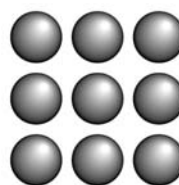


Council meeting

Minutes of Meeting

25 May 2011, Cardiff



**council for
healthcare
regulatory
excellence**

Minutes of Council Meeting, 25 May 2011

Present

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

In Attendance

Christine Braithwaite
Linda Allan
Rosalyn Hayles
Emma Kelly-Dempster
Lisa Foley

Observers / Members of the public

Barbara Bale
Christina Docchar
Imelda Richardson
David Pink

1. Welcome and Introductions & Declarations of Interest

- 1.1 The Chair welcomed everyone to the meeting in Cardiff.
- 1.2 Stuart MacDonnell declared that he had been appointed as an independent member to the Northern Ireland Policing Board.
- 1.3 Harry Cayton declared that as of the end of May, his term as Chair of the National Information Governance Board for Health and Social Care would end.
- 1.4 The Register of Interests would be updated to reflect these changes.

ACTION: LF

2. Apologies

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

3. Minutes of the Council meeting on 9 March 2011

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

4. Matters arising from the meeting on 9 March 2011

- 4.1 There were no matters arising not covered elsewhere on the agenda.

5. Chair's report

- 5.1 The Chair had attended 28 separate events for the House of Lords on the Health and Social Care Bill. It was noted that the sections covering CHRE were not considered to be controversial.
- 5.2 The Chair, along with Ian Hamer, recently attended a Council meeting of the General Optical Council, where they presented on several topics related to CHRE. This was the first in a series of members' visits to observe the nine regulators' Council meetings. Ian Hamer and Andrew Hind would observe the General Medical Council's meeting on 8 June.

6. Chief Executive's report

- 6.1 CHRE had recently won its appeal of an NMC decision in the case of a midwife (Mrs Grant). This was an important outcome as the judge in the case had made clear that CHRE's power extended to cases where there was a failure to find impairment. The NMC had supported the appeal. There were two further live appeals ongoing which CHRE would aim to settle on terms agreeable to CHRE.
- 6.2 Following the announcement of the 'pause' of the Health and Social Care Bill, it had been decided that CHRE's 2012 Symposium should be held in March, rather than May as originally planned. The Council suggested themes of the Symposium could be centred around patient experience.
- 6.3 Both CHRE's Council and the chairs and chief executives of the regulators felt that CHRE's Regulators Forums in their current format were not as useful as they could be. This was partly due to the many differences between the regulators and that the meeting had been held as one large group discussing common problems/themes. The Forum had been set up with the intention to review it if members felt the format did not work.
- 6.4 It was suggested that future forums could be centred around particular themes, and perhaps mirror the purpose of the symposiums and allow more of an opportunity for networking. The Chief Executive would speak to chief executives of the regulators to make them aware that this had been discussed by Council and ask whether any would be interested in doing a presentation on their work at the next Forum meeting on 5 July.

ACTION: HC

- 6.5 CHRE would be launching the International Regulatory Observatory on 7 July. Members would be sent further details and were invited to attend if they wanted.

ACTION: CB

7. Finance update

- 7.1 It was noted that since the papers for the meeting had been circulated, changes were made to the finance report, following discussions with HMRC regarding tax liability for Council members' travel expenses.

The liability would be £8 to £10,000 which would leave CHRE with a £291,000 under spend at the end of the 2010-11 financial year.

- 7.2 CHRE's budget for the 2011-12 financial year had been set and notified in writing far earlier than in previous years. It had also been agreed that the Department of Health would hold money for transition funding and CHRE would submit business cases for each piece of work as it needed it.
- 7.3 The Chief Executive and Council thanked Linda Allan and CHRE's finance team for their work on the audits and accounts for the year.

8. Audit and Risk Committee update

Minutes of meeting on 3 May 2011

- 8.1 CHRE had obtained a 'good' rating on its internal audit by South Coast Audit. This was the highest rating that could be achieved, and was an improvement on last year's rating of 'satisfactory.'
- 8.2 The Chair of the Audit and Risk Committee commended the excellent work done by Emma Kelly-Dempster on the Annual Assessment of Information Risk Management, which the Committee had reviewed at its last meeting. It emphasised the complex environment in which CHRE worked. The Committee felt that any problems that had arisen over the year had been well handled and important lessons had been taken on board.
- 8.3 A question was raised around the issue of sensitive information after CHRE's move to an open plan office. As the new office has four meeting rooms, staff could make private calls in them. However, it was raised that once the NHS Institute for Improvement moved into the office, this would need to be reviewed as this would put additional pressure on meeting rooms. Staff had been reminded to operate a 'clear desk' policy whenever possible and to close down computer screens when not at their desks.

