Minutes

Meeting:	Strategy and Performance Committee
Date:	23 October2012
Time:	10.30am
Venue:	Room 0.24, Compass House, Dundee

Present:	Frank Clark, Chair (Convener of Committee) Theresa Allison, Board Member Anne Haddow, Board Member Douglas Hutchens, Board Member Cecil Meiklejohn, Board Member David Wiseman, Board Member Mike Cairns, Board Member
In Attendance:	Annette Bruton, Chief Executive Karen Anderson, Director of Operations (PAPR) Kenny McClure, Head of Legal Services Pamela Hill, Secretary
Apologies:	David Cumming, Director of Operations (PCR) Gill Ottley, Director of Operations (I&C) Gordon Weir, Director of Resources

Item   **Action**

1.0   APOLOGIES FOR ABSENCE

Apologies for absence, as listed above, were noted.

2.0   DECLARATION OF INTEREST

There were no declarations of interest.

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3.0 INTRODUCTION

The Chair introduced the Strategy and Performance Committee's session on committee effectiveness advising that, with agreement from the committee conveners, the sequencing of reviewing all of the committees was to take place before the Board's review rather than after, as was originally planned.

The Chair had drafted a set of "criteria", which could be used as a framework to ensure consistency of approach in the reviews of committee effectiveness. It was important that members' considered how the committee had been operating retrospectively and also looking towards the future. The organisation would look very different in 12 months time and so the Board would be reflecting on what it expected of its committees and this would be an ongoing process.

4.0 IS THE COMMITTEE CLEAR ABOUT THE BOARD'S EXPECTATIONS OF IT AND DOES IT CONSIDER THAT THESE EXPECTATIONS ARE BEING MET?

This question was discussed and the following points highlighted:
- Over and above the Terms of Reference (ToR), the Board had an expectation that a committee would consider specific items in sufficient detail that the Board could then place reliance on the committee's recommendations. Notwithstanding that, Board members could then ask for more detail on any aspect of the recommendations to assist it in coming to an informed decision.
- The Scheme of Delegation and "Matters reserved for" should provide clarity on the instances where issues should be dealt with by the committee, the Board or both, how items should be noted and the particular levels of responsibility. This could be considered as part of the overall Board effectiveness review.
- The current ToR contained a mixture of discreet tasks which formed the Committee's remit as well tasks that fell to be considered by both the Committee and the Board. There was potential for duplication between the Strategy and Performance Committee and the Board, as well as other committees. Conveners would need to be clear about the remits to avoid unplanned duplication.
- The Board's expectations of the Committee were not always perceived as clear by members. There had been no problems arising from the lack of clarity, but there could be a risk in terms of gaps.

   The Committee:
- Agreed that the Terms of Reference, Scheme of Delegation and "Matters reserved for" should be reviewed as part of the

overall Board effectiveness review.

5.0   ARE THE COMMITTEE'S TERMS OF REFERENCE STILL RELEVANT IN THE LIGHT OF THE DEVELOPING SCOTTISH GOVERNMENT AGENDA ON HEALTH AND SOCIAL CARE AND THE GREATER CLARITY WHICH EXISTS IN RELATION TO THE CARE INSPECTORATE'S BUSINESS NEEDS?

This question was discussed and the following points highlighted:

- The intelligence available to the Board and the committees was more developed than when the ToR had been drawn up. The Committee needed to be aware and satisfied that intelligence and evidence was being used strategically and responded to appropriately.
- The intelligence should be used to inform public reporting and both the intelligence and public reporting strategies should be monitored by the Committee. Trend information would become increasingly important, as would the intelligence generated by complaints, which should be reported on more fully, as appropriate.
- Suggestions for amending/reviewing the ToR were as follows:
  - 5.1.1 - should read "To recommend/advise the Board in establishing the…"
  - 5.1.3 - should read "… promotion of efficient, effective, economic and intelligence led use of Board resources …"
  - 5.1.4, 2nd bullet - should read "the development of the Care Inspectorate through any change programme."
  - 5.1.4 - should include additional bullet points noting the Duty of User Focus and the Duty of Co-operation
  - 5.1.5 - should read "To identify themes and trends based on risk and intelligence in all scrutiny activity…"
  - 5.1.7 – consideration should be given as to whether the effectiveness of liaison with other scrutiny bodies was examined and also whether this should be amended to "…other bodies…" and not just "…other scrutiny bodies…"

The Committee:
- Agreed that the Terms of Reference should be reviewed and the above points taken into consideration.

