

## Minutes

- Meeting:** Board
- Date:** 19 June 2019
- Time:** 10.30 am
- Venue:** Rooms 0.6 and 0.7, Compass House, Dundee
- Present:** Paul Edie, Chair  
Anne Houston  
Bernadette Malone  
Bill Maxwell  
Carole Wilkinson  
Gavin Dayer  
James McGoldrick  
Keith Redpath  
Linda Pollock  
Naghat Ahmed  
Rognvald Johnson
- In Attendance:** Peter MacLeod, Chief Executive (CE)  
Edith Macintosh, Interim Executive Director of Strategy and Improvement (iEDSI)  
Gordon Weir, Executive Director of Corporate and Customer Services (EDCCS)  
Kevin Mitchell, Executive Director of Scrutiny and Assurance (EDSA)  
Pamela Hill, Estates Health and Safety Officer (Minute-taker)
- Apologies:** Arvind Salwan, Strategic Communications Manager  
Clive Pegram, Joint Chair, Partnership Forum  
Fiona Angus, Executive and Committee Support Manager (ECSM)  
Jamie MacDougall, Deputy Director, Care, Rights and Support Division, Scottish Government  
Kenneth McClure, Head of Legal Services  
Kenny Dick, Head of Finance and Corporate Governance

**1.0 WELCOME**

The Chair welcomed new Board member Bill Maxwell to his first Board meeting and expressed his thanks to Jim McGoldrick as this would be his last Board meeting. The Chair noted that his cheerful disposition and wise counsel would be greatly missed.

Welcome was also extended to Pamela Hill for agreeing to take the Board meeting's minute in Fiona Angus's absence.

**2.0 APOLOGIES**

Apologies were received as noted above.

**3.0 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**4.0 MINUTE OF MEETING HELD ON 28 MARCH 2019**

The Board **approved** the minute of the meeting held on 28 March 2019 as an accurate record.

**5.0 ACTION RECORD OF MEETING HELD ON 28 MARCH 2019**

The Board reviewed the action record and noted the update under item 4.1 of the March 2019 meeting, where the Chair and Audit Committee Convener had approved the 1<sup>st</sup> draft of the revised report format. This would now be circulated to the Board for comment.

ECSM

The Action Record should be updated to include the action at item 17.0 of the March 2019 minute that future complaints activity reports present separate figures on complaints received by children and young people.

ECSM

**6.0 MATTERS ARISING**

It was clarified that the Board requested more detail of outcomes and impact in the Equalities Outcomes and Mainstreaming 2019-21 Annual Progress Report at the March 2019 meeting.

**7.0 CHAIR'S REPORT– Report No: B-15-2019**

The Board **noted** the Chair's quarterly report which outlined the key engagement activities, including attendance at the 4<sup>th</sup> International Regulators' meeting and the Scottish Care Homecare Conference.

There was no further detailed feedback for the NHS Chairs meeting with the Cabinet Secretary as this was a confidential meeting.

Members would be invited to take part in the next cycle of Quality Conversations meetings being held from October 2019.

## 8.0 CHIEF EXECUTIVE'S REPORT - Report No: B-16-2019

The Chief Executive presented his quarterly report to the Board. The report provided Board members with an update of key developments for the Care Inspectorate since the previous report in March 2019. The Chief Executive referenced the ongoing development on internal communications, the new vision and the new operating model noting that self-evaluation and intelligence-led practice and improvement was at the forefront of the way forward. The Chief Executive advised he had attended the Shared Services Oversight Group with SSSC the day before and would be meeting with the Minister for Mental Health on 11 July 2019. There had been some very impressive partnership work across the range of the organisation.

The Chief Executive advised the Board of the recent staff survey which had been jointly commissioned with the Partnership Forum and noting that the initial feedback appeared to be positive.

The areas of the report that were discussed in more detail were:

- The complaints leaflet aimed at children and young people. Awareness raising initiatives and further developments in how children and young people could make complaints was welcomed.
- The amount of partnership work was welcomed.
- The term 'wicked issues' used in point 3.1 referred to the key aspects around resourcing and how much was available within the budgets in what was usually a decline in budgets. Scottish Government had just issued guidance on self-directed support. There were a number of challenges around the quality indicators and judgement competencies by key social workers. It was noted that the overview report on the implementation of self-directed support, following inspections in six health and social care partnerships, would be circulated to the Board. ECSM

The Board **noted** the report.