Review of Risk Register

- 8.4 At its last meeting, the Committee discussed the risk register in light of the transition to the Professional Standards Authority. A view had been expressed that some residual risks had been rated too severely. Following this, the Management Team met to reconsider ratings and adjusted scores. It was still felt that the huge uncertainties around legislation were a risk outwith their control. Because of this, mitigations could not be put into place to eliminate the risk. Officials from the DH Transition Team had agreed with CHRE that this was, unfortunately, the case.
- 8.5 The Council agreed the changes to the risk register.

Audit and Risk Committee annual report to Council

- 8.6 The Committee presented its Annual Report to the Council. It was noted that from 1 April 2011, CHRE would be working with Grant Thornton on its internal audit.

- 8.7 The Council thanked the Audit and Risk Committee and Finance Team for their work through the year and formally approved the report.

9. Scrutiny Committee update

- 9.1 The Chair of the Scrutiny Committee thanked Rosalyn Hayles and the Scrutiny and Quality team for all of their work which was felt to be of very high quality.
- 9.2 CHRE had changed its fitness to practise audit process and schedule from 2011. In future, only three or four regulators would be audited each year. Each regulator would be audited at least once every three years or more often if it was required. Individual reports would be published as an audit was completed, with a summary report to be published in the annual Performance Review report.
- 9.3 At its last meeting, the Committee decided that the regulators to be audited in the 2011 audit would be the General Chiropractic Council, the General Dental Council, the General Pharmaceutical Council and the Nursing and Midwifery Council. The Chief Executive had written to the chief executives of the regulators to make them aware of the new process and alert them to whether they would be audited or not. The new process had received a positive response overall.
- 9.4 The Committee had discussed the idea of CHRE staff creating thematic reports on points of learning arising from the audit, performance review and section 29 cases. It was felt that there would be resource implications if this work were to be undertaken, but that the reports would be beneficial for the sector. Discussion would take place among the Executive and the Committee would review this at its next meeting in September.

10. Health and Social Care Bill update

- 10.1 CHRE was still waiting to see the extent of changes to the Bill as a result of the pause
- 10.2 If changes were to emerge following the 'pause' that differed significantly from the original, the Bill would have to return to Committee. It was therefore unlikely that the Bill would reach the House of Lords until October 2011. It was felt to be unlikely that the section on the Professional Standards Authority would change and that it appeared to be generally supported.
- 10.3 It was noted that the Professional Standards Authority was more likely to launch in October 2012, rather than July 2012. This would have an impact on groups who were wishing to be a part of the new voluntary register scheme that the Authority would be creating.

11. Standards for voluntary registers

- 11.1 Christine Braithwaite presented her second discussion paper setting out what should be considered when setting up voluntary registers. She had been meeting with interested groups to hear suggestions and concerns.

- 11.2 The formal commission for this work had been received from the Department of Health and an internal staff seminar had already been held, with a further meeting planned.
- 11.3 CHRE had sought advice from the Office of Fair Trading. CHRE would ask the OFT to loan a member of their staff to temporarily assist CHRE with the work.
- 11.4 Interested organisations were being asked what risks they thought their profession might pose to the public and what evidence they could provide of such risks. The main risks were around boundary violations (e.g. sexual or financial).
- 11.5 CHRE might ask interested parties to submit a risk assessment and impact assessment. When accrediting professions, the Professional Standards Authority would need to add a disclaimer to stress that the Authority's accreditation itself did not endorse a therapy. Occupations would be prioritised initially by their readiness to join the scheme. It would be important to balance the scheme to make it useful to registrants, members of the public and employers and to keep it credible.
- 11.6 The discussion paper had been sent to interested voluntary register groups whom CHRE had met and some feedback had already been received. The next stage of the process would involve formal policy processes and calls for information on CHRE's website. Each section of work would be broken up (e.g. criteria, standards, etc) and workