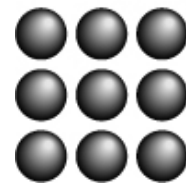


**Council Meeting**

**Minutes of meeting**

**20 January 2010 (London)**



**council for  
healthcare  
regulatory  
excellence**

**Present**

Jill Pitkeathley (Chair)  
Harry Cayton (CE)  
Ann Curno  
Ian Hamer  
Andrew Hind  
Sally Irvine  
Stuart MacDonnell  
Jayne Scott

**In Attendance**

Michael Andrews  
Rosemary Macalister-Smith  
Justin Parfitt (Items 7 & 8)  
Emma Kelly-Dempster (Item 10)  
Jason Arruda  
Douglas Bilton  
Lisa Foley  
Kate Webb

**Observers / Members of the public**

Linda Allan

**1. Welcome and Introductions & Declarations of Interest**

- 1.1 The Chair welcomed everyone to the meeting and introduced Linda Allan, who had been appointed as CHRE's new Director of Governance and Operations and would start in her post on 15 March.
- 1.2 There were no new declarations of interest.

**2. Apologies**

- 2.1 There were no apologies from members of the Council.

**3. Minutes of the Council meeting on 24 November 2009**

- 3.1 The minutes were approved as an accurate record of the meeting.

**4. Matters arising from the meeting on 24 November 2009**

- 4.1 *Paragraph 5.1* – Council member appraisals would be taking place throughout January, using the newly designed CHRE form along with one required by the Appointments Commission. To date, three Council members had been seen, with three remaining. The new appraisal process would be re-considered if any members felt that changes were required.

- 4.2 *Paragraph 6.2* – The Chair thanked Andrew Hind for his involvement on the interview panel for the Director of Governance and Operations role.

## **5. Chair's report**

- 5.1 The Chair would be sitting on the interview panel for the Director of Policy and External Relations post. Forty-five applications had been received and a short-listing meeting would be held today, with interviews taking place on 28 January. This would be the current Head of Policy, Research and External Relations' last Council meeting and members wished her good luck.
- 5.2 The Chair mentioned that she regularly takes part in Parliamentary activity on behalf of CHRE and invited members and staff to approach her if they needed help to progress any CHRE relevant business.

## **6. Chief Executive's report**

- 6.1 A teleconference had been arranged with the Chief Executive of the Medical Council of New Zealand as CHRE would be undertaking their performance review in April. The Department of Health had approved the trip and the Medical Council of New Zealand would pay costs.
- 6.2 The Chief Executive added that further value would be added to the trip as he had also been invited run seminars in Sydney for the New South Wales Health Authority and in Hong Kong for the Rehabilitation Society
- 6.3 The audit of the regulatory bodies' fitness to practice cases had been completed, with all individual reports written. A summary report would be drafted.
- 6.4 CHRE had invited all regulatory bodies to take part in a voluntary 'mystery shopping' exercise to assess how they dealt with queries related to the initial stages of fitness to practice cases. Four regulators agreed to take part, and CHRE would join them in a pilot exercise. CHRE would test general query handling across the organisation and all staff would be notified that the exercise would be taking place.
- 6.5 The Chief Executive explained that arrangements for the CHRE Symposium were in hand. Attendees would include Chairs of each of the regulatory bodies, the Chairs of the NHS Competition and Cooperation Panel, OHPA, General Pharmaceutical Council, GSCC and the chief executive of National Voices.
- 6.6 The theme of the symposium would focus on future scenarios of regulation and would aim to determine which attendees felt were most likely to occur and to identify which leadership qualities would be required by individuals and organisations to manage the scenarios.

## **7. Audit and Risk Committee update**

- 7.1 The Chair of the Audit & Risk Committee updated the Council on its meeting held on 10 December 2009
- 7.2 The Committee suggested that risk might be a discussion the wider Council should have at its Away Day in March. They could then consider how the board might be appraised as a whole and how it could better work with the executive.
- 7.3 It was noted that the National Audit Office had increased its proposed audit fees by £5,000, for which an explanation from the NAO was currently pending. They had also proposed an audit timetable which did not fall in line with CHRE's filing deadline and this was also being negotiated. It was hoped that the NAO would begin its audit on 5 February.
- 7.4 The NAO had awarded CHRE with a rating of 'excellent' on its draft Annual Report and Accounts which had been changed to 'good' for its final report. An explanation as to the reason for the drop in rating was also anticipated.
- 7.5 Handover arrangements were in place following the departure of the Head of Governance and Operations in December.

### **Risk register**

- 7.6 The Committee, along with the Executive decided to focus the register on three high level risks and a number of well defined sub-risks.
- 7.7 The risk register was discussed and approved. Risks around the loss of key staff and uncertainty in relation to office accommodation were noted.

## **8. Finance update**

- 8.1 As CHRE would be moving into a new phase in 2009-10, budgeting was expected to be a more predictable process. Over budgeting in 2008-09 had been partly due to unforeseen savings in services, events, research, staff expenses and delays in expected policy work from the Department of Health.
- 8.2 A forecast outturn for the year predicted a surplus of funding over expenditure of £202,000 for 2009-2010. It had been based around uncertainty around the number of Section 29 cases as this could not be predicted. Provision of £57,000 had been made for four cases before the end of the financial year based on recent activity.
- 8.3 Capital expenditure was estimated as £25,000 under-spend and the Department of Health had been made aware. Part of this money had now been allocated to upgrading IT equipment and CHRE's website before the end of the financial year.
- 8.4 As part of the IT improvements and further to earlier requests by Council members, intranet would be introduced and would allow members to access important secure documents and eliminate their need to rely on personal e-mail accounts for confidential correspondence.

Changes to CHRE's website would also include improved access for hearing and visually impaired visitors, as well as the addition of videos.

## **9. Business Plan**

- 9.1 The Chief Executive re-introduced the Business plan which now included costs, an updated organisation chart and direct links to the Strategic Plan. It was suggested that the Council should be added to the organisation chart. A draft version had been sent to the Department of Health, but a version agreed by Council was still required.
- 9.2 The Council agreed the Business Plan, with the understanding that it would still retain the ability to do further work on assessing how to best measure CHRE's success or failure against the KPI's. Work would continue to improve the draft plan.

## **10. Performance Review Revision**

- 10.1 The proposed consultation documents for the revised process and standards for the 2010-2011 performance review were discussed. The Council was told that the revised process and standards had been consulted on at the meetings with the public held in September 2009, at seminars and at separate focus groups held with the regulatory bodies, stakeholders and patient and public representative organisations. Good feedback had been received and a formal consultation would run for three months, starting this week. Changes based on responses would be brought to Council for discussion in May and would be sent to the regulatory bodies in June.
- 10.2 The new processes looked at moving away from self-assessment and processes and towards testing objective evidence and focusing on agile and targeted regulatory outcomes and protection of patients and the public.

## **11. Independent Safeguarding Authority**

- 11.1 The Chief Executive explained that CHRE had recently been involved in several exchanges with the Independent Safeguarding Authority on behalf of the regulatory bodies. CHRE had also been approached by the Royal College of Nursing, Unison and NHS Employers for advice.
- 11.2 The two main areas of principle being considered were whether ISA would meet the requirements of good regulation and whether the implementation of ISA would cause difficulties for the regulators.
- 11.3 Concerns had arisen around a duty that regulators must refer information to ISA which may be of interest to them and that ISA may not have sufficient understanding of the fitness to practice process to help the regulatory bodies to refer cases correctly.
- 11.4 Council members agreed that it was critical that regulatory bodies establish clear rules of engagement with ISA at the earliest possible stage. It was also be important that CHRE continue to monitor the relationship between ISA and the regulators with regard to maintaining safety for patients and the public.

## **12. Any other business**

- 12.1 CHRE were working with the GSCC towards a voluntary memorandum of understanding after which the GSCC would invite CHRE to conduct an audit of their interim suspension orders.
- 12.2 Dates were given to Council members for proposed meetings in 2011 and they were asked to provide availability to the Council Secretary to enable dates to be set prior to the next meeting in March.

### **ACTION: LF**

- 12.3 The Council thanked Rosemary Macalister-Smith for all of her hard work throughout her years at CHRE and wished her well in her future endeavors.

## **13. Questions from members of the public**

- 13.1 There were no members of the public present.

## **14. Exclusion of press and public**

- 14.1 The Council resolved to go into private session.