## STRATEGY AND POLICY

### 9.0 UPDATE ON CORPORATE PLAN 2019-22 – Report No: B-17-2019

The Chief Executive introduced the revised draft Corporate Plan which had been substantially revised following previous discussions with the Board. The key performance indicators and measures were still being developed and Board involvement/input was welcomed.

The Interim Executive Director of Strategy and Improvement advised the Board that the final draft of the performance measures would be available towards end July 2019. Some of the measures were similar

to previous ones but worded differently to focus more on outcomes for people. A measure about complaints would be added.

The discussion focussed on aspects of the Corporate Plan which required further work before approval could be sought:

- The directorate plans which were in the process of development would be aligned strategically with the aims of the Corporate Plan.
- The need for clearer short, medium and long-term timelines. These could potentially be incorporated into the performance measures framework.
- Removing the case studies and use of names which detracted from the Corporate Plan. If removed, these could still be used in different forums.
- The Corporate Plan's structure required a clear golden thread between the vision and the measures.
- The possibility of a flow diagram whereby an individual could see the points of access for them; for example, how, where to make a complaint.
- The Corporate Plan may have been reduced too far and the information within the graphic around aim, vision, objectives and results should also be included in the narrative
- The outcomes and targets needed clarity and more focus. This would be part of the performance management framework being developed.

The Chief Executive agreed that the Corporate Plan would be revised to reflect the comments put forward by members including some further narrative. He was confident that the core business could still be monitored with those measures currently in place. The intention was that where the links were indicated this was for the layout and final publishing stage, and these would be developed further on that basis. Sponsor Branch would be informed of the Board's expectations.

To ensure momentum in finalising the Corporate Plan an additional session of the Board would be held after the Audit Committee on 15 August 2019 to approve the final draft.

Following full discussion and scrutiny, the Board:

- **agreed** that the Member working group including Bill Maxwell and Linda Pollock would work with officers on the performance measures;
- **agreed** a Special Board meeting would be held after the August 2019 Audit Committee to approve the further revised draft Corporate Plan

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## 10.0 REVIEW OF RISK REGISTER – Report No: B-18-2019

The Executive Director of Corporate and Customer Services introduced the report and the risk documents which represented the culmination of work with the Board that started in February 2019 at the Strategic Risk Board Development Event. It was a slightly unusual situation not to have the Corporate Plan available, but the risks would be aligned to the new Corporate Plan at the earliest opportunity.

The Convener of the Audit Committee had welcomed the opportunity to consider the risk documents at the May 2019 meeting and members had made a number of comments which had been incorporated.

It was noted that a new risk monitoring format would be introduced by the Audit Committee, with the first risk monitoring report being submitted to the Audit Committee meeting on 12 September 2019.

It was suggested that risks 7 and 8 should note that staff buy-in was essential and it was agreed that this would be included.

EDCCS

Following full discussion and scrutiny, the Board:

- **noted** there would be revisions to risks 7 and 8;
- **approved** the risk policy, risk appetite statement and strategic risk register.

## 11.0 REFRESHED IMPROVEMENT STRATEGY – Report No: B-19-2019

The Interim Executive Director of Strategy and Improvement introduced the report and highlighted that the refreshed strategy built on the very positive outcomes from the previous strategy. Where links were indicated, these would be added at the layout and final publishing stage, which would be the normal process for developing publications in order to use resources efficiently and effectively.

The work to scope the possibility of an “improvement academy” was at an early stage. This could provide a centre for people within and outwith the organisation to focus on good practice and develop their skills in improvement science. There may also be opportunities to link in with Higher Education Institutions and establish this as part of a collaboration. A full proposal including any resource requirements would require to be developed for this prior to any decisions being made.

It was clarified that the Institute for Healthcare Improvement ‘Model for Improvement’ had been agreed with the Board previously as the preferred model to be used by the Care Inspectorate to support improvement in the sector.

The discussion focussed on aspects of the Improvement Strategy which required further work before approval could be sought:

- Quality accreditation and internal work was a consideration including referencing that staff were undertaking qualifications in the European Foundation for Quality Management.
- The section on embedding a culture of self-evaluation should be clearer as to whether it is aimed internally, externally or both.
- The last paragraph under intelligence-led improvement support should be clarified as to whether this was structural or cultural.
- The differences between outcomes and activities should be clearer.
- The strategy would benefit by having clarity on the timescales of the specific actions over the next three years.
- The report's resources section should have more clarity on whether there were currently resources to deliver the strategy.

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An additional session of the Board would be held after the Audit Committee in August 2019 to approve the next final draft.

