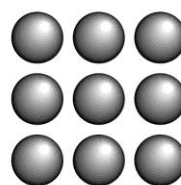


Council meeting

Minutes of meeting

20 September 2011, London



**council for
healthcare
regulatory
excellence**

Minutes of Council Meeting, 20 September 2011

Present

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

In Attendance

Linda Allan
Christine Braithwaite
Rosalyn Hayles
Douglas Bilton
Lisa Foley
John Illingworth
Boaz Nathanson

Observers / Members of the public

Carmen Ablack
Rebecca Grace
Allison Howe
Robert Girvan (by phone)
Rose Ann O'Shea (by phone)

1. Welcome and Introductions & Declarations of Interest

- 1.1 The Chair welcomed everyone to the meeting, including Boaz Nathanson who had recently joined CHRE as a Policy Adviser.
- 1.2 Congratulations were given to Sally Irvine who had received her PhD.
- 1.3 The Chair declared that she had become a member of the Big Society Trust (the overseeing body for the Big Society Bank) and a patron of the Little Angel Theatre Company.
- 1.4 The Chief Executive declared that he had become a patron of Arts4Dementia and a member of the World Economic Forum's Council on Digital Health.
- 1.5 The register of interests would be updated to include the above declarations.

ACTION: LF

2. Apologies

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

3. Minutes of the Council meeting on 13 July 2011

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

4. Matters arising from the meeting on 13 July 2011

- 4.1 Item 5.2 – Sally Irvine and Ian Hamer observed the council meeting of the Nursing and Midwifery Council on 21 July. Ann Curno and Stuart MacDonnell would observe the council meeting of the General Dental Council on 22 September. Jayne Scott would observe the council meeting of the General Chiropractic Council on 23 September. The Chair and Sally would observe the council meeting of the General Osteopathic Council on 11 October. The Chair and Ian Hamer would attend the council meeting of the General Pharmaceutical Council on 10 November.
- 4.2 Item 5.7 – A provisional teleconference had been arranged for December for Council members to discuss any matters arising between its meetings in November 2011 and January 2012.
- 4.3 Item 6.5 – The Chief Executive had responded to Sir Bruce Keogh's letter which had raised concerns about information sharing among regulators. Subsequently, CHRE had held a successful and constructive operational workshop for various UK-wide system and professional regulators. A further workshop had been arranged with staff dealing with casework, and staff from the UK Ombudsman offices. CHRE would continue to promote improved information sharing between regulators across the UK.
- 4.4 Item 6.7 – Progress had been made on the commissioned work around drafting a high-level set of ethical standards for senior executives and non-executives in the NHS in England. Interviews had been taking place and would continue through October. A literature review had been completed and an interim report was being drafted for the Department of Health and would be circulated to Council members.

ACTION: HC

5. Chair's report

- 5.1 The Chair held a meeting and individual calls to discuss the content and strategic direction of CHRE's Symposium in 2012 with chairs of the regulators. She would pass the positive feedback received to Douglas Bilton who would be meeting with staff from the regulators to plan the event.
- 5.2 The Council would meet on 20-21 October for its annual planning days and would focus on CHRE's Strategic Plan up to 2014 in preparation for the transition to the Professional Standards Authority in 2012.

6. Chief Executive's report

- 6.1 The Chief Executive expressed his thanks to the CHRE staff who had made much progress with an increased workload over the summer, planning for CHRE's upcoming transition.