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6.0 IS THE BUSINESS BEING CONDUCTED BY COMMITTEES RELEVANT, NECESSARY AND PROPORTIONATE TO OUR CORPORATE OBJECTIVES – IS THERE ANYTHING WHICH CAN BE REMOVED FROM OUR AGENDAS?

This question was discussed and the following points highlighted:
- All committees should have an annual Business cycle and this should be set out and kept under review. It was acknowledged that the Strategy and Performance Committee was likely to have a higher amount of ad hoc business. For significant items it was possible that these would be considered, more than once, prior to the Board being asked to approve or consider.

7.0 IN TERMS OF COMMITTEE'S INFORMATION REQUIREMENTS, IS WHAT IS MADE AVAILABLE TIMELY AND IS IT OF ACCEPTABLE QUALITY?

This question was discussed and the following points highlighted:
- This was an issue that was dealt with as and when issues arose and there had been quality issues in the past. It was considered that there had been a big improvement in the Complaints Sub-committee papers.
- The reports were subject to a rigorous process before submission to members.
- The papers submitted were of a good quality with sufficient information and evidence.
- The briefings, parliamentary correspondence bulletins etc supplied by the Policy team were very helpful, and in addition, provided background to the papers submitted.
- It was important that the Committee reflected on the quality and content of the papers submitted as once approved these become the drivers for the whole organisation.
- The Executive Team advised that:
  - Questions from members intimated in advance of meetings were helpful in ensuring a full response at committee.
  - The level of interrogation, debate and discussion by the committee felt appropriate and constructive to the Executive Team.

9.0 HOW ADEQUATE ARE THE ARRANGEMENTS FOR "BUSINESS TRACKING" I.E. ARE COMMITTEES KEEPING A FINGER ON THE PULSE OF KEY ISSUES WHICH MAY HAVE BEEN AGREED MONTHS BEFORE AND WHERE PERIODIC REVIEW OF PROGRESS IS NECESSARY TO PROVIDE THE REQUIRED ASSURANCE?

This question was discussed and the and the following points

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highlighted:
- Business tracking was important, particularly at a time of significant change.
- The Care Inspectorate was moving to use a management information system which would show version control in addition to more information on the direction and challenge determined by committee. All Board members needed to be aware of what this system would and could provide.
- Additionally, the Executive Team held a rolling report programme and the lead officer could work on this with the Convener to ensure that progress with more complex issues or those requiring development over a period of time were effectively overseen by the committee.

10.0   IS THE COMMITTEE CLEAR ABOUT THE DIFFERENCE WHICH IT MAKES AND IN PARTICULAR THE "OUTCOMES" ARISING FROM ITS HANDLING OF THE BUSINESS DELEGATED TO IT AND RECOMMENDATIONS MADE BY IT TO THE FULL BOARD?

This question was discussed and the following points highlighted:
- The committee considered that its ability to consider issues (particularly more complex issues) in appropriate detail assisted the Board in reaching informed decisions.
- In relation to outcomes, the committee considered that:
  - More complex issues lent themselves to tracking over time and this could be developed further. Ensuring effective governance was an outcome in itself, for example, the complaints review.
  - A negative outcome measure could be where the Board was not willing to approve a report previously considered by the committee.
  - The performance of the organisation was to some extent a reflection of the performance of the committees and its Board.

11.0   DOES THE COMMITTEE HAVE ANY OTHER OBSERVATIONS ON FACTORS WHICH MAY IMPACT ON ITS EFFECTIVENESS?

This question was discussed and the Committee observed that the Complaints Sub-committee's realignment of its focus and provision of trend information had been a positive step.

12.0   DOES THE COMMITTEE FEEL WELL ENOUGH INFORMED WITH ALL ASPECTS OF THE WORK OF THE CI?

This question was discussed and the following points highlighted:
- Briefings and contextualising was something that members would continue to require in the future. These ensured that

members' knowledge stayed current and provided the assurance that their contribution to debate was well informed and sighted on the change agenda. For example, Criminal Justice was an area that was evolving and was one of the areas that members would appreciate being briefed on.

- The Board was the outward face of the organisation and communication assistance on what should be said by members as ambassadors would be helpful. A presentation with a narrative could be developed for members on key issues

13.0 The Committee agreed that a summary of the discussion should be submitted to the Board for consideration as part of the overall Board Effectiveness Review.

Minutes

Meeting:	Resources Committee
Date:	23 October 2012
Time:	1.30pm
Venue:	Room 0.24

Present:	Theresa Allison, Convener
	David Wiseman
	Sally Witcher
	Morag Brown
	Cecil Meilklejohn

In Attendance:	Annette Bruton, Chief Executive
	Frank Clark, Chair
	Gordon Weir, Director of Resources
	Pamela Hill, Secretary
Apologies:	Ian Doig
	Heather Stevenson, HR Manager
	Kenny Dick, Finance and Procurement Manager
	Kathleen McCabe, Acting ED Manager

Item   **Action**

1.0 APOLOGIES FOR ABSENCE

Apologies for absence were noted as above.

2.0 DECLARATIONS OF INTEREST

There were no declarations of interest.

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3.0   **INTRODUCTION**

The Chair introduced the Resources Committee's session on committee effectiveness advising that, with agreement from the committee conveners, the sequencing of reviewing all of the committees was to take place before the Board's review rather than after, as was originally planned.

The Chair had drafted a set of "criteria", which could be used as a framework to ensure consistency of approach in the reviews of committee effectiveness. It was important that members' perspectives considered how the committee had been operating retrospectively and looking towards the future. The organisation would look very different 12 months from now and so the Board would be reflecting on what it expects of its committees and this was an ongoing process. This session would not consider the detail of any effectiveness issues as this would be done by the committee on an ongoing basis throughout the year.

4.0   **IS THE COMMITTEE CLEAR ABOUT THE BOARD'S EXPECTATIONS OF IT AND DOES IT CONSIDER THAT THESE EXPECTATIONS ARE BEING MET?**

This question was discussed and the following points highlighted:
- It was felt that there was a good level of understanding of the Board's expectations of the Committee as the only issue had been with the EIAs and this had been rectified by the Committee. A fuller and wider appreciation of Best Value was also flagged by the Board to the Committee. This would be included in the Committee's induction plan.
- It was important that the assurance from the Committee was taken by the Board but that the Board was able to tease out and question the Committee on its decisions and recommendations.
- The Chief Executive reflected that across all committees, the Resources Committee's ToR was the clearest and Executive officers were clear about what the Committee and Board expected of them.

5.0   **ARE THE COMMITTEE'S TERMS OF REFERENCE STILL RELEVANT IN THE LIGHT OF THE DEVELOPING SCOTTISH GOVERNMENT AGENDA ON HEALTH AND SOCIAL CARE AND THE GREATER CLARITY WHICH EXISTS IN RELATION TO THE CARE INSPECTORATE'S BUSINESS NEEDS?**

This question was not discussed in detail because it was recognised that these were already being reviewed by the Head of Legal Services.

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6.0   IS THE BUSINESS BEING CONDUCTED BY COMMITTEES RELEVANT, NECESSARY AND PROPORTIONATE TO OUR CORPORATE OBJECTIVES – IS THERE ANYTHING WHICH CAN BE REMOVED FROM OUR AGENDAS?

This question was discussed and the following points highlighted:
- Nothing should be removed but it could be that an item's submission was reduced in frequency and kept under review.
- If a report was submitted for noting, this did not preclude members debating/questioning the content/direction of the report or for bringing a perspective to bare. All members had a duty and responsibility to question what was put before them.
- The last Resources agenda was broken down into sections for decision, discussion and information which was very helpful.
- The Committee was run very purposefully, now doing its business in four rather than six meetings.
- The Committee was mindful of adding to agendas.

7.0   IN TERMS OF COMMITTEE'S INFORMATION REQUIREMENTS, IS WHAT IS MADE AVAILABLE TIMELY AND IS IT OF ACCEPTABLE QUALITY?

This question was discussed and the following points highlighted:
- The work, reports, presentations and briefings by the Resources team were excellent.
- Reports were clear and of a very high quality.

