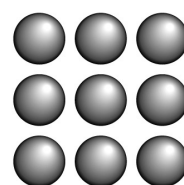


Council meeting

Minutes of meeting

19 May 2010, CHRE



**council for
healthcare
regulatory
excellence**

Minutes of Council Meeting, 19 May 2010

Present

Jill Pitkeathley – Chair
Harry Cayton
Ian Hamer
Andrew Hind
Sally Irvine
Stuart MacDonnell
Jayne Scott

In Attendance

Linda Allan
Christine Braithwaite
Lisa Foley
Jason Arruda
Rachael De Souza
Tim Bailey (from Item 6)

1. Welcome and Introductions & Declarations of Interest

- 1.1 The Chair thanked members and staff for attending the meeting as the venue had changed from Belfast to London at the last minute due to flight disruptions.
- 1.2 Ann Curno sent her apologies.
- 1.3 The Chair welcomed Christine Braithwaite, Director of Policy and External Relations, to her first meeting.
- 1.4 Following the departure of Michael Andrews, Tim Bailey had been appointed as Acting Director of Scrutiny and Quality.
- 1.5 One new declaration of interest was declared. Sally Irvine had been appointed a Non-Executive Director for Colchester NHS Hospital University Foundation Trust.
- 1.6 The Chair confirmed that staff members were welcome to attend sessions of Council held in private.

2. Minutes of the meeting held on 25 March 2010

- 2.1 Subject to minor drafting amendments, the minutes were approved as an accurate record of the meeting.

3. Matters arising from the meeting on 25 March 2010

- 3.1 There were no matters arising from the previous meeting that would not be covered in this meeting.

4. Chair's report

- 4.1 The Chair noted that Anne Milton MP was now Parliamentary Under Secretary of State for Public Health and the Minister responsible for professional regulation.

5. Chief Executive's report

- 5.1 The Chief Executive highlighted a significant increase in FOIA requests received recently and expressed his thanks to Emma Kelly-Dempster for her efficient handling of these on top of her other work. A suggestion was made that an analysis of the impact of such requests would be useful and this would be considered.
- 5.2 The draft report on the performance review of the Medical Council of New Zealand had been completed and sent to the MCNZ for comments. Once these were taken into account, the report would be sent to Council members for review. CHRE has recommended that the MCNZ publish the report, but they are not obliged to do so. Overall, it was felt that the visit was worthwhile and there were lessons to be learned on both sides.
- 5.3 Council members asked if they could be kept up to date on any significant changes in the Devolved Administrations. This was agreed.

ACTION: CB

- 5.4 The Policy, Research and External Relations team would be working on three projects that had arisen following CHRE's symposium in February (common dataset for the nine regulatory bodies; reducing the burden of regulation on the NHS in conjunction with the Care Quality Commission and research on complaints). A paper was being prepared on the principles of right-touch regulation.

6. Audit and Risk Committee update

- 6.1 The Chair of the Audit and Risk Committee expressed his thanks to the staff team for maintaining work in the absence of the Accounting Officer during his visit to New Zealand for the purpose of the MCNZ performance review.

Risk Management Review - Assurances

- 6.2 This year had seen five internal audit reports with ratings of either 'good' or 'satisfactory.' An issue of concern to the auditors centered around risk management; with regard to a lack of tangible evidence that the executive team could provide assurance to the non-executive Council. The Audit and Risk Committee had considered the issue and believed there was sufficient evidence as detailed in the paper. The Chair of the Audit and Risk Committee noted that the Council would need to confirm it was happy with the current processes in order to assure the internal auditors.

- 6.3 Members were content with the assurances currently in place as the Council was small in size and the Chief Executive was also an executive member. The members noted that in addition they had regular interaction with the regulatory bodies and the Department of Health and devolved administrations and updates on Audit & Scrutiny committee meetings were standing items on Council meeting agendas.
- 6.4 For the above reasons, members were confident that the Council and its sub-committees obtained accurate, systematic and regular assurances from the executive about actions being taken to deal with risks. A paper on risk strategy would be redrafted and submitted to the Audit and Risk Committee.

