



Minutes

- Meeting:** Board
- Date:** 30 September 2016
- Time:** 10.30 am
- Venue:** Room 0.6/0.7, Compass House, Dundee
- Present:** Paul Edie, Chair
Mike Cairns
Denise Coia
Ian Doig
Gavin Dayer
Christine Dunlop
Anne Haddow
Anne Houston
Jim McGoldrick
Linda Pollock
David Wiseman
- In Attendance:** Karen Reid, Chief Executive
Rami Okasha, Executive Director of Strategy and Improvement
Gordon Weir, Executive Director of Corporate and Customer Services
Kevin Mitchell, Executive Director of Scrutiny and Assurance
Arvind Salwan, Strategic Communications Manager
Fiona Angus, Committee Support Officer
- Observers:** Norma Corlett, Chief Executive, Scottish Throughcare and Aftercare Forum (STAF)
Clive Pegram, Joint Chair, Care Inspectorate Partnership Forum
Margaret Williamson, public observer
- Apologies:** Cecil Meiklejohn, Board member
Kevin Mitchell, Executive Director of Scrutiny and Assurance
Kenny McClure, Head of Legal Services
Alan Baird, Chief Social Work Adviser

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

Item	Action
------	--------

1.0 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular Norma Corlett, Clive Pegram and Margaret Williamson.

2.0 APOLOGIES

Apologies for absence were received as noted above.

3.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

4.0 MINUTE OF MEETING HELD ON 24 JUNE 2016

The minute of the meeting held on 24 June 2016 was approved as an accurate record.

5.0 ACTION RECORD OF MEETING HELD ON 24 JUNE 2016

The action record was reviewed and updated as follows:

Meeting held 28 June 2013

Under item 1.0, members were pleased to note that the Memorandum of Understanding with the Scottish Public Services Ombudsman had been signed by both parties and that this action was now complete.

Meeting held 24 June 2016

Under item 6.2, the Executive Director of Strategy and Improvement clarified that the advocacy score in paragraph 3 of report P-10-2016 was 36%.

Under item 9.1, the Chief Executive explained that a discussion would be taking place with CoSLA regarding complaints handling processes.

6.0 MATTERS ARISING

The Convener of the Resources Committee updated members on the joint Care Inspectorate/Healthcare Improvement Scotland (HIS) Short Life Review Group (the Glennie/Wiseman Group). The group had concluded its work and had met for the final time on 15 September 2016. An Operational Group, chaired jointly by the Care Inspectorate and HIS, would be progressing the work in respect of the development and implementation of Joint Strategic Inspections of Adult Services.

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

An Action Plan had been developed which included a risk matrix and the terms of reference for a high level advisory group. A report would be submitted to the next Board meetings of both organisations.

On behalf of the Board, the Chair thanked David Wiseman and John Glennie for their expert input to the working group.

STANDING ITEMS

7.0 POLICY COMMITTEE PAPERS

7.1 Report from Policy Committee of 31 August 2016

The Chair presented the report of the Policy Committee meeting held on 31 August. One of the main items for discussion had been the potential impact of the EU referendum result on the care sector.

The Committee had also discussed the decision made by the Supreme Court in respect of the Scottish Government's Named Person Scheme. The Chief Executive informed the Board that the Information Commissioner had issued a statement on Information Sharing. The Scottish Government would be working with agencies to ensure that the concerns of the Supreme Court were addressed. The Commissioner had also clarified the position of information sharing for child protection purposes.

The Board noted the report.

7.2 Policy Committee Annual Report to the Board 2015/16 – Report No: B-14-2016

The Chair presented the Policy Committee Annual Report, which summarised the work of the committee during 2015/16 and gave the Committee's opinion on the assurance that that work provided.

The Board noted the report.

8.0 RESOURCES COMMITTEE PAPERS

8.1 Report from Resources Committee of 19 September 2016

The Convener of the Resources Committee presented the report of the meeting held on 19 September 2016. Members noted that the programme of People Management Policies had progressed well and that most of the review of current policies had now been undertaken. The proposed Relocation Policy had been provided

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

to the Partnership Forum for comment before it would return to the Committee for decision.

The Board's attention was drawn to the decision made by the Committee in respect of the Musselburgh office. The Scottish Government's rule on option appraisal had led to the Committee's decision to relocate the Musselburgh office to Victoria Quay, although members had been concerned with the implications for staff.

The Board noted the report.

**8.2 Resources Committee Annual Report to the Board 2015/16
Report No: B-15-2016**

The Convener presented the Resources Committee Annual Report, which summarised the work of the committee during 2015/16 and gave the Committee's opinion on the assurance that that work provided.

