



## Minutes

**Meeting:** Strategy and Performance Committee  
**Date:** 9 May 2012  
**Time:** 1.30pm  
**Venue:** Rooms 0.18 & 0.24, Compass House, Dundee

**Present:** Frank Clark, Chair (Convener of Committee)  
Theresa Allison, Board Member  
Anne Haddow, Board Member  
Douglas Hutchens, Board Member (via VC)  
Cecil Meiklejohn, Board Member

**In Attendance:** Annette Bruton, Chief Executive  
Karen Anderson, Director of Operations (PAPR)  
David Cumming, Director of Operations (PCR)  
Gill Ottley, Director of Operations (I&C)  
Gordon Weir, Director of Resources  
Kenny McClure, Head of Legal Services  
Pamela Hill, Secretary  
Jim Finlayson, Comments and Complaints Co-Ordinator (Item 5)

**Apologies:** David Wiseman, Board Member

Item	Action
<b>1.0 APOLOGIES FOR ABSENCE</b>	
	Apologies for absence, as listed above were noted.
<b>2.0 DECLARATION OF INTEREST</b>	
	No declarations of interest were declared.

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**3.0 MINUTE OF STRATEGY AND PERFORMANCE COMMITTEE MEETING HELD ON 13 MARCH 2012**

The minute of the meeting held on 13 March 2012 was submitted and approved as a correct record.

**4.0 MATTERS ARISING**

**4.1 Item 8.0** – The Chair had met with the Involving People group and confirmed the Care Inspectorate’s commitment to building on the work achieved so far in developing the Involvement Plan strategy. It was also noted that the Involving People group, and particular members of the group, were recognised at the Regulation of Care Award ceremony for their input to inspectors’ learning and development.

**5.0 TOWARDS A NEW COMPLAINTS PROCEDURE FOR THE CARE INSPECTORATE REPORT NO: SP-07-2012**

The Chair thanked the Complaints Sub-committee for the work and attention paid in producing the report.

The Director of Operations (I&C) introduced the report and highlighted the following points in particular:

- The Executive Team and Complaints Sub-committee had approved the recommendations and launch of the new Complaints Procedure.
- Resource implications could not be fully costed at that stage as this would depend on the demands for appeal and right to choose who heard the complaint, and the number and complexity of complaints, which were unpredictable. Assurance was taken that as far as could be predicted the costs could be contained within the resources available. If there was additional demand on resources this would be reported back to Strategy and Performance Committee.
- The impact on the Complaints Sub-committee would be determined over time but it was likely that members’ time would increase with the number of complaints heard by committee members so this would need to be monitored.
- Complaints staff had received training from the SPSO. Training for managers would be considered to ensure focused overview and presentation of the complaints to be heard. Local authorities, COSLA and the SPSO would be approached to discuss lessons learned from their own complaints training. Support and training for members would also be considered.
- Lower inspection grading could potentially trigger complaints

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from service providers as a mechanism for re-inspecting and possible re-grading. The introduction of an error response stage would reinforce the complainant's right to challenge factual accuracy but not matters of professional assessment.

- A framework/parameters stating inclusions/exclusions accepted under the right to appeal would be developed to provide clarity to stakeholders about the procedure. A member of the Involving People group could be involved in developing this along with some Board members. There was scope for this to be endorsed by the Board although a paper could not be produced within the required timeframe for the 14 June 2012 Board meeting. The parameters would be considered for approval by Strategy and Performance Committee.
- The Complaints Sub-committee would consider how to conduct the 12-month review/evaluation.

The Committee:

- Approved the recommended options as set out in the report.
- Accepted assurance that resource implications could be contained in so far as could be predicted but noted that any significant variance would be highlighted to Strategy and Performance Committee.
- Noted the two-stage implementation plan with timescales for delivery and the proposed review of the new procedures after 12 months.
- Noted that clear guidance would be provided to all stakeholders.
- Noted that opportunities would be provided to support the work already done with staff to ensure effective preparation and distillation by officers of the information heard by Complaints Sub-committee.
- Noted that lessons learned from other organisations would be considered and support provided to Board members if necessary.
- Noted that the error response stage would differentiate between challenges to factual accuracy and other matters complainants may want to identify.
- Noted that the error response stage would have a framework/guidance, which would be set out in a public document clarifying the Care Inspectorate's intentions.
- Noted that the draft guidance note would be circulated to Strategy and Performance Committee members and endorsed by the Board.
- Noted that the minute of this meeting and the paper for Item 5 would be submitted to the 14 June 2012 Board.

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**6.0 QUALITY ASSURANCE IN THE CARE INSPECTORATE  
REPORT NO: SP-08-2012**

The Chair advised that this report provided an interim overview to assure members and take views on the issues being addressed.