Following full discussion and scrutiny, the Board:

- **agreed** a Special Board meeting would be held after the meeting of the Audit Committee on 15 August 2019, to approve the further revised Improvement Strategy.

## 12.0 DEVELOPING THE STRATEGIC WORKFORCE PLAN 2019-22 – Report No: B-20-2019

The Interim Executive Director of Strategy and Improvement introduced the report which provided the Board with a progress update on the development of the Strategic Workforce Plan for 2019-22.

The Chief Executive advised that member involvement would be welcomed and sought in due course, prior to presenting the final draft of the Plan to the September 2019 Board.

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The Board **noted** the progress update on the development of the Strategic Workforce Plan 2019-22.

## MONITORING AND GOVERNANCE

### 13.0 MONITORING OUR PERFORMANCE 2018/19 REPORT QUARTER 4 – Report No: B-21-2019

The Chief Executive introduced the report, which had been revised from two reports into one following previous discussion, would be refined further.

The Interim Executive Director of Strategy and Improvement presented the quarterly summary report and noted the following aspects of the performance:

- KPI3 was challenging to measure as it was reliant on the public telling the Care Inspectorate what they thought. The KPI was under review and different ways to get feedback were being explored.
- There had been a large amount of work over past months looking at how to meet KPIs 5a and 5b, including capacity building. Since writing the report all vacancies had been filled in the complaints team and managers had reviewed working practices within the team to try to ensure less travelling for inspectors. The impact of this should be seen in future reports. As the Complaints app only went live on 21 March 2019 the data was not part of the report, however, results were looking more positive.
- KPI6 was slightly below target due to increased workloads and delays in the team getting information in order to process registrations. The process was being reviewed in advance of the development of the new registration app.

The Board was invited to discuss performance against the key performance indicators and monitoring measures and a number of areas within the report were highlighted:

- The new report format and line summary of achievements and progress was easier to read and helped focus on the issues needing attention.
- KPI1 - The inspection performance had been excellent in 2018-19, particularly at the end of the year.
- The reporting of MM4 required clarity including a possible percentage and target and consideration of whether spending more hours on improvement was good or bad. MM4 – all inspections were improvement activities in their own right. This measure was being reviewed.
- The MM5 notes relating to non-cancelled services required further explanation.
- MM6 & MM10 - The digital transformation programme could potentially help with more useful measures in the future.
- KPI4 - A recent campaign had been successful in recruiting a number of volunteers.
- MM11 – checks would be done on whether the ISQs not sent out in Q1 2018-19 were subsequently sent out and an update would be provided to members.
- KPI8 – The Board had asked that any savings from the digitisation programme be ringfenced and this would be reported formally to the Board. Permanent vacancies were being held open and filled with temporary staff, hence the relatively high level of non-inspector vacancies.
- The narrative for KPI10 might not present a complete picture as a number of recommendations had amended deadlines. The EDCCS would review his KPI.

Having discussed the performance report in detail, the Board **noted** the report.

#### **14.0 BEST VALUE 2018/19 – Report No: B-22-2019**

The Executive Director of Corporate and Customer Services introduced the report, which described to the Board how the Care Inspectorate had complied with its duty of Best Value in 2018-19.

The Board and Audit Committee's roles in terms of Best Value overview and monitoring the areas were discussed. The EDCCS would work with the Audit Committee on the arrangements for tracking improvement and activity.

The Board **noted** the report.

#### **15.0 FINANCE UPDATE – Report No: B-23-2019**

The Executive Director of Corporate and Customer Services introduced and highlighted the following aspects of the report:

- The Budget Working Group had met twice since the previous Board meeting and was focussing on the forecast medium-term budget deficit.
- The draft 2018/19 Annual Report and Accounts would be submitted to Audit Scotland on 24 June 2019, in line with the agreed submission date.
- The 2018/19 financial projection showed an improvement of £381k from the previous report to Board; some of this related to spend carried forward to 2019/20 and therefore the underlying improvement in the general reserve was estimated at £218k.
- Whilst formal budget monitoring had not yet commenced for 2019/20, there were no issues identified at this stage. Should any matters of concern arise between the June board meeting and the meeting in September, these would be raised directly with the Chair.
- A seven-year financial strategy would be presented to the September 2019 Board.
- Included in the report was an income and collection debt management report. Debt management was a high performing area of the Finance team and debt was only written off where absolutely necessary.
- The Sponsor's letter regarding the 2019-20 grant-in-aid had not yet been received, which was highly unusual. Verbal assurance had been secured that the letter was imminent.

