



## Meeting minutes

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| <b>Title of meeting</b> SCIE Board Meeting  |                         |
| <b>Date</b> 9 July 2020   | <b>Time</b> 10:00-14:00 |
| <b>Venue</b> MS Teams   |                         |
| <b>Attendees:</b> <ul style="list-style-type: none"> <li>• Paul Burstow (Chair)</li> <li>• Kathryn Smith (Chief Executive)</li> <li>• Ewan King (Deputy Chief Executive)</li> <li>• Michaela Gray (minutes)</li> <li>• Lucy Brims (Research Analyst, for Item 3 only)</li> <li>• Alex Fox</li> <li>• Annie Hudson</li> <li>• Eustace DeSousa</li> <li>• Jane Green</li> <li>• Katie Brennan</li> <li>• Mary McKenna</li> <li>• Margaret Lally</li> <li>• Mark Atkinson</li> <li>• Ossie Stuart</li> <li>• Rachel Armitage</li> <li>• Sue Gower</li> <li>• Sean Holland</li> </ul> |                         |

| Agenda item   | Actions carried forward |
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| <b>1. Welcome and apologies</b><br>There were no apologies.   |                         |
| <b>2. Notes of the previous meeting and matters arising</b><br>The minutes were agreed with minor amendments.   |                         |
| <b>3. Information session</b><br>LB presented findings on qualitative research focused on supporting evidence use amongst the social care workforce in Wales.<br><br>The Board asked SCIE to consider: <ul style="list-style-type: none"> <li>• How SCIE can help support a learning culture</li> </ul> |                         |

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| <ul style="list-style-type: none"> <li>• Support/an offer/a product if SWE is an increasing requirement for CPD</li> <li>• How guidance is consumed, eg Quick Guides</li> <li>• Whether there is an opportunity for coaching/training around the use of data</li> <li>• The differences between children's and adults, and the differences nationally in eg Wales</li> <li>• Developing a tool to store evidence and learning</li> <li>• The voice of the service user</li> <li>• Use of AI to scrape through data/data mining/do transcripts of podcasts/carry out systematic evidence reviews</li> <li>• If there is scope for a further piece of work looking at the expectations of the judiciary regarding use of evidence base in care proceedings.</li> <li>• Hosting a Slack forum or using the Knowledge Hub to share best practice</li> <li>• The link between research and capacity – could we use a portal to store all the information in one place to give an overview of national issues, and use local champions to cascade this information</li> <li>• The need to be concise when training, eg 5 minute factsheets with links</li> </ul> | <p>KB/MM to discuss offline</p> <p>KS to share transcript of chatbox with team.</p>  |
| <p><b>4. CEO report</b><br/>KS gave an overview of the report.</p> <p>There was a discussion around the governance of and partnership with TLAP. OS suggested a closer alignment with NCAG. AF suggested promoting and celebrating the partnership more.</p> <p>KS advised there are no further costs attached to the structure, and the only additional cost is related to the pension strain. KS felt there is a risk in recruiting additional staff until we are confident in our budget. There was a discussion around the reserves being used as interim support.</p> <p>The paper was noted.</p>   | <p>KS to consider use of the reserves for interim support</p> <p>Paper on breakdown of financial position and how it has occurred to go to ARC and come back to Board.</p> |
| <p><b>5. Audit &amp; Risk update</b><br/>PB reflected the away day discussion.</p> <p>KS gave an overview of structure costs and an explanation of why it is higher than expected. KS advised she is re-doing budget monthly which</p>   | <p>KS confirmed no response yet from Charity Commission to report so will follow up with them.</p>   |

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| <p>will flag if any urgent action is required. KB suggested tracker on bottom line position.</p> <p>The Chair noted concerns around the responsibility on a small number of individuals in the organisation and asked ARC to consider capacity and interim support. Chair also to pick up with KS.</p> <p>It was agreed that budget oversight sit with ARC, and SET will consider what to escalate on a monthly basis. To be monitored and reviewed over the next six months.</p>   | <p>Board to flag if anything feels different so KS can pick up.</p> <p>ARC, PB/KS</p> <p>ARC, SET</p>  |
| <p><b>6. Strategy update</b></p> <p>KS gave an overview and asked how best to sign off given the next Board is in October.</p> <p>The Board asked SCIE to consider:</p> <ul style="list-style-type: none"> <li>• Using the Every Child Matters framework</li> <li>• The voice of the child</li> <li>• Need for clarity about what is meant by social justice commitment</li> <li>• Need to capture that social care is about all of us</li> <li>• Revisiting Social Care Future work</li> </ul> <p>KS gave an overview of the vision and mission. There was a discussion around:</p> <ul style="list-style-type: none"> <li>• “Raising awareness” or shaping policy – a shift in the evolution of SCIE</li> <li>• change to research and evidence.</li> <li>• How to marry up mission strategy and charitable objects.</li> <li>• Debate around the move for care workers to be recognised as separate from social work.</li> </ul> | <p>KS to reflect discussion in paper</p> <p>Any further comments to be sent to KS</p> <p>Final strategy document to be developed with the Task &amp; Finish Group.</p> <p>Sign off by Board in September. KS to speak with trustees separately ahead of sign off</p> <p>KS to seek input from DHSC. KS to agenda short call with each trustee ahead of September call.</p> |
| <p><b>7. Beyond COVID-19</b></p> <p>The Board discussed:</p> <ul style="list-style-type: none"> <li>• The need to recognise that people will vote with their feet re residential care and it’s about how we replace the current model.</li> <li>• The need for robust analysis around the differences between England, Scotland, NI and Wales. There were 102% more deaths</li> </ul>   |  |

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| <p>in England, half that in NI. There is also variation within those countries around things like size and number of beds.</p> <ul style="list-style-type: none"> <li>• The strong drive to make homes into more clinical settings.</li> <li>• The place and role of residential care e.g. continuing beds in homes or other types of support. ML wondered if housing should be more involved in discussions, NHS. ML also noted way communities have come together has been good, but need to be mindful would not be able to continue as people start to return to work, need to look at other ways to sustain e.g. technology-based solutions.</li> <li>• The need to find ways to engage with the care home sector and look at the impact we could have around some current models which can result in poor quality care.</li> </ul> <p>The Board discussed meeting with the minister. PB noted the need to do some internal reflections on this but added we need to talk about what we can offer in terms of innovation; being clear about what future models should look like; and how we play a role in ensuring more evenly distributed going forward as future is already here. PB noted the need to have coordinated view.</p> <p>KB agreed there is an opportunity around thought leadership and alongside that the need to try and deal with some of the immediate pressures by e.g. shifting resources around the system. Those things have sometimes lacked a clear business case. RA noted need to use DHSC language.</p> |                         |
| <p><b>8. AOB</b></p> <p>KB noted that her team found remote meetings are easier to have more frequently, but that colleagues are missing informal interaction and asked if that is something we should make space for.</p>  | <p>KB/PB to discuss</p> |