With regard to the section on People Management Policies, the Board suggested that it would be helpful, and more descriptive, if the Zero Tolerance Policy specified to what issue it related.

The Board noted the report.

9.0 AUDIT COMMITTEE PAPERS

9.1 Report from Audit Committee of 19 August 2016

The Convener of the Audit Committee presented the reports from the August and September meetings together, both of which had focussed on the draft annual report and accounts, and which the Committee had agreed to recommend to the Board.

The Convener also informed members that the Audit Committee would be meeting in private with the internal auditors on 18 November. This was deemed good practice.

9.2 Report from Audit Committee of 16 September 2016

The report was covered under item 9.1 above.

9.3 Draft Annual Report and Accounts 2015/16

The Board considered the final draft of the Annual Report and Accounts. Members agreed that the last sentence of paragraph 1.3 be amended to read, "In addition, the consideration of risk is a standing item at meetings of all Committees and the Board.

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

A minor change to Board member, Anne Houston's biographic details was also required.

9.4 Combined ISA260 Report to those Charged with Governance and Annual Report on the Audit

The Executive Director of Corporate and Customer Services presented the report, which provided the independent auditors' opinion from Audit Scotland. In the opinion of Audit Scotland, the financial statements had been properly prepared, the income and expenditure had been incurred or applied appropriately and in line with legislation and ministerial guidance and there were no further matters to report by exception.

The Board noted the report.

9.5 Audit Committee Annual Report to the Board 2015/16 Report No: B-16-2016

Members considered the Audit Committee Annual report 2015/16 and the recommendations outlined therein.

The Board agreed to the Chief Executive signing the Annual Report and Accounts.

The Board approved the 2015/16 Annual Report and Accounts.

10.0 COMPLAINTS COMMITTEE PAPERS

10.1 Report from Complaints Committee of 6 September 2016

The Convener presented the report of the Committee meeting held on 6 September 2016 and drew members' attention to three matters in particular.

There had been ongoing discussions with the SPSO regarding the timescales for handling complaints. This had followed the decision of the SPSO to uphold a complaint against the Care Inspectorate arising from the way in which the organisation had handled the complaint and the time taken to do so. The Ombudsman had since confirmed that the Care Inspectorate procedures did comply with the SPSO's model and further guidance had been made available to Care Inspectorate staff to ensure continued compliance. Members were pleased to note that progress had been made on the issue.

The annual report on complaints activity, which had been prepared in response to the Complaints Committee's request for a regular annual publication of trends and patterns in complaints, would be circulated to all Board members once finalised.

CSO

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

The Convener also advised members that a presentation on the Care Inspectorate’s new complaints procedure was planned for the Committee meeting being held on 21 November and an invitation would be extended to all Board members to attend. If members were unable to join the meeting, it was agreed that written material would be circulated to them by email.

CSO

The Board noted the report.

**10.2 Complaints Committee Annual Report to the Board 2015/16
Report No: B-17-2016**

The Convener presented the Complaints Committee Annual Report, which summarised the work of the committee during 2015/16 and gave the Committee’s opinion on the assurance that that work provided.

Members noted the information contained in the report regarding the lessons learned from complaints and improvements made as a result. Feedback from stakeholders had informed the work of the methodologies development team which, in turn, had led to direct improvements in the way in which the organisation reported on inspections.

It was noted that the reference under paragraph 3.3 of the report with regard to risks that had been identified should have read “2015/16”.

The Convener extended her thanks to Committee members and staff for their support and advice throughout year.

The Board noted the report.

**11.0 MONITORING OUR PERFORMANCE 2016/17 – QUARTER 1
REPORT -
REPORT NO: B-18-2016**

The Executive Director of Strategy and Improvement presented the Quarter 1 (2016/17) summary report on performance. The Board was also asked to discuss the performance against the key performance indicators, monitoring measures and quality indicators for the Care Inspectorate.

Members noted the range of improvement activities that had been undertaken or were ongoing, including the development of actions plans in the service, the provision of advice on infection prevention in children’s daycare services, signposting to best practice in dementia care and providing advice on nurse revalidation.

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

During Quarter 1, there had been changes introduced to the methodology for inspecting regulated care services so that shorter and more focussed inspections reports were now being prepared for services that were performing well.

The report detailed the range of scrutiny and improvement interventions that had been implemented during the first quarter. Of note was the review of the quality assurance process for the joint inspections of services for adults, with the aim of improving joint working between the Care Inspectorate and HIS.

The report provided information on the number of enforcement notices issued, and the Board noted the common themes in those that had been issued for non-technical reasons. These included the qualifications of staff, safety issues, personal care plans and manager experience.

