



Minutes

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| Meeting: | Public Board |
| Date: | 15 August 2024 |
| Time: | 10.30 am to 1.00 pm |
| Venue: | Rooms 1.02/1.03, First Floor, Compass House, Dundee (with Teams link available) |
| Board members present: | Doug Moodie, Chair (by Teams) Naghat Ahmed Charlotte Armitage Sandra Campbell (by Teams) Audrey Cowie Rona Fraser Ronnie Johnson Maria McGill Ed McGrachan Bill Maxwell Rosie Moore Carole Wilkinson Jennifer Trott Paul Gray (by Teams) |
| In Attendance: | Jackie Irvine, Chief Executive (CE) Jackie Mackenzie, Executive Director of Corporate and Customer Services (EDCCS) Gordon Mackie, Executive Director of IT and Digital Transformation (EDITDT) (by Teams) Kevin Mitchell, Executive Director of Scrutiny and Assurance (EDSA) (by Teams) Kenny Dick, Head of Finance and Corporate Governance (HoFCG) Lisa Rooke, Head of Corporate Policy and Communications (HoCPC) Kenny McClure, Head of Legal Services (HoLS) (by Teams) Fiona McKeand, Executive and Committee, and Corporate Support Manager (EC&CSM) Ingrid Gilray, Intelligence and Analysis Manager (IAM) (items 9 and 10) Craig Morris, Head of Quality Improvement and Participation (HoQIP) (item 15) Lucy Finn, Head of HR (HoHR) (item 16) |
| Observers: | Donna Laing - Joint Chair, Partnership Forum (official observer) |

Public Observers: Sharon Ballingall (by Teams)

Apologies: Edith Macintosh, Executive Director of Strategy and Improvement, and Deputy Chief Executive (EDSI/DCE)

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| Item | Action |
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1.0 WELCOME

The Chair welcomed Board members, attendees, official and public observers to the meeting. He extended special thanks to *ex officio* Board member, Sandra Campbell, for her input to the work of the Care Inspectorate Board and wise counsel over the years, and who was retiring from her role as Convener of the Scottish Social Services Council.

2.0 APOLOGIES

Apologies were received, as noted above.

3.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

4.0 MINUTES OF PREVIOUS MEETINGS

4.1 Minutes of Private Board Meeting held on 9 May 2024

The minutes of the private Board meeting held on 9 May 2024 were **approved** as an accurate record with the addition of Board member Charlotte Armitage as having attended the meeting.

ECCSM

4.2 Minutes of Public Board Meeting held on 9 May 2024

The minutes of the public Board meeting held on 9 May 2024 were **approved** as an accurate record. At this point, the Board also congratulated Board member Charlotte Armitage on her recent academic success.

5.0 ACTION RECORD OF BOARD MEETING HELD ON 9 MAY 2024

The Board noted the updated action record, including those actions that had been completed since the previous meeting.

6.0 MATTERS ARISING

There were no matters arising.

7.0 CHAIR'S REPORT – REPORT NO: B-16-2024/25

The Chair presented his quarterly report, which the Board was asked to note. The inaugural meeting with the Chairs of the other home nations care sector scrutiny bodies was highlighted as a very positive event which will continue to meet once a quarter.

It was noted that this meeting had been held before the publication of the recent Care Quality Commission review report. The Chief Executive advised the Board that a report had been submitted to the Care Inspectorate's internal Scrutiny and Quality Improvement Assurance Group (SQIAG) that week to look at any impact or changes that the Care Inspectorate might consider in light of the CQC interim review report. The SQIAG report would be taken to the Strategic Management Group and thereafter brought to the Board, which members welcomed. This may need to be in a Private session.

The Board noted the Chair's quarterly report.

8.0 CHIEF EXECUTIVE'S REPORT – REPORT NO: B-27-2024/25

The Chief Executive presented her quarterly report, which highlighted significant developments and new or completed activities that directly supported the Corporate Plan and its strategic outcomes. The Board was asked to note the contents and to contact the Chief Executive directly with any further questions.

The Chair thanked the Chief Executive for the fully comprehensive report, noted by the full Board.

STRATEGY AND POLICY

There were no items for this meeting.

MONITORING AND GOVERNANCE

9.0 MONITORING OUR PERFORMANCE 2024/25: QUARTER 1 REPORT – REPORT NO: B-18-2024/25

The Executive Director of IT, Transformation and Digital presented the report which outlined the 2024/25 quarter 1 summary on performance, with a focus on performance against the organisation's Key Performance Indicators (KPIs). It was noted that of the eight KPIs detailed in the Corporate Plan 2022-25, at the end of Q1 2024/25, seven met or exceeded target and one did not meet the target.

In accordance with the annual review of targets to ensure they remained relevant, an update had been made to one target for KPI-6 (staff absence) as a result. The Board was invited to discuss and note the report and all were in agreement with this change.

There was discussion on the following:

- KPI-5 – The Board welcomed the increase in completion rates for staff core learning but noted that equality training appeared the lowest. This area of training required the completion of nine modules which, after some benchmarking, appeared to be much higher compared with similar organisations. It was mooted that this, along with the longer timescales, had an impact on measuring this KPI.

The Board considered it important to make the connection between training and improvement of care. The Executive Director of Corporate and Customer Services agreed to liaise with the Head of OWD to look at re-accreditation training available through the Open University.

EDCCS/HowD

It was also acknowledged that this KPI needed to be revisited in terms of how we are reporting completion and that as it stood just now it did not provide a clear picture. The Executive Group agreed to revisiting the formula's behind this KPI

- Key Outcome Indicator (KOI) 3 (The average time a service continued to have a grade of less than adequate) - In response to a question on inactive services being included in the data, the Board was advised that this was the case, the reason being that a service's inactive status could be fluid, and they would still remain registered. An example of this would be a childminding service which might be moving house and therefore required to go inactive for a period of time.

Also in respect of KOI-3, the Board was concerned that the decline in performance had increased from 10.5 months to 11 months and asked if there was any other action that the organisation could take, or support from the Board, to enable change in this area. The Board noted that, in spite of financial constraints and vacancy levels, the KPIs had not dropped in the way that they could have in the face of these challenges. Under KOI-3, however, it was noted that focus was placed on higher risk services as evidenced under KPI-2, while significant resources had also to be prioritised in respect of Operation Koper. Although a dedicated improvement support team was in place, the team itself was small and it was challenging to be able to provide support to every affected service. The Board was encouraged to note, however, that a meeting was due to be held with the Minister at which the Care Inspectorate's quality improvement service would be discussed. The Board recommended that, to help the Minister's understanding of the situation, it be explained at the meeting what the

inhibitors were to achieving improvements within the provider sector , and to evidence the impact on care quality if improvement programmes were not targeted.

Having discussed in full, the Board noted the report on performance monitoring.

10.0 COMPLAINTS ABOUT CARE SERVICES IN SCOTLAND, 2019/20 TO 2023/24: A STATISTICAL BULLETIN - REPORT NO: B-19-2024/25

The Executive Director of IT, Transformation and Digital presented the report, with input from the Intelligence and Analysis Manager. The Board received the Care Inspectorate's annual complaints statistical summary, which had been published to the website on 6 August 2024. The bulletin provided information on complaints about registered care services in Scotland and included summaries of complaints received and investigated between April 2019 to March 2024, spanning the five years period over which both the new complaints procedure and new data collection system had been operating.

The Board was asked to note the contents and questions were invited.

With regard to the numbers of upheld complaints that related to healthcare concerns within care homes, the Board asked if the Care Inspectorate's Chief Nurse had a role in this area, and the type of support that might come directly from NHS Boards. It was explained that the Chief Nurse did have an advisory role and that the organisation had a team of specialist advisers in relation to things like nutrition and tissue viability practice. The Executive Director of Scrutiny and Assurance explained that the Care Inspectorate liaised closely with nursing directors in relation to inspections, particularly if there were concerns about specific care homes. Since this was in relation to inspections only and not complaints, the Executive Director of Scrutiny and Assurance indicated that this could be looked at further.

EDSA

In response to a question on the improvement programme, the Board was advised that improvement notices were issued with timelines applied and that the organisation worked with providers to support the achievement of the improvement measures in order to prevent movement towards enforcement or closure.

Members were advised that, as well as being published on the website, the bulletin was issued along with care provider updates.

Commenting on the variation in rate and number of complaints received across Scotland's local authority areas relating to care homes for older people, the Board asked if there was any thematic analysis below these figures and if this could be useful information

to provide to COSLA. It was agreed that this area could be looked at in more detail for the next annual report. Members were also reassured about the work carried out with local authorities through the Care Inspectorate's strategic link inspectors, including the sharing and sign-posting of key strategic reports with provider groups.

The Board welcomed and noted the report.

11.0 BUDGET MONITORING AND STAFFING UPDATE – REPORT NO: B-20-2024/25

The Executive Director of Corporate and Customer Services introduced the quarterly report, which provided the Board with details of the projected 2024/25 financial position and an update on the organisation's staffing position.

The Board was invited to consider the projected financial position and the risks that may affect it and to note the financial position on the Stage 2 Digital Transformation project.