8.0   DO THE PAPERS ALLOW MEMBERS THE TIME TO REACH QUALITY DECISIONS?

The papers submitted were of such a high quality that the time provided from receipt was sufficient to reach quality decisions.

9.0   HOW ADEQUATE ARE THE ARRANGEMENTS FOR "BUSINESS TRACKING" I.E. ARE COMMITTEES KEEPING A FINGER ON THE PULSE OF KEY ISSUES WHICH MAY HAVE BEEN AGREED MONTHS BEFORE AND WHERE PERIODIC REVIEW OF PROGRESS IS NECESSARY TO PROVIDE THE REQUIRED ASSURANCE?

This question was discussed and the and the following points highlighted:
- The new KPIs and QIs would help not just the Audit Committee but all committees.
- It was for each committee to decide what it required tracked. It was suggested that a table could present the tracking of particular significant items to provide assurance that there was no slippage in the commitments.
- The rolling action list maintained by the Executive Team and

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the new management system, would both provide a source of tracking for each committee. Resources and Audit committees both had a schedule of business which showed the reports and actions arising. The cycle of committee business was shown here also and the members could flag anything that they felt would be helpful to the committee.

- This Committee was subject to a great degree of audit and scrutiny.
- Risks would be considered against the new Corporate/Inspection Plan, for example, a potential policy vacuum in run up to independence referendum.
- The Board had agreed that risks should be flagged to the Audit Committee.

10.0   IS THE COMMITTEE CLEAR ABOUT THE DIFFERENCE WHICH IT MAKES AND IN PARTICULAR THE "OUTCOMES" ARISING FROM ITS HANDLING OF THE BUSINESS DELEGATED TO IT AND RECOMMENDATIONS MADE BY IT TO THE FULL BOARD?

This question was discussed and the following points highlighted:
- The Committee was clear and the achievements already cited were part of this.
- Consideration of whether the organisation met the Corporate Plan also showed the difference.
- The Committee could review what it had asked to happen and whether it actually happened and, therefore, assess the difference made. For example, the Scottish Government approved the organisational changes which had been considered by Resources Committee prior to the Board's approval.
- All committees could report to the Board annually, in the same way as Audit Committee as this would help note the committees' outcome/differences/achievements of the decisions made.
- The contribution of the Committee was reducing the risk level of the organisation, for example, Scottish Government was critical of the governance of procuring ICT in 2011-12 and an audit provided evidence that the organisation including the Resources Committee had followed all governance aspects.
- It was very positive that in the first year of operation an unqualified account was submitted and this was a reflection of the work of the Committee.
- There had been real achievements over the past year as well as challenges which it was helpful to consider when reviewing effectiveness. It was possible to highlight certain things for the following year to provide aspects to review next year, including the corporate plan and performance management.
- The questions posed today were relevant throughout the year

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and not just at the end of a year for review purposes.

As 360° feedback, the Executive Team noted:
- The Committee was challenging, diligent and, therefore, effective.
- Reporting to this Committee required hard work and evidence-based reports.
- The Chief Executive felt reassured and protected for the organisation as well as accountable officer.

11.0 DOES THE COMMITTEE HAVE ANY OTHER OBSERVATIONS ON FACTORS WHICH MAY IMPACT ON ITS EFFECTIVENESS?

This question was discussed and the following point highlighted:
- The Executive Team, especially the Chief Executive, were pro-actively engaging with policy colleagues. Members could be sharing knowledge with the Executive Team to aid these discussions, for example, Self Directed Support: would be mutually helpful to Scottish Government to understand the relationships and work required of the Care Inspectorate. The Care Inspectorate needed to ensure that policy was informed by the organisation as Scottish Government were not necessarily in the right position to see impacts/requirements of service users.

12.0 DOES THE COMMITTEE FEEL WELL ENOUGH INFORMED WITH ALL ASPECTS OF THE WORK OF THE CI?

This question was discussed and the following points highlighted:
- The changing landscape of policy decisions provided challenges.
- Policy makers were interested in the evidence that the Care Inspectorate could bring to their decision making. The organisation should consider what it spends proportionately on care service, strategic and criminal justice inspection.
- The Committee welcomed the suggestion of a Finance overview, including how to handle devolved budgets, charging policies and workload management being provided to the Board, possibly as presentations within committees. An open day for the Board across all offices, which would be helpful for members but also for raising staff awareness of the members, would be considered following the restructure.