ACTION: LA

Audit & Risk Committee annual report to Council

- 6.5 The Council received and noted the annual report of the Audit and Risk Committee.
- 6.6 The Committee members recommended that subject to any required interim amendments, the Chief Executive was in a position to sign the Statement on Internal Control and the Annual Report and Accounts.
- 6.7 The Chair of the Council noted that the Audit and Risk Committee's annual work programme would be approved by Council at its January meeting in 2011.
- 6.8 The Chief Executive drew the Council's attention to a risk relating to the implied threat of a judicial review in relation to the CHRE decision in the case of Dr Barton. The risk was very small and appropriately managed.

7. Scrutiny Committee update

- 7.1 The Chair of the Scrutiny Committee noted that South Coast Audit's report on CHRE's fitness to practise audits had resulted in a 'satisfactory' rather than 'good' rating. This was mainly owing to a box on an auditing form which requested areas of good practice to be noted and which was often being left blank. This had now been resolved by amending the form to add a tick box stating 'I have considered all of the above.'
- 7.2 The Committee had suggested that staff auditing may benefit from sitting in on meetings of fitness to practise panels of the regulatory bodies to get a better feel for their processes. The Committee also discussed the possibility of Council members associating themselves with the regulatory bodies more directly by observing their respective Council meetings.

8. Performance review process revision 2010/11

- 8.1 After being set up by Parliament, CHRE had agreed to review the performance review process over time. It was felt that CHRE wanted to align its approach to that which the regulatory bodies are advised to use (to be outcome focused, proportionate and risk based, rather than process driven).
- 8.2 Following meetings with the regulatory bodies, members of the public, representatives of patient and professional organisations and a three-month statutory consultation, a revised process had been written.

- 8.3 Changes to the process included focusing on outcomes, reducing the number of minimum requirements which the regulatory bodies needed to demonstrate; focusing more on issues arising for a particular regulator the previous year instead of having a general review of all its functions and making the final report easier for members of the public to read.
- 8.4 Subject to minor drafting amendments, the proposed revised process and standards for the Performance Review was approved for use in 2010/11. The Council thanked Emma Kelly-Dempster and Alex Weir for all their work on the consultation and reports.

9. Annual report and Accounts 2009/10

- 9.1 Following an extensive review of the Annual Report and Accounts 2009/10 by the Audit and Risk Committee at its meeting on 28 April, the Council was asked to consider the contents and advise whether they were happy for the Committee to approve the report.
- 9.2 It was explained that this years' report had been slightly amended since the last to demonstrate clear Council ownership. The Management report had been changed to the Chief Executive's report and it now reflected more about CHRE's work throughout the year..
- 9.3 A final draft of the report would be discussed at the next Audit and Risk Committee meeting on 8 June. The Chief Executive (Accounting Officer) could then sign it. The Annual Report and Accounts would be published as Volume I, alongside the Performance Review report (Volume II) and would be laid to all four parliaments/assemblies by 1 July 2010.
- 9.4 Members were happy to approve the Annual Report and Accounts.
- 9.5 The Chief Executive and Council expressed their appreciation to Linda Allan for her extensive work on the report in the absence of the Chief Executive, particularly as she had only been with CHRE since March.

10. Dates

- 10.1 As this meeting had to be relocated to London from Belfast, it was agreed that rather than holding the November meeting in Cardiff as originally planned, the meeting would be held in Belfast.
- 10.2 Members agreed that dinners would no longer be held on nights before Council meetings in the devolved countries. This would allow Council activities to be completed in one day rather than spreading over two, thereby reducing costs.
- 10.3 It was also felt that in future, meetings held in the devolved countries should take place in public buildings where possible. Council members were asked to advise the Council Secretary of appropriate venues in their respective countries. It was suggested that guests could be invited for lunch on appropriate occasions.

10.4 2011 Council meeting dates were confirmed as follows:

- 19 January 2011 (Cumberland Lodge, Windsor to coincide with the Symposium)
- 9 March 2011 (CHRE)
- 25 May 2011 (Cardiff, venue to be confirmed)
- 13 July 2011 (CHRE)
- 20 September 2011 (CHRE)
- 20-21 October 2011 – Council Away Day (Latimer Place, Chesham)
- 15 November 2011 (Edinburgh, venue to be confirmed)

11. Any other business

11.1 No other business was raised.

12. Questions from members of the public

12.1 There were no members of the public present.

13. Exclusion of press and public

13.1 The Council elected to go into private session.

Signed by Chair..... Date.....