attention to mitigation measures already identified, while making continual efforts to identify/implement appropriate additional ones.

6. Previously untested means of dealing with challenging applications, particularly those received in substantial batches, carry with them the risk of legal challenge. This, including the prospect of a challenge being successful, needs to be considered fully in each case when determining the appropriate course of action (although the risk has not manifested itself to date, it is one we need to remain aware of).

Equalities impact

7. No impact on any of the protected characteristics has been identified.

Privacy impact

5. None: nothing in this report has privacy implications for staff or others.

Resources impact

6. The upsurge in application numbers presents inevitable challenges for the existing staffing establishment and staff morale, however effectively the incoming caseload is managed, and this requires ongoing monitoring. Positive steps so far include:

- The employment of two PIOs in Q4 allowed progression of the FTR caseload and the progress on resolution identified at 3 above
- We have been able to make two temporary FOIO posts permanent w.e.f. 01/04/2026
- We have been able to manage the temporary backfilling of one FOIO post (to cover for the reallocation of a permanent FOIO to intervention work) without a break
- The establishment of time recording for information and subject access requests, from 01/05/2026, should help us understand more fully the demands created by this area of work

Operational/ strategic plan impact

7. This a key element of the performance monitoring and review required as part of Activity 2 under “Regulation and Enforcement” in the current Operational Plan. This monitoring and review also has a key contribution to make to ensuring that we meet Objective 4 (*Deliver fair defendable decisions in a timely manner)* in the 2024/28 Strategic Plan.

Records management impact (including any key documents actions)

8. None

Consultation and Communication

9. The Deputy Heads of Enforcement have been consulted in the preparation of this CR.

Publication

10. I recommend that this CR is published in full.

Scottish Information Commissioner

Annual Interventions Activity Report 2025-26

Background

1. The Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004 both give the Scottish Information Commissioner ("the Commissioner") the power to act where a public authority is not complying with requirements they set out, or with the Scottish Ministers' Codes of Practice. These powers include:

    - promoting good practice
    - assessing whether an authority is following good practice
    - issuing practice recommendations where it appears to the Commissioner that an authority is not complying with the Codes of Practice
    - issuing enforcement notices where the Commissioner is satisfied that a public authority has failed to comply with FOI law.

2. An "intervention" is the term used to describe the action which the Commissioner will take proactively to improve the practice of individual authorities more generally, rather than in relation to the outcome of a specific information request via an application investigation. The Commissioner's Intervention Procedures set out the specific detail of how and when interventions will be conducted.

3. The Commissioner carries out interventions in cases where a Scottish public authority is failing to meet the requirements and standards set out in FOI legislation and Codes of Practice. For more information about our approach to interventions.

4. Reporting on intervention activity is conducted in line with the Commissioner's Intervention Approach and Procedures and Enforcement Policy. This report provides a summary of intervention activity undertaken during 2024-25. All status updates in this report relate to that period, rather than the date of publication of this report.

Intervention caseload

5. As with previous years, there was no dedicated resources or budget assigned to the intervention work stream. Enforcement capacity remained restricted throughout 2025-26 and focussed on reducing backlog and increase of appeals made under section 47 of FOISA.

6. A business case was submitted to SPCB for additional resourcing to facilitate our intervention function – this was granted, with two grade four officers assigned for a temporary period of 12 months. This intervention team is effective from 1 May 2026.

2025-26 Activity

7. Open Interventions as at 31 March 2026 (level 2 or above):

    - Clackmannanshire Council
    - NHS Forth Valley
    - NHS Fife (although still listed as Level 1)
    - Perth and Kinross Council
    - Scottish Fire and Rescue Service
    - Scottish Ministers (Management of FOI Function)
    - Scottish Ministers (Searches and records management)

Level 1 Interventions open as at 31 March 2026

- Dundee City Council (missing stats)
- Highland Council (missing stats)
- NHS Shetland (timeframes- contact to establish cause)
- Shetland Council (Media coverage SIC visit)
- Orkney Islands Council (timescales – monitoring/SIC visit)

Closed interventions 2026-26

Total Level 1 closed in 2025/26: 23 (sample below)

Fife Council	Copyright notices within response templates
Caledonian Medical Practice	Picked up in media – service delivery impacted by FOI backlog – post removed following contact.
Dundee City Council	Conduct of reviews – advice provided to align with section 60 code
East Dunbartonshire Council	Failure to advise requesters of appeal rights
Police Scotland	Failure to record/recognise EIR requests
Queens Cross Housing Association	Restricting FOI rights/SAR rights to one request per year.
University of West of Scotland	Staff discouraged from making FOI requests

Midlothian Council (202101380) – closed June 2025

8. Opened at Level 2 – timescales issues – action taken to recruit and restructure governance. New software installed to process requests – FOI now reported at Corporate Management Meetings every 4 weeks. Significant improvements made.