The report was discussed in more detail, noting the ongoing work of the Budget Development Member Officer Working Group:

- Confirmation as to when the Grant-in-Aid letter might be received would be sought from the Sponsor.



- Members also noted the 2018-19 debt outstanding was comparable to previous years.

The Board:

- **noted** the draft Annual Report and Accounts were expected to be completed and ready for submission to the external auditors on 24 June 2019;
- **noted** the improved projected financial position for 2018-19;
- **noted** the effective 2018-19 income and collection debt management activity;
- **noted** the budget position including identified risks for 2019-20; and
- **noted** progress on identifying and addressing the financial challenges for 2020-21 and subsequent years.

#### 16.0 DRAFT MINUTE OF AUDIT COMMITTEE MEETING HELD 30 MAY 2019

The Convener of the Audit Committee presented the draft minute of the Committee meeting held on 30 May 2019. The specific points for the Board's attention were:

- Claire Adams from the Office of the Chief Information Officer had presented the findings of the Digital First review of the Care Inspectorate to the Committee, which members found helpful in providing assurance of the robustness of the organisation's digital change programme.
- There were issues with two of the internal audit reports received for which members had received assurances.

The Chief Executive provided updates on two of the internal audit reports and the Digital First review:

- Business Continuity Planning – The Executive Group had identified staff resource at their June 2019 meeting to take the management actions forward. Advice was also being sought from the specialist staff at Dundee City Council.
- Complaints – further assurance was given that the recommendations and management actions resulting from the Internal Audit of complaints were underway.
- The "Gateway Zero" Review action plan would be submitted to Scottish Government within three weeks.

The Board **noted** the minute and updates.

#### 17.0 HR ANNUAL REPORT – Report No: B-24-2019

The Executive Director of Corporate and Customer Services introduced the report and noted that it had been a busy year for the HR team which was shared with the SSSC. Workforce absence figures had been produced on a slightly different basis from

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previously but were positive when compared to CIPD benchmarks. There continued to be issues with the new payroll contractor and these had been escalated through the Chief Executive with the request that the contractor applied more resource to resolving the problems.

The areas of the report that were discussed in more detail were:

- The report, which had been specifically requested by the Board at the last meeting, was welcomed. It provided helpful information, data and trends in relation to the HR functions of the Corporate and Customer Services directorate.
- The flexible working arrangements outlined in section 5.4 did not include homeworking, which was only open to inspectors. The Homeworking Policy was due for review and a broadening of eligibility would be considered.
- It was noted that a strategic report detailing how the workforce was being supported and developed, the objectives for the workforce and how these were being met/achieved as well as capacity improvement would also be welcomed. This would be provided by the Strategy and Improvement directorate to the September 2019 Board. The Board also asked that the action plan arising from the recent staff survey be included.
- Consideration should be given to some way for the Board to have sight of the specifics of the Dignity at Work issues.
- Exit interviews were good practice. Efforts were made to do these for those resigning but the organisation could not force staff to take part.

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The Board **noted** the report.

## **18.0 REVIEW OF CORPORATE REPORTING TO BOARD AND COMMITTEE**

A verbal update was provided on the work underway to revise the format of reports to the Board.

### **STANDING ITEMS**

## **19.0 IDENTIFICATION OF RISK**

No additional risks were recorded.

## **20.0 BOARD SCHEDULE OF BUSINESS 2019/20**

The Board **noted** the schedule of business for the 2019-20 cycle

## ANY OTHER COMPETENT BUSINESS

### 21.0 AMENDMENT TO THE RETIREMENT AND EARLY SEVERANCE POLICY – Report No: B-25-2019

The Executive Director of Corporate and Customer Services introduced the report and advised that where early retirement and severance cases incurred a cost to the organisation the policy required approval from the Resources Committee. As the Committee had been disbanded, these *ad-hoc* decisions now fell to the Board. The report recommended that such *ad-hoc* decisions be delegated to the Chief Executive.

Areas of the report that were discussed were:

- If approved, the decision would be made by the Chief Executive but would also need Sponsor approval.
- An annual update to the Board about any applications could be included within the annual HR report to the Board.

The Board:

- **agreed** the Chief Executive should have delegated authority to approve cases of retirements and of staff early severance where there was a cost to the Care Inspectorate; and
- **noted** that this would not be implemented until there had been appropriate consultation with the Partnership Forum.

### 22.0 DATE OF NEXT MEETING

The date of the next meeting was noted as Thursday 26 September 2019 at 10.30am in Compass House, Dundee

Signed:



Paul Edie