The Head of Finance and Corporate Governance also highlighted discussions taking place with the Scottish Government sponsor team around the cost of re-developing the Care Inspectorate's website. It was also noted that a meeting with Scottish Government Health Finance department was expected later in the month when it was planned to outline the minimum number of posts required by the organisation to deliver its current operating model.

The Board discussed the report in detail and highlighted the following areas:

- The position remained challenging and recruitment to any additional posts would be difficult until such time as the final budget position was known.
- It was important to emphasise to Scottish Government the sustainability impact over the next two years. The Board was advised that the Sponsor team understood the Care Inspectorate's position and were supportive of this.
- The Board remained concerned that the details of the grant in aid letter would change, mindful of the announcement made by the Cabinet Secretary the day before in relation to the funding of public bodies.
- It was important to emphasise to Scottish Government that in spite of financial challenges, the Care Inspectorate was performing to a high level in carrying out its scrutiny and improvement work and the value being added to the provision of care as a result of that work. There was a desire and need to do more and that the organisation should therefore keep its narrative in balance.

The Board noted the report, having discussed it in detail.

12.0 AUDIT AND RISK COMMITTEE UPDATE TO THE BOARD – REPORT NO: B-21-2024/25

The Committee Convener presented the summarised report of the meeting of the Audit and Risk Committee held on 30 May 2024, along with a copy of the full set of draft minutes of the discussion. The Committee recommended to the Board the re-appointment of Henderson Loggie LLP as internal auditor. At this point, Board member Ed McGrachan declared an interest since the same internal auditors provided services to another body whose Audit and Assurance Committee he chaired. The Board went on to **approve** the re-appointment of Henderson Loggie LLP.

The Committee also recommended that the Board approve the updated Strategic Risk Register, and that this would be covered in more detail under item 13 of the meeting.

The Board was also asked to note that the Audit and Risk Committee documentation was accessible to all members via the Board Sharepoint site.

13.0 STRATEGIC RISK REGISTER MONITORING - REPORT NO: B-22-2024/25

The Executive Director of Corporate and Customer Services introduced the report, which provided the Board with an updated version of the 2024/25 Strategic Risk Register, incorporating changes that had been noted and agreed at the Board's annual review of the risk register and follow-up discussion by the Audit and Risk Committee on 30 May 2024.

The Board **approved** the changes and that the revised strategic risk register should be adopted for risk management purposes for the remainder of 2024/25.

14.0 ESTABLISHMENT OF FINANCE AND RESOURCES COMMITTEE - REPORT NO: B-23-2024/25

The Executive Director of Corporate and Customer Services introduced the report, which set out recommended changes to the Reservation of Powers and Scheme of Delegation (RoPSoD) to formally establish a Finance and Resources Committee, following the Board's earlier agreement to introduce a new committee.

The draft revised RoPSoD incorporated the Terms of Reference (ToR) for the new Finance and Resources Committee (FRC).

The Board was also invited to appoint a Convener and members to the new Committee. On this point, it was noted that the report referred to the Convener of the Audit and Risk Committee being a

member. The correct reference was contained within the ToR, where it stated that at least one member of the FRC must also be a member of the Audit and Risk Committee (ARC).

It was clarified that the Chair held responsibility for nominating members to the Committee and that those members of the Board who were not listed as members of the Committee were thereafter invited to vote to agree this membership. At this point, the Vice-Chair requested that the Board's Whistleblowing Champion be included in the Committee membership. The named member would change over time, but it was considered important to have the position of Whistleblowing Champion on the Committee ToR.

The Board supported further requests from the Vice-Chair to add to the Terms of Reference:

- under "Delegated Authority", a new paragraph 6.3.8 to cover HR policies in line with the review timetable;
- under paragraph 6.4.1, relating to Staff Survey, to add wording to read: "and resulting action plans".
- under paragraph 6.4.1, the Staff Code of Conduct, Whistleblowing Policy, Grievance Policy and Dignity at Work Policy. With regard to the Whistleblowing Policy, it was noted that the FRC would receive this for oversight purposes and that the approval route for the policy would be through the Board.

HoFCG

The Convener of the ARC stressed the need to avoid duplication of information requirements between that committee and the FRC and that some rationalising between both Conveners would be required, with it also being of benefit having the ARC representative on the membership of the new committee. Both conveners proposed they have a meeting to discuss this matter and ensure there was no duplication. The Chair supported this and stressed the importance of utilising existing reports rather than creating new ones, except on occasions where the FRC required specific information on a particular topic under its information requirements.