NHS Greater Glasgow and Clyde (202300814) – closed December 2025

9. Escalated to Level 3 – timescales – (72% Q1, 49% Q2, 48% Q3, 65% Q4). Issues included resourcing, increase in litigation, impact of FAIs. At point of closure 90% response rate – more resources in place and backlog cleared

Comhairle nan Eilean Siar (202301432) – closed December 2025

10. Opened following cyber incident – systems reinstated, backlog cleared and publication scheme now in place.

Non-compliance recording (full details can be viewed at VC248790)

- 720 non-compliance issues recorded in 2025-26
- 58.5% of all non-compliance issues recorded relate to Local Government
- 3.95% of all non-compliance issues recorded related to the Scottish Government

Intervention work planned for 2026-27

- Dedicated resource in place from 1 April 2025, with another grade 4 officer joining team from 1 May 2025.
- Scottish Government Interventions x2 progression
- Review of previous QIMs, revisit and identify poor performance
- Development of Lessons Learned to demonstrate improvements
- Review of procedures, intelligence, reporting and publishing
- Development of dedicated area of website

Paper: **Time to pay suppliers report 2025-26**

Meeting date: **QSMTM - 07 May 2026**

Paper prepared by: **Tanya Gardner (Business Support Manager)**

Purpose of Paper

This report provides the Senior Management Team (SMT) with a year-end overview of the organisation's performance in paying suppliers, measured against our Key Performance Indicators.

Recommendation and actions

i. The SMT notes the contents of this paper

ii. The Commissioner acknowledges the assurance provided, and considers whether any additional action, beyond what is already outlined in the paper, is necessary.

iii. SMT consider whether this paper should be published in full.

Background and KPI Framework

The Scottish Public Finance Manual (SPFM), advises that payments by relevant public sector organisations should be made in accordance with the Scottish Government target. This target is for the payment of invoices within 10 working days of their receipt. Many suppliers should, therefore, receive payment in advance of their contractually agreed terms.

The Scottish Information Commissioner has set Key Performance Indicators (KPI's) in accordance with these SPFM requirements. Our KPI's are

- 95% of undisputed invoices are paid within 10 days of receipt or fewer
- 100% of undisputed invoices are paid within 30 days or fewer.

Year-End Performance Summary

During the financial year, a total of 385 invoices were paid, of which 384 invoices were relevant for measurement against our KPI's[1].

Performance against our KPIs is summarised below:

[1] One invoice was subject to our year-end terms, as noted in our Performance & Quality Framework

KPI Measurement	% Met (384 invoices)	Compliance
95% of undisputed[2] invoices paid within 10 days or fewer	96.9% (372)	Achieved
100% of undisputed[3] invoices paid within 30 days or fewer	99.7% (383)	Not achieved – see below

Assurance

The one late payment (>30 days) relates to an isolated oversight and does not indicate a systemic weakness.

Overall performance provides a high level of assurance that effective controls are in place for the timely payment of suppliers.

Further reassurance can be given for future years with the integration of shared mailboxes, including our finance functions. Invoices will be received centrally to one mailbox, reducing the likelihood of any such oversights.

[2] 12 of these invoices were disputed but paid within 10 days

[3] 10 of these invoices were disputed but paid within 30 days (but over 10 days)

Paper: Equality and Diversity Monitoring 2025-26
Meeting date: QSMTM 7 May 2026
Report by: Lynn Balfour, Head of Business Support

Scottish Information Commissioner

Purpose of Paper
The purpose of this paper is to provide an annual report to the Senior Management Team (SMT), and assurance to the Commissioner, on Staff Equality Monitoring

Recommendation and actions

i. The SMT notes the contents of this paper
ii. The Commissioner acknowledges the assurance provided, and considers whether any additional action, beyond what is already outlined in the paper, is necessary.
iii. SMT consider whether this paper should be published in full.