Progress had been made during quarter one in the partnership working with Education Scotland and other partners in the development of a shared approach to evaluation of childminders providing funded Early Learning and Childcare.

Members were informed of the recent introduction of the use of inspection volunteers in complaints investigations. In quarter one, inspection volunteers had spoken with over 1,000 people receiving services and 475 family members or friends. It was noted that the turnover rate of inspection volunteers was around 25% in any one year, which was estimated to be in line with similar organisations. At the current time there were 69 volunteers in place. Members were keen for inspection volunteers to be made aware of the contribution they were making and were pleased to note that further discussions would be held to gauge the best and most effective ways of ensuring their feedback was recorded and evaluated.

Members were encouraged to note the volume of responses – amounting to almost 59,000 in the previous year – to the Care Service Questionnaires. The Executive Team had agreed to further development work to consider the types of questions being asked and the method of doing so.

In response to a previous query from Board members in relation to the type of general enquiries received through the Contact Centre, the Executive Director of Strategy and Improvement explained that, although the precise themes had not been recorded in detail, the majority of the calls had been requests to speak with a member of Care Inspectorate staff, inspectors or signposting to another agency.

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

The Board commended officers on the quality of the performance report. Members raised several specific points as follows:

- the use of Care Inspectorate grades by service providers in their advertisements of services. Members were concerned that this could be perceived as endorsement by the Care Inspectorate. The Head of Legal Services confirmed that close monitoring procedures were in place to ensure no endorsement of services was conveyed.
- the service with the lowest proportion of satisfied respondents was children’s residential services. It was noted that the Complaints Committee was considering how best to engage with younger people and that some development work had been carried out with STAF, including the involvement of young people with experience of care.
- That the report should make reference to scrutiny partners (that is, not just the one partner), under the heading “Notable scrutiny and improvement interventions”.
- That all future reports should be cross-checked to ensure the correct terminology is used, that is “people who use care services”.
- A request for some details of business plans and financial forecasts. The Executive Director of Strategy and Improvement agreed to provide information on this point.

EDSI

The Chief Executive informed members that, since the preparation of the report, a further 3% of planned statutory inspections had been completed, making a total of 83%. The inspection planning would be moving to a more refined process and some further recruitment would be undertaken, on an exception basis. Further discussion on inspection planning would be taken to the Board Strategic Event in October.

The Board noted the report.

ITEMS FOR DECISION

12.0 ANNUAL REVIEW OF RISK REGISTER – REPORT NO: B-19-2016

The Executive Director of Corporate and Customer Services presented the report. The Audit Committee had considered the draft register on two occasions and had agreed that it be submitted to the Board for comment and approval. The risk register was linked to the Strategic Plan and other key governance documents and therefore required ownership by the Board itself.

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

The Board considered the summary risk register and accompanying analysis sheets, the latter of which had been revised to include the new category of risk velocity. It was noted that, after the risk controls had been applied, there remained two high grade residual risks.

Members were informed that, following approval of the strategic risk register, the Audit Committee would be involved in the development of the organisation's risk appetite statement, and the assignment of a risk tolerance statement to each risk. This approach would help identify if sufficient control measures were in place.

It was noted that the Audit Committee would also be considering a new risk monitoring format which would allow potential risks to be clearly identified and addressed as they developed. The Chief Executive reported that all directorate and team plans would include risk identification, which would then be filtered back through the Audit Committee and up to the Board. This would be a core element of the organisation's corporate governance arrangements.

Members commended the work that had been done in developing the register and the following amendments were agreed:

- For consistency with the heading in the summary register, the analysis sheet to be amended on page 2 by replacing the word "risk" with "score" so that it reads: "The **RESIDUAL** score is therefore: ..."
- Analysis sheet for Strategic Risk No 9 to be amended on page 2, under "Further Action Required" so that the second bullet reads, "Continue regular independent testing of backup arrangements".
- Strategic Risk No 9 to be amended to include specific reference to cyber risk.

EDCCS

The Convener of the Audit Committee recorded thanks to the Executive Director of Corporate and Customer Services and the Head of Finance and Corporate Governance for their expertise and guidance to the Committee in relation to the strategic risk register.

The Board approved the Annual Risk Register 2016/17. Further discussion would take place at the Board Strategic Event in October.

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

13.0 OUR SUCCESS MEASURES – REPORT NO: B-20-2016

The Executive Director of Strategy and Improvement invited the Board to consider the revised proposal for the new success reporting measures for 2016/17, the aim of which would be to demonstrate the impact and outcomes of the work of the Care Inspectorate. It had been agreed by members and the Executive Team that there was a need to develop a different style of quarterly reporting which would provide quality analysis of each key performance indicator and monitoring measure. There would require to be transitional arrangements in place to support the change.