**Conveners
of ARC &
FRC**

In response to a question about the appointment of a Committee Vice-Convener, it was confirmed that this was not an official role however the Conveners of both committees were entitled to nominate another member of their respective committees in order to proceed with business if they were unable to attend a particular meeting.

The Board **approved**:

- the revised RoPSoD, including the addition of the above-noted points within the FRC terms of reference
- the membership of the Committee; and

- approval route for the Care Inspectorate's governance documents, policies and strategies

15.0 CHILDREN'S RIGHTS, CARE EXPERIENCE AND CORPORATE PARENTING PLAN 2024–2027 - REPORT NO: B-24-2024/25

The Chief Executive introduced the report which provided the Board with details of the above noted plan covering the calendar years 2024 to 2027. The plan was designed to ensure that the Care Inspectorate achieved its commitment to keeping The Promise and corporate parenting work.

The Board noted that the Scottish Government was about to consult on the legal definition of individuals/groups who are "care experienced" and there followed discussion by members and officers around this, including reference to young asylum seekers and refugees, and children with experience of adoption. The Board was keen to explore the identification of any gaps and what influence the Care Inspectorate might have in raising these.

The Chief Executive informed members that she attended meetings led by the Home Office covering unaccompanied asylum seekers and that the Care Inspectorate was invited to attend due to the national transfer scheme between England and Scotland. The organisation also worked closely with the Scottish Refugee Council.

The Board welcomed this information and agreed that it was important to be mindful of some groups of young people who might not be care experienced under the legal definition, but who had additional vulnerabilities, including asylum seekers. It was considered important that the Care Inspectorate had an influencing role on this matter, notably looking at care experience in its broadest, life-long sense. The Chief Executive assured the Board that the policy team would be preparing a response to the forthcoming Scottish Government consultation and would take account of the points made by Board members.

Policy Team

The Board **agreed** the Children's Rights, Care Experience and Corporate Parenting Plan 2024-2027 and noted that it would thereafter be published, including in child-friendly format. The Head of Quality Improvement and Participation advised that timely updates on progress with the plan would be reported to Board in due course.

OPERATIONAL ITEMS

16.0 HR QUARTERLY REPORT – REPORT NO: B-25-2024/25

The Executive Director of Corporate and Customer Services introduced the report, noting to members that this would be the last meeting when the quarterly report would be submitted to the full

Board, going instead to the new Finance and Resources Committee.

The Head of Human Resources provided a more detailed overview of the information contained within the report, which covered key HR metrics and workforce data.

The Board showed an interest in the employment of staff with disabilities and received a full and detailed update from the Head of HR on the support being provided to staff with disabilities. The update was an action arising from the Board meeting held on 9 May 2024 and the Board welcomed this information, along with details of the guaranteed interview scheme relating to care experienced applicants and collaboration with external agencies.

The Board also considered the sickness absence figures outlined in the report, in particular those related to mental health issues and queried the possibility of re-categorising the data. The Board was advised that the ill health categories applied were in line with those set by the Chartered Institute of Personnel and Development. It was agreed, however, that the Convener of the Finance and Resources Committee and Head of HR would liaise on this matter with a view to the provision of HR data to the new committee.

**HoHR/
FRC
Convener**

The Board noted the report and that the quarterly information would be provided to the Finance and Resources Committee with effect from the next quarter.

17.0 REVISED BOARD AND COMMITTEE SCHEDULE 2024/25 - REPORT NO: B-26-2024/25

The Executive Director of Corporate and Customer Services introduced the report, which presented a revised Board and Committee meeting schedule for 2024/25, updated with proposed dates for the new Finance and Resources Committee.

The report also advised members of the work being done to prepare the meetings schedule for 2025/26, which would require some further internal discussions before being circulated to members ahead of the November Board meeting.

In considering the dates for the new committee, the Board was asked to note that these were required to be held before the Board met, in order to be able to report to Board, and with the caveat that the January 2025 meeting of the committee, prior to the February Board, would not include a full set of financial information, due to the Christmas and New Year break. A full set of HR information would be available.

The Board **approved** the updated schedule.

STANDING ITEMS

18.0 STRATEGIC RISK REGISTER MONITORING

This was covered under item 13 on the agenda.

19.0 BOARD SCHEDULE OF BUSINESS 2024/25

The Board noted the schedule of business, which had been updated to include reporting from the meetings of the new Finance and Resources Committee in October 2024 and January 2025.

20.0 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

21.0 CLOSE OF PUBLIC MEETING AND DATE OF NEXT MEETING

The date of the next meeting was noted as 14 November 2024 at 10.30 am in Compass House, Dundee.

Signed:



Doug Moodie
Chair