Organisational Context
The Scottish Information Commissioner is committed to complying with the general requirements of the Equality Act 2010 [1]and ensuring that staff are treated fairly and are not subject to unlawful discrimination on the basis of protected characteristics.

Although the Scottish Information Commissioner is not listed as a public authority subject to the specific Public Sector Equality Duty[2] reporting requirements, we undertake proportionate equality monitoring of workforce data as part of our wider governance and good practice approach.

Governance and Equality Culture
The organisation is small (c.30 staff) with a flat management structure, and key strategic and operational decisions are taken by the Senior Management Team (SMT). Equality and diversity considerations are routinely embedded within SMT discussions and decision making, ensuring potential impacts on staff are identified and addressed proportionately as part of routine governance rather than through standalone activity.

Equality Monitoring and Insight
Equality information is collected through HR systems and staff self-declaration with the recognition, that voluntary disclosure limits completeness. Monitoring typically covers recruitment and workforce composition and is supplemented by staff survey results.

[1] Equality Act 2010
[2] Public Sector Equality Duty and Public Sector Equality Duty: specific duties in Scotland

No adverse equality trends have been identified during the reporting period. Staff have not raised equality related concerns, and no complaints, grievances or disciplinary matters have been identified as involving potential equality issues.

Equality Impact Assessments

Equality impacts continue to be considered as part of policy and system development and committee decision making through proportionate Equality Impact Assessments, aligned to organisational risk and scale. The Equality Impact Assessment template has been updated to support a more user friendly and proportionate approach.

Risk impact

The Commissioner's reputation and, also, public confidence in the Commissioner could be undermined if the Commissioner fails to meet statutory duties and does not demonstrate good practice and good governance.

Key Risks and Mitigations

Although equality related risks are not held as standalone risks on the strategic risk register, they are recognised and managed by the SMT as part of routine governance and oversight. The following risks have been identified and are subject to ongoing review and oversight by the SMT.

- Sustained workload and limited organisational capacity could reduce scope for proactive equality activity. This is mitigated through proportionate approaches and embedding equality considerations within routine governance and decision making.
- Reliance on voluntary staff disclosure limits the completeness of equality monitoring data, particularly in a small organisation. This is mitigated through use of multiple sources of insight, including staff engagement and routine management processes.
- Survey and consultation fatigue presents a risk to the quality of feedback obtained. The planned approach to future surveys relating to equality and diversity information gathering reflects a balance between insight gathering and staff wellbeing.
- There is a risk that generic mandatory equalities training may not fully meet organisational needs. This is being addressed through a more targeted learning and development approach.

Overall, these risks are assessed as low and manageable, with appropriate controls in place given the organisation's size, structure and risk profile.

Forward Look

Over the coming year, the organisation will maintain proportionate and effective equality arrangements including completion of the Equality Policy review and delivery of further mandatory training. Equality related training will be considered as part of a wider learning and development approach, with a focus on ensuring provision is targeted, relevant and meaningful. The decision to postpone a standalone equality and diversity

staff survey balanced insight gathering with organisational change, and workload pressures, and giving consideration to allow the newly appointed Head of Business Support to consider a more effective approach to future engagement.

It was subsequently agreed in a paper presented to SMT in January 2026 that a baseline voluntary staff equality and diversity survey will be undertaken to collect demographic data, alongside qualitative methods to capture anonymous feedback on inclusion, barriers, and equality experiences with arrangements in place to repeat surveys annually and undertake further qualitative engagement as required to support ongoing assurance and oversight.

Overall Assurance

For 2025-26 I am able to provide the following assurance to the Commissioner:

- As far as I am aware, all policies which impact staff have been equalities impact assessed, where required, in line with our current policies and procedures.
- Appropriate mandatory training has been and will continue to be provided to staff to enable them to meet their obligations under the Equality Act 2010.
- Equality and diversity considerations are routinely taken into account as part of SMT decision making and governance processes.
- No equality related issues, complaints or concerns have been identified through staff data, HR processes or management activity during the reporting period.
- Overall, the organisation's equality arrangements remain appropriate and proportionate given its size, structure and risk profile.