- 6.2 Following submission of its proposal, CHRE had received no further contact from the Supreme Council of Health for the State of Qatar about conducting a performance review for them. As the deadline had lapsed, CHRE would no longer be able to accommodate this work in 2011.
- 6.3 CHRE had agreed a commission to conduct a review of the Nursing Council of New Zealand's governance and fitness to practise work in April 2012.
- 6.4 One section 29 appeal of an NMC panel decision had been settled by means of a Consent Order. A second appeal of an NMC panel decision was currently the subject of settlement negotiations –should those negotiations fail, the High Court hearing will take place in October.
- 6.5 Two section 29 case meetings had been held in relation to one decision made by a GDC panel decision, and one decision made by an HPC panel. The case meeting relating to the GDC panel decision resulted in CHRE lodging an appeal at the High Court. The other case meeting resulted in learning points to be fed back to the HPC.
- 6.6 CHRE had held a series of workshops with organisations interested in joining its voluntary registers scheme. The most recent workshop had focussed on standards. A further workshop would take place on 14 October to look at the process of accreditation. The work had received much positive feedback both from professional organisations and members of the public. The HPC and NMC were considering whether they wished to be involved in the scheme.
- 6.7 CHRE had received no update about its levy on the regulators, following the submission of its Council-approved proposal to the Ministers through the Department of Health. It was thought that a response would be received after the summer recess.
- 6.8 The Chief Executive thanked Valerie Standing, CHRE's Office Manager, for all of her hard work over the years that she had been with the organisation; she would leave CHRE in November to return to Australia with her family.

7. Audit and Risk Committee update

Unconfirmed minutes of meeting on 13 September 2011

- 7.1 At its last meeting, the Audit and Risk Committee discussed the potential impact on CHRE of introducing VAT to areas of its work following its transfer to the Professional Standards Authority. Advice had been obtained from the internal auditors, Grant Thornton, about advantages and disadvantages.
- 7.2 It was noted that it would be important for the Council to consider the long-term strategic plan for the Authority at its planning day in October.
- 7.3 Grant Thornton would be commencing its internal audit plan and would meet with CHRE in late September. The Committee had been pleased with the work to date and looked forward to receiving Grant Thornton's first audit report at its next meeting in December. It was anticipated that they would provide further advice to CHRE about its transition to the Authority.

- 7.4 Comments had been received from HMRC about proposed changes to CHRE's travel and subsistence policy for Council members. CHRE was preparing further comments on HMRC's proposed changes to the draft policy for staff members.

8. Scrutiny Committee update

Unconfirmed minutes of meeting on 7 September 2011

- 8.1 At its last meeting, the Scrutiny Committee approved changes to the 2012 performance review process, following CHRE's identification of potential improvements, as well as feedback the Chief Executive had sought from the regulators. The changes are aimed at assisting the regulators to consistently provide evidence that is outcome focussed, as well as improving the efficiency of the process.
- 8.2 It had been decided that in future performance review reports would be more concise and focussed on the regulators' achievement of the standards, and that they would contain less information about the processes that the regulators use to achieve those standards. Further, each year the report would focus in more detail on one of the four standards. In 2011/2012 it is anticipated that the report will focus on education and training.
- 8.3 The Committee reviewed a report on complaints that CHRE had received about the regulators, and were pleased to note that many of their complaints processes appeared to have improved.

9. Finance update

- 9.1 It was noted that CHRE had a growing underspend, mainly comprised of recovery of CHRE's costs in respect of successful section 29 appeals (where those costs had been incurred the previous year). Further underspend existed as a result of staff vacancies, though this was expected to decrease. Additionally, delays in permission from the Department of Health to spend money on particular areas of work had also contributed to the underspend.
- 9.2 Uncertainties around the timescale for introducing the levy on the regulators meant that it was not yet possible to budget accurately for 2012/13.

10. Update on legislation and transition planning

- 10.1 The Health and Social Care Bill had progressed through the House of Commons and would go to the House of Lords for its second reading on 11 October. The Chair continued to attend briefing meetings about the Bill.
- 10.2 CHRE continued to work on the basis that its transition to the Professional Standards Authority would not take place before July 2012. The Department of Health had assured CHRE that if the Bill obtained Royal Assent in May 2012, the transition process could be managed by July.

CHRE's Change Team continued to meet to manage preparations for its transition.

- 10.3 The Management Team would review the risk register at its next meeting and it would be submitted to the Audit and Risk Committee in December, for discussion by the wider Council in January 2012.

11. Commencement of s28 – Complaints about the regulators

- 11.1 John Illingworth, Policy Adviser, presented a report on the commencement of CHRE's section 28 power to deal with complaints about the regulators.
- 11.2 CHRE's current legislation includes a provision for CHRE to investigate complaints about the regulators but this power has, to date, not been brought into force. In the February Command Paper the government expressed its intention for this function to be brought into effect. The government has asked CHRE for advice about the best way forwards.
- 11.3 CHRE has been handling informal complaints about the regulators (including complaints about maladministration) since 2007. Given the current lack of any power to investigate such complaints, the action CHRE can currently take in relation to individual complaints is very limited. CHRE does however seek to use the information received by complainants to share learning across the regulators.
- 11.4 CHRE had proposed to the Department of Health that once the power to investigate complaints is brought into effect, this should relate only to complaints where there has been maladministration (a failure to follow due process) that has resulted in a risk to wider patient safety. The Command Paper also referred to investigation of policy matters.
- 11.5 It is important for there to be clarity about whether or not it is intended that the complaints investigation power should extend to investigating complaints which concern simply a disagreement about a decision made as part of the fitness to practise process. If the power were to extend to include such complaints, that would have major implications for the role and resourcing of the Professional Standards Authority.
- 11.6 It was felt that there was great reputational risk surrounding this new area of work and that once enacted, it would be important to manage expectations of members of the public by clearly explaining at an early stage the types of complaints that the Authority could and could not deal with.
- 11.7 A complaints workshop had recently been held with regulators which focussed on sharing good practice in handling complaints. The aim of the workshop was to assist the regulators to improve their own complaints-handling processes, and thereby not only improve complainants' experiences and confidence in the regulators, but also to minimise the level of dissatisfaction and the consequent volume of complaints escalated to CHRE (or in future, the Authority). CHRE has received positive feedback from participants, and it is intended to facilitate a programme of similar future events.

12. Standards for appointments to Council

- 12.1 The Council were updated on work undertaken to date on drafting standards for the regulators to use in making appointments to their councils. CHRE would meet with the Privy Council to discuss the format in which those recommendations would be submitted.
- 12.2 CHRE would advise the Privy Council on three main areas; appointments, re-appointments, and removals. This would apply only to the regulators' councils and not to their committees, although CHRE would certainly not be averse to regulators applying these standards to their committees if they wished to do so.
- 12.3 Individual appointments to regulators' councils would be made directly by the Privy Council, however this would only take place following confirmation by CHRE that the individual regulator's appointments process complied with the standards. CHRE would not comment on the suitability of individual applicants.
- 12.4 CHRE felt that it was important for a standards and competency framework to be applied both to individual council members and to a council as a whole - as this should result in a more balanced skillset among councils. A summary of each regulator's compliance with the appointments standards would be included within the annual performance review report, following introduction of the standards.
- 12.5 Positive feedback had been received overall from the regulators around CHRE's proposals.
- 12.6 The Department of Health had requested CHRE's recommendations on the optimum size of the regulators' councils by the end of September (a separate piece of work). The report would be circulated to Council members once completed.

ACTION: HC

- 12.7 The Chief Executive thanked Boaz Nathanson for his work on board size and the effectiveness of Councils.

13. Future of CHRE International Observatory on the Regulation of Health Professionals

- 13.1 CHRE had recently made the decision to terminate its contract with the London School of Economics for the international observatory. The project's timescales have over-run. While we have achieved the production of some detailed country profiles and a website, we determined that shorter, analytical reports would better meet regulators' needs. As the observatory has gained significant interest from organisations across the world, CHRE had developed an alternative proposal in the hope of better serving the needs of the organisations and making the project more cost effective.

- 13.2 CHRE proposed that work should continue without an ongoing contract with an academic institution as this was thought to be too costly. Rather, CHRE would employ people on short-term contracts to deliver specific areas of research and analysis.
- 13.3 The proposal suggested that in future the project be self-funding through membership subscriptions as the work was currently being funded solely by CHRE.
- 13.4 Council members raised concerns about whether the project was sustainable and whether it should continue as no solid results had yet been achieved. Additionally, they felt that losing the academic partnership from the project was a risk as it had been an underpinning factor.
- 13.5 It was agreed that a firmer business case proposal with specific figures would need to be developed before work on the observatory could continue.

14. Any other business

- 14.1 There was no other business.

15. Questions from members of the public

- 15.1 There were no questions from members of the public.

16. Private session of Council

- 16.1 The Council resolved to exclude the press and public and went into private session.

Approved by Council on 15 November 2011