The Chief Executive introduced the report and highlighted the following aspects:

- There were three drivers for producing the paper: to gain an understanding of how the QA systems worked; staff feeding back at the March 2012 Values events that QA should be more robust; the Board's request for an update on QA.
- QA was part of how the three-year planning structure would be progressed.
- There was no overarching framework for the significant amount of QA taking place already.
- This was part of a wider approach of driving assurance throughout the organisation. Effective QA had a major part to play and provided a significant benefit in lowering risk.
- A new strategy would set out in broad terms what would be required to be put in place. The intention would be to recognise good practice and replicate this across the organisation.
- Support functions would also be quality assured to ensure the whole organisation was effective.

The following points were raised during discussion:

- It was proposed that when the QA strategy was developed that it should be tested with stakeholders.
- The emphasis on more qualitative evaluation of the Care Inspectorate's work was welcomed but it was acknowledged that teasing out impact would be challenging as there were many inter-related factors.
- Examples from people who used services and their carers would be helpful to show the outcomes and indicators from engaging with individuals. Consideration was required about how assurance would be undertaken to ensure that standards were actually maintained.
- QA was a critical part of assurance for the Board and it would be helpful to consider this within the mapping exercise discussed at the 9 May 2012 Board development session on audit.

The Committee:

- Welcomed the analysis brought forward and supported the further work required to:
  - Develop mechanisms of engagement of providers
  - Focus on qualitative measures as well as quantitative.

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- Derive assurance from the mechanisms.

## 7.0 MONITORING OUR PERFORMANCE Q4 2011/12 REPORT NO: SP-09-2012

The Director of Operations (PAPR) highlighted the key points set out in the report, which would feed into the 2011-12 annual report. It was further highlighted that:

- The report reflected a good performance in what was a transitional year.
- The 12 June 2012 Audit Committee session with Board members would look at setting the KPIs.
- Effective performance management also included devolved budgets, which would hold budget holders to account. Once the new structure was in place individual managers should feel accountable for their budgets and assurance would be required from that point.
- The KPI analysed under point 3.3 needed to be considered as sub analysis was required for it to be meaningful.
- The KPI analysed under point 4.2 needed to be considered in the context of future performance indicators and followed through as to the outcomes achieved. However, it was noted that international research was divided on how scrutiny improved service quality. There were many factors influencing outcomes for people and it was a process of engagement with service providers and the people who use services and improving practice through constructive relationship.
- Centralised inspection planning would assist with involving lay assessors.

The Committee:

- Noted the report and were satisfied with the significant improvement in some areas, which was commendable in an initiation year.

## 8.0 INSPECTION PLAN SUMMARY 2012-13

The Chair advised the Committee that the inspection plan for 2012-13, which would shape the business and the commitment of resources of the Care Inspectorate, had been formally endorsed by ministers.

It was clarified that the practical implication of the Care Inspectorate's regulation and monitoring of care service workers' registration involved liaison with the SSSC to ensure registration was current and to take enforcement action against service providers where necessary, as it was illegal to employ unregistered staff. The National Care Standards put explicit responsibility on the

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service providers and so by definition the Care Inspectorate needed to ensure that service providers were complying with SSSC codes of practice.

The Committee:

- Noted that work on the 2013-14 inspection plan and the wider business plan for 2013-14 had started.
- Noted that it had been agreed to discuss twice per annum with Scottish Government the various policy areas which would impact on the plans to ensure the Care Inspectorate could forward plan for cross cutting interests.

**9.0 REPORT FROM COMPLAINTS SUB COMMITTEE OF 8 MARCH 2012**

The Committee:

- Noted the minute of the Complaints Sub Committee of 8 March 2012.

**10.0 REPORT FROM COMPLAINTS SUB COMMITTEE OF 16 MARCH 2012**

The Convener of the Complaints Sub Committee drew member's attention to the risks and lessons learned from the complaints heard at the 16 March 2012 meeting. All risks and lessons learned were considered and acted upon. The Complaints Sub Committee would review the process by which this happened. These types of activities by the Sub-committee would be considered within the review of all Terms of Reference.

The risk and intelligence paper would advise the 14 June 2012 Board how the organisation dealt with notifications. The Committee was reassured that a short-term working group would consider supporting staff when dealing with confrontational or complex complaints cases.

The Committee:

- Noted the minute of the Complaints Sub Committee of 16 March 2012.

**11.0 REPORT FROM COMPLAINTS SUB COMMITTEE OF 17 APRIL 20**

The Committee:

- Noted the minute of the Complaints Sub Committee of 17 April 2012.

**12.0 AOCB**

There was no other competent business discussed.

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**13.0 DATE OF NEXT MEETING**

The date of next meeting was confirmed as 28 August 2012 at 10.30am.

Signed:

Professor Frank Clark CBE, Chair