Paper: Information Governance and Records Management report 2025-26
Meeting date: QSMTM 7 May 2026
Report by: Lynn Balfour, Head of Business Support

Scottish Information Commissioner

Purpose of paper

The purpose of this paper is to provide the annual update to the Senior Management Team (SMT) and assurance to the Scottish Information Commissioner that information governance and records management are being managed in accordance with published policies and procedures.

Recommendations and actions

1. SMT notes the contents of this paper.
2. The Commissioner notes the assurance provided and considers whether any additional action, beyond what is outlined in the paper, is required.
3. SMT considers whether this paper should be published in full.

Key points

This annual update confirms that information governance and records management arrangements remain in place and are supported by ongoing improvement work (digital transition, systems review and cyber assurance). Capacity constraints within Business Support during 2025–26 affected the pace of improvement, but essential controls were maintained and full resourcing was restored in March 2026.

Information Governance Framework

The organisation has established information governance and records management policies and processes to ensure information is handled securely and in line with statutory and regulatory requirements. This includes data protection, retention and disposal, information security, and information handling standards.

Oversight is provided through established governance arrangements, with regular reporting to SMT and alignment to organisational risk management. Roles and responsibilities are clearly defined and supported by designated senior post-holders.

Ongoing Information and Records Management Practice

The organisation maintains information and records management practices to ensure records are created, managed, retained and disposed of in line with statutory requirements, published policies and operational need. Records are managed under an approved Records Management Plan, supported by a File Plan and Retention Schedule, with routine deletion and secure destruction processes for electronic and physical records.

Personal data is processed lawfully and securely. Access is restricted to authorised staff and supported by the Information and Records Management Handbook and

Privacy Notice. Technical and organisational measures are in place (including access controls, remote working safeguards and daily backups). Incidents and near misses are logged and reviewed, and guidance and training support ongoing compliance.

Records Management and Digital Transition
Records management arrangements support the creation, storage, retrieval, retention, and disposal of corporate records. The organisation has continued to reduce paper holdings by moving to electronic records wherever possible. This is supported by the digital strategy, including a move towards cloud-based systems to improve accessibility, resilience and long term information management.

Case management and document management systems are under review, creating opportunities for automation and further improvements to records management practices.

Information Security and Cyber Resilience
Information security and cyber resilience remain priorities. Measures are in place to protect information assets, supported by staff training and guidance. Security incidents are identified, reported and managed, with escalation and reporting to senior management via the relevant governance committees where required.

During the year, a cyber security audit was undertaken, which provided a positive level of assurance over the organisation's cyber security arrangements. The audit identified that appropriate controls are in place, with no significant weaknesses reported, and recommendations for further enhancement are being taken forward as part of ongoing improvement activity.

During the year, no significant information governance incidents were reported.

6 near misses and 4 low risk data breaches were recorded. No harm was identified and none were reported to the ICO. Internal measures were taken to try and prevent similar breaches

Business Support Capacity and Operational Pressure
The Business Support function experienced significant staffing gaps during the year, with a new Head of Business Support appointed in August 2025 and with full resourcing achieved in March 2026. This created sustained pressure on staff to maintain business as usual services, including records management and information governance activity. Despite reduced capacity, essential controls and services were maintained. However, the ability to progress development and improvement activity was limited during the year.

Mitigations included prioritising critical tasks and focusing on statutory and policy compliance. Capacity constraints may have affected the consistency and timeliness of some records management activity.

The risks associated with capacity constraints have been reflected in the organisational risk register and remain under review. With the Business Support function returning to full complement at year end, planned improvement in information governance and records management activity is expected to progress during 2026–27.

Audit and Assurance
Internal and external audit activity provides independent assurance over information governance and records management arrangements. Findings and recommendations are monitored, and no related issues were identified during this reporting year.

Overall Assurance
Overall, I can provide assurance that appropriate governance, controls, and assurance mechanisms are in place in relation to information governance and records management, and that there is a clear programme of ongoing improvement to further strengthen these arrangements.

Enquiries Service

Meeting Date: QSMTM Q4 2025/26 07 May 2026

Report by: Liz Brown, Business Support Manager

Purpose of report

1. The purpose of this report is to update the Senior Management Team (SMT) on volumes and key performance measures of the enquires we have dealt with in 2025/26 to inform resource planning.

Recommendation and actions

2. I recommend that the SMT:

   - note this report
   - agree that this report is published in full.

Report

3. Since the introduction of FOI in 2005, we have answered over 29,900 enquiries.

Enquiries received

	Total
2022-23	**808**
2023-24	**859**
2024-25	**840**
2025-26	**1100**

Method of contact	Email	Letter	Telephone before 03/09/2025	Telephone 03/09/2025 – 31/03/2026	Total
Number	945	21	44	90	1100
Percentage	86%	2%	4%	8%	100%

Enquiries closed

	2025-26
TOTAL	1100

Enquiries closed by Team

Team and number of staff	Enforcement (19)	Policy & Information (5)	Corporate Services (4)
2025-26	506	403	191

4. 3 enquiries received in 2024/25 were closed in 2025/26 and there were 3 enquiries open as at 31 March 2026.

Response times

5. The number of enquiries responded to within the timescales set down in the Key Performance Indicators (KPIs) in the Performance and Quality Framework which are:

    - 90% to be responded to within 5 working days
    - 95% to be responded to within 20 working days.

	2025-26 Total	
	No	**%**
≤ 5 days	1074	97.64%
> 5 days / ≤ 20 days	25	2.27%
> 20 days	1	0.01%
TOTAL	**1100**	

Service Standards Compliments and Complaints

Meeting date: QSMTM Q4 2025/26 07 May 2026

Report by: Liz Brown, Business Support Manager

Purpose of report

1. The purpose of this report is to provide assurance on the quality of our service provision, including:

   - number of compliments received
   - number of complaints received and their outcomes

Recommendation and actions

2. I recommend that the SMT:

   - note this report
   - agree that this report is published in full.

Report

Compliments 2025-26

3. We received 114 in 2025-26.

"Thank you for your perseverance. You have restored to some degree what little faith I have in public institutions in Scotland"

"Thanks so much for your help today. You are the first person to treat me with respect and dignity in this process"

"You've genuinely been one of the few consistent examples of transparency and professionalism in what has otherwise been a very difficult journey"

"Many thanks once again to your office for all of your hard work, it is really appreciated. I hope that you can all see the important accountability, and hence significant improvement, that your work brings to the people of Scotland"

4. There are no service standards or targets relating to compliments

Complaints 2025-26

5. We value all complaints, treat them seriously and take the appropriate action in accordance with the Complaints Handling Procedures (CHP).

6. For 2025-26, the relevant statistics for complaints received and responded to under the CHP are set out in the tables below:

Stage 1 Frontline Response Received

	2024-25	2025-26
Total received	7	**12**

Stage 2 Escalation [1] Received

	2024-25	2025-26
Total received	4	**4**

Stage 2 Investigation Received

	2024-25	2025-26
Total received	3	**4**

Stage 1 Frontline Response Closed

	Total	Target	Met
No of cases closed	12		
No of cases closed ≤ 5 days	8		
% closed in ≤ 5 days	67%	100%	N

Stage 2 Escalation Closed

	Total	Target	Met
No of cases closed	4		
No of cases closed ≤ 20 days	4		
% closed in ≤ 20 days	100%	100%	Y

Stage 2 Investigation Closed

	Total	Target	Met
No of cases closed	4		
No of cases closed ≤ 20 days	4		
% closed in ≤ 20 days	100%	100%	Y

7. No complaints were open as at 31 March 2026.

Stage 1 Frontline Response Outcome

	Total	%	Target	Met
Upheld	1	8%	less than 15%	Yes

[1] [1] Escalated complaints are those that have been considered at Stage 1 and then have either moved to Stage 2 at the complainant's request (because the complainant was unhappy with the response at Stage 1) or because they have exceeded the maximum of 5 working days at Stage 1 and, therefore, have automatically been moved to Stage 2

Partially upheld	1	8%	less than 15%	Yes
Not upheld	3	25%	60%	No
Resolved	7	58%	10%	No

Stage 2 Escalation & Investigation Outcome

	Total	%	Target	Met
Upheld	2	25%	less than 15%	No
Partially upheld	1	13%	less than 15%	Yes
Not upheld	5	63%	65%	No
Resolved	0	-%	5%	-

8. Even though the number of complaints is small, we are committed to improving our service as a result of learning from these complaints and addressing any systematic issues that may be identified.