Members agreed that the re-designed framework was shaping up well. There was some discussion on the monitoring measure that related to the percentage of registration applications that do not proceed due to concerns about the ability to provide a quality service. Specifically, members questioned whether this was sending a positive or a negative message. The Chief Executive agreed that some further narrative would be added, with a baseline percentage and explanatory note.

Members commented that the validity of the success measures relied a great deal on the capturing of accurate information, and the means of doing so, taking into account that some people who used services were not fully engaged, for a number of reasons, including fear of reprisals. It was mooted that the adoption of a coaching culture might go some way to improving relationships between providers, inspectors and people who use care services. The Chief Executive commented that a coaching programme was being designed for the Care Inspectorate, with the aim of developing leadership skills and building confidence and competence in senior managers. The programme would be rolled out to inspection staff and a series of coaching conversations held, with the aim of service providers adopting the same cultural approach.

The Chair commended the Executive Director of Strategy and Improvement and his team on the quality of their work in designing the new framework, which would take effect immediately.

The Board approved the report.

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

**14.0 PROPOSED BOARD AND COMMITTEE SCHEDULE 2017/18 –
REPORT NO: B-21-2016**

The Board approved the Board and Committee meetings schedule for 2017/18.

CSO

15.0 TRANSFORMATION PLAN – REPORT NO: B-22-2016

The Chief Executive presented the Transformation Plan which had been designed to bridge the revised Corporate Plan and directorate and team plans. It set out the changes required to be made and why to deliver the Corporate Plan, in the way that an operational plan normally would, but it focussed on transformational change, linked with the Chief Executive’s four key leadership priorities. The Chair of the staff-side of the Partnership Forum had provided comments on the plan.

Board members commended the Chief Executive on the production of the plan and recommended some minor amendments. An Executive Summary would be published for the website and members also requested that an “easy read” version of the summary be made available.

The Board noted the Transformation Plan.

**16.0 ANNUAL HEALTH AND SAFETY REPORT –
REPORT NO: B-23-2016**

The Executive Director of Corporate and Customer Services presented the annual report which had been reviewed by the Health and Safety Committee and Partnership Forum representatives. The report drew comparisons with the previous year and projected the health and safety priorities for 2017/18. The Health and Safety Action Plan had been agreed following an independent review in January 2015 and it was now a standing item for the Resources Committee.

It was pointed out that the figure for the Safety for Senior Executive training course included Board members.

The Convener of the Resources Committee explained that the committee would be focussing in more detail on some of the points arising from Plan, including the increasing number of absence reasons and how these could be effectively managed. The Chief Executive also reported that the Partnership Forum was presently addressing ways of reducing absence levels. The quality of management information was much improved and this would enable better targeting for supporting people to return to work.

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

Members were particularly concerned with the levels of absence attributed to psychological and/or mental health issues and looked for reassurance as to what steps the organisation was taking to try to minimise this. The Chief Executive explained that this was a priority matter for the Partnership Forum and it was currently addressing how best to support colleagues, whether the stress was work-related or personal. In the table in the report that detailed the causes for absence, members asked that some clearer distinction be made between “acute and chronic conditions” and “recurring medical conditions”.

The Board noted the report.

**17.0 REVISED CORPORATE PLAN 2016/18 –
REPORT NO: B-24-2016**

The Chief Executive confirmed that, following the Board’s approval of the refreshed Corporate Plan on 24 June 2016, the points put forward by members at that meeting had been incorporated into the final version.

The Board noted the revised Corporate Plan and also noted the proposal to commence consultation during 2016/17 in preparation of a new Corporate Plan.

18.0 CHAIR’S REPORT – REPORT NO: B-25-20216

The Chair presented his report, which provided an update on key developments since the Board meeting held on 24 June 2016.

The Board noted the report.

19.0 CHIEF EXECUTIVE’S REPORT – REPORT NO: B-26-2016

The Chief Executive reported that a significant amount of work had been taken forward under each of the four leadership themes since the Board meeting in June, and that there was clear linkage to the Transformation Plan.

The Board noted the report.

20.0 AOCB

The Chair informed members that an invitation had been extended to Clive Pegram to attend the Board Strategic Event on 28 October 2016.

CSO

Version: 2.0	Status: <i>Draft</i>	Date: 13/10/16
--------------	----------------------	----------------

21.0 DATE OF NEXT MEETING

The date of the next meeting was noted as Friday 16 December 2016 at 10.30 am in Compass House, Dundee.

Signed:

Paul Edie
Chair