13.0 DATE OF NEXT MEETING

The date of the next meeting was confirmed as 6 December 2012 at 1.00pm in rooms 3.15 and 3.16 of the Musselburgh Office.

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Minutes

Meeting:	Audit Committee
Date:	11 December 2012
Time:	10.30am
Venue:	Room 0.24, Compass House, Dundee

Present:	Mike Cairns, (Convener)
	Theresa Allison
	Morag Brown
	David Wiseman
	Sally Witcher
In Attendance:	Frank Clark, Chair
	Annette Bruton, Chief Executive
	Gordon Weir, Director of Resources
	Pamela Hill, Secretary
Apologies:	Cecil Meiklejohn, Board Member
	Ian Doig, Board Member
	Kenny Dick, Finance and Procurement Manager

Item   **Action**

1.0   APOLOGIES FOR ABSENCE

Apologies for absence, as listed above, were noted.

2.0   DECLARATION OF INTEREST

There were no declarations of interest.

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3.0   INTRODUCTION

The Chair introduced the Audit Committee's session on committee effectiveness advising that, with agreement from the committee conveners, the sequencing of reviewing all of the committees was to take place before the Board's review rather than after, as was originally planned.

The Chair had drafted a set of "criteria", which could be used as a framework to ensure consistency of approach in the reviews of committee effectiveness. It was important that members' considered how the committee had been operating retrospectively and also looking towards the future. The organisation would look very different in 12 months time and so the Board would be reflecting on what it expected of its committees and this would be an ongoing process.

4.0   IS THE COMMITTEE CLEAR ABOUT THE BOARD'S EXPECTATIONS OF IT AND DOES IT CONSIDER THAT THESE EXPECTATIONS ARE BEING MET?

The Committee was clear about the Board's expectations of it and the following points were highlighted in discussion:
*   Clarity was provided not only through the Board's direct involvement but also the audit functions.
*   The Committee worked extremely well and was meeting the Board's expectations on a whole range of issues.

5.0   ARE THE COMMITTEE'S TERMS OF REFERENCE STILL RELEVANT IN THE LIGHT OF THE DEVELOPING SCOTTISH GOVERNMENT AGENDA ON HEALTH AND SOCIAL CARE AND THE GREATER CLARITY WHICH EXISTS IN RELATION TO THE CARE INSPECTORATE'S BUSINESS NEEDS?

This question was discussed and the following points highlighted:
*   Although covered by the internal and external auditors it was still appropriate to have business continuity planning and disaster recovery as a focus for the committee as these were noted within the Risk Register. Disaster recovery plans had been put in place for previous risks such as the fuel strike and the flu pandemic but these were not needed. In the New Year, top up training would be scheduled prior to a management disaster recovery plan exercise. A report on the high level approach to business continuity planning and disaster recovery should be brought to the next committee.
*   There would be a need to revisit the Risk Register, looking at the KPIs and QIs needed to support the revised Corporate Plan. The performance management system should also be reviewed as a programmed piece of work over the coming

months to align the Board's performance management approach to the change agenda.

The Committee:
- Agreed that the Terms of Reference were appropriate but may need to be reviewed in the future.
- Noted that report on the high level approach to business continuity planning and disaster recovery would be brought to the next committee.

DoCS

6.0 IS THE BUSINESS BEING CONDUCTED BY COMMITTEES RELEVANT, NECESSARY AND PROPORTIONATE TO OUR CORPORATE OBJECTIVES – IS THERE ANYTHING WHICH CAN BE REMOVED FROM OUR AGENDAS?

This question was discussed and the following points highlighted:
- The Committee was very good at carrying out its duties and had good support from management.
- The Committee had a structured programme and the auditors provided assurance to the Board.
- Nothing should be removed from the agenda but reporting timescales could be reviewed in light of heavy agendas but this would depend on risk.
- The review of risk was treated as a once a year exercise and the risk register was not considered enough. The Committee agreed that risk should be a standing item on the Audit Committee's agenda.
- The business tracker discussed in other committee's reviews could be helpful

The Committee
- Agreed that risk should be a standing item on the Audit Committee's agenda.

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7.0 IN TERMS OF COMMITTEE'S INFORMATION REQUIREMENTS, IS WHAT IS MADE AVAILABLE TIMELY AND IS IT OF ACCEPTABLE QUALITY?

This question was discussed and the following points highlighted:
- The Finance and Procurement Manager had produced processes which were already assisting the auditors to meet timescales. The new process clarified staff responsibilities for the audits.
- The quality of information and reports provided to the Committee was excellent.
- There was a willingness by the auditors and the Committee to work together to improve the business.

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9.0   HOW ADEQUATE ARE THE ARRANGEMENTS FOR "BUSINESS TRACKING" I.E. ARE COMMITTEES KEEPING A FINGER ON THE PULSE OF KEY ISSUES WHICH MAY HAVE BEEN AGREED MONTHS BEFORE AND WHERE PERIODIC REVIEW OF PROGRESS IS NECESSARY TO PROVIDE THE REQUIRED ASSURANCE?

This question was discussed and the Committee agreed that there was already quite a sophisticated business tracking system which the internal auditors provided which provided assurance.

9.1   Are the Committee Members confident in our use of the Internal Audit Plan and in the arrangements for reviewing the Plan?

This question was discussed and members were confident about the use of the Internal Audit Plan and the arrangements for reviewing it.

9.2   Is the plan sufficiently flexible to deal with the changing demands made on the Care Inspectorate?

This question was discussed and the following points highlighted:
- The plan was flexible, for example, the ICT review was an ad hoc audit.
- It was often the same people required to react to audit outputs and recommendations and the Committee needed to be able to acknowledge any impacts to timescales as a result of this and not see this as a failure but a lack of capacity. This was especially so when the recommendations involved significant pieces of work.
- The Board should consider the expectation on the Audit Committee of it tracking and reporting back on risk, changes and new issues, and tracking the changes. There had been flexibility up until now but given the magnitude of internal and external change an early review was needed and the starting point for this was risk.
- Some risks may be joint with other organisations, however, they would have different auditors than the Care Inspectorate and required actions would provide a different impact.
- The Executive Team advised that:
  - Whether things were working across public bodies was a statutory obligation and so Audit Scotland might take an interest in joint working arrangements.
  - The next six months would be challenging due to the impact of the whole team/management structure changing and stepping up inspection delivery all with a diminished management team. Therefore, it would be better to have a planned

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change to audit scheduling rather than a reactive change. In addition, the turbulent external agenda would also impact on wider planning and anticipation of what should be brought to Committee.

    o   The capacity of management to deliver is something that could be audited to provide assurance to the Committee.

The Committee:
- Was content to date with the flexibility and the work of the auditors.

10.0   IS THE COMMITTEE CLEAR ABOUT THE DIFFERENCE WHICH IT MAKES AND IN PARTICULAR THE "OUTCOMES" ARISING FROM ITS HANDLING OF THE BUSINESS DELEGATED TO IT AND RECOMMENDATIONS MADE BY IT TO THE FULL BOARD?

This question was discussed and the following points highlighted:
- The Committee was in place to mitigate/prevent risk so it was difficult to measure something that had not happened.
- The Committee needed to foresee the developing agenda. This could be added as a standing item to the agenda in order to consider strategic change and what the by-products of that might be.
- The Executive Team advised that:
  - There needed to be a tension between the Care Inspectorate and the auditors for audit functions to work effectively. The Committee needed assurance that processes were in place for all the work done by the Care Inspectorate, for example, tracking financial transactions as well as looking at outcomes or processes or quality assurance.

11.0   DOES THE COMMITTEE HAVE ANY OTHER OBSERVATIONS ON FACTORS WHICH MAY IMPACT ON ITS EFFECTIVENESS?

This question was discussed and the following points highlighted:
- In order to provide reassurance to the Board, the Committee must always stay sighted that its business was aligned to the business of the Board and the Board's priorities.
- Given the turbulent scenario over the coming months, the Committee could be considering more strategic audits to keep abreast of the changing agenda. These audits should be prioritised to ensure they provide the biggest lever for improvement and being in tune with the developing agenda.
- The best value public reporting principles was to have goals that could be compared year on year so that public could see

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whether best value was being delivered.

11.1   Does the Committee consider that it makes appropriate use of the Auditors and do we have the knowledge and expertise to evaluate the reports presented by the Auditors?

This question was discussed and the following points highlighted:

- Members were confident that they interrogated the information provided to them rigorously. Every Board member had the skill and understanding to be able to read the information and to ask and pursue questions to their satisfaction.
- The role of the auditors and examples of the breadth of ways they could be utilised had previously been provided to the Committee, however, the Director of Corporate Services would discuss with Scott-Moncrieff whether they could provide further examples/information to members.   **DoCS**
- The Executive Team advised that:
  - It was important for members to challenge the officers as this was extremely helpful and officers should come prepared to be challenged. It was also good for the organisation to challenge the auditors and also to hold the management response to account, particularly to third tier officers to help develop them.
  - It was clear to staff that the Committee held ownership of the plan and expected accountability.

13.0   The Committee agreed that a summary of the discussion should be submitted to the Board for consideration as part of the overall Board Effectiveness Review.

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Minutes

Meeting:	Complaints Sub-Committee - Effectiveness
Date:	Tuesday 11 December 2012
Time:	10.30 am
Venue:	Room 24, Compass House
Present:	Douglas Hutchens, Convener
	Anne Haddow, Deputy Convener
	Sally Witcher, Deputy Convener
	David Wiseman
	Mike Cairns
	Theresa Allison
In Attendance:	Frank Clark, Chair
	Annette Bruton, Chief Executive
	Gill Ottley, Director of Operations (Intelligence & Complaints)
	Yvonne Littlejohn, National Complaints Manager
	Kenny McClure, Head of Legal Services
	Karen Kinnear, Secretary
Apologies:	Morag Brown
	Ian Doig
	Cecil Meiklejohn

Item   **Action**

1.0 WELCOME AND APOLOGIES

The Convener welcomed everyone to the Committee and apologies were noted above.

2.0 DECLARATIONS OF INTEREST

None

3.0 INTRODUCTION

The Convener informed the Committee that the discussion would take the form of the questions below.

4.0   Is the Committee clear about the Boards expectations of it and does it consider that these expectations are being met?

It was agreed:

- Complaints Sub-Committee already routinely identified significant practice issues and performance issues.
- Strategy and Performance Committee regularly received performance information relating to complaints and this was regularly conveyed to the Board.
- There is less clarity about Board expectations and potential for overlap in addressing strategic issues.
- The Chief Executive stated that the Complaints Sub-Committee is the committee which she had the least connection to.
  - Mechanism to be put in place for the Chief Executive's
    office to be more involved
- There was a need to focus on learning from complaints collectively and whether trends had implications for risks, KPIs and resources.

5.0   Are the Committees Terms of Reference still relevant?

It was agreed:

- The Terms of Reference will be reviewed by the Head of Legal Services.
- The Convener and the relevant Director will write a paper to clarify the role of the Complaints Sub-Committee. The paper will include issues of remit, membership and attendance.
- All Members had the opportunity to attend the Complaint Sub-Committee. The Head of Legal services agreed to check minimum numbers required to attend.
- Strategic issues are to be reflected on
- The Convener and Director are required to link together with regards to the ownership of the

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Committee.

- The Chief Executive to realign Directors to attend Committees to support the new structure.
- Potential overlap with Board and the links with other committees needs to be reflected on and addressed on revised Terms of Reference.
- Need to take account of the new Complaints system when revising the terms of reference.

6.0 **In the light of the developing SG agenda on Health and Social Care and the greater clarity which exists in relation to the Care Inspectorates business needs does the Committee need to suggest that it revises its role and functions?**

- The Committee agreed they were comfortable with the role and functions of the Complaints Sub-Committee.
- The Committee noted that the SG working group had commenced work on reviewing the complaints process in local authorities. Graham Forbes is Chairing the group and the CI have a representative on the group.
- Integrated inspections would need joint inspection mechanisms and potential joint complaint mechanisms? How the CI deal with joint inspection complaints to be discussed with the SPSO.

7.0 **Is there an effective balance between strategic issues and complaints reviews?**

- Greater clarity of relationships between all Committees of the Board is required.

- Complaints Sub-Committee should focus on complaints and risks and implications for any other Committees
- There is a need for the Committee to distinguish between strategic and operational issues.

   - Any strategic issues identified should be sent to the Strategy & Performance Committee
   - It was agreed the strategic and operational information already provided gave members

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very important information.

- The Committee regularly review and discuss complex and difficult complaints. It was agreed the Chief Executive should be routinely kept informed of the Committee's considerations and outputs and that consideration should be given to these implications for other sub-committees of the Board. The Chief Executive should be able to attend on a regular basis.

8.0   How does/could the Committee aid the corporate objectives?

- The Committee provides assurance that there is a mechanism for an independent review of complex complaints or potentially greater objectivity where this is requested by a complainant.
- Collective analysis of complaints about care services is an important service of intelligence to inspectors and to the CI overall to inform policy development.
- Complaints have a significant part to play in providing intelligence to Ministers.

9.0   Is the business being conducted by the Committee relevant, necessary and proportionate to its remit – is there anything which can be removed from our agendas?

- The additional items of 'lessons learned' and 'risks' are now standard agenda items. The Committee agreed that these items had been very useful.

10.0   In terms of Committee's information requirements is what is made available timely and is it of acceptable quality? A – strategic issues B- reviews?

A – Strategic issues

The members confirmed that the papers are what members required.

B - Reviews

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The members stated that the information provided about individual reviews had improved greatly. Initial earlier feedback had already been actioned.

It was noted that there had been an increase in volume of complaints, which has increased pressure on staff and on Committee members' time.

The members stated that overall the Complaints Sub-Committee was operating efficiently, and the quality of information had improved.

Operational

The Chief Executive informed the Complaints Sub-Committee that she had tasked the Corporate Admin Manager (Carol Walker) to review the distribution/receipt of all committee papers/ correspondence, so that any data protection risks are reduced, due to the sensitive nature of the documents.

Digital recording will be increasingly used in the investigation of complaints of 2013 due to:

- Members concerns about unreadable photocopied documents and the comprehensiveness of the notes
- It was noted training issues had already been flagged up in respect of 'interviewing skill's.

11.0   How adequate are the arrangements for "business tracking" ie. Is the Committee keeping a finger on the pulse of key issues which may have been agreed previously and where periodic review of progress is necessary to provide the require assurance?

- The Committee stated that they were not aware of what happened regarding any risks, outcomes, lessons learned etc, once the Committee had finished that particular review. It was agreed a short tracking note to go to the Complaints Sub-Committee, to make members aware of what action had been taken and what had been raised at other committees.

- Any action points should be identified for a named officer and that officer would report back to the Complaints Sub-Committee either verbally in writing.

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12.0   Is the Committee aware of what is done as regards its risks and lessons learning? What difference does the Committee make?

- Members stated that they were not aware how the complainant reacts once they had received the outcome of the review.

13.0   Is the Committee clear about the difference which it makes and in particular the "outcomes" arising from its handling of the business delegated to it and recommendations made by it to the full Board?

- Members noted the recently commissioned research would allow the organisation to better understand the impact of complaints and the process.

14.0   Is the work of the Committee balanced as regards its approach to reviews?

- It was agreed that it was beneficial to have members with different backgrounds, as they can review complaints from different perspectives/experiences.

- It was agreed to invite the SPSO to a Complaints Sub-Committee to provide feedback - for development, which could also coincide with a Board Development event.

15.0   Is the input of officers proportionate to maintain the Committee's impartiality and independence?

- Committee agreed that the officers are very good at working their roles correctly
- Officers attending the Complaints Sub-Committee were generally well informed and very professional.

16.0   Does the Committee have any other observations on factors which may impact on its effectiveness?

The Committee were concerned to encourage people who don't have the capacity to complain or who find it hard to complain. It was agreed staff should receive training to:

- help vulnerable people

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- look at how best to help the complainant in the first 10 mins, recognising initial interaction is crucial.
- It was noted that SAMH had been contacted re. training/support for CI staff.
- It was agreed to ask advocacy/stakeholder groups what they CI can do to support complainants when they want to complain.

- It was agreed the CI should ask service providers to evidence how they helped a complainant make a complaint.

17. DATE OF NEXT COMMITTEE

Wednesday 9 January, 10.00 am, Room 4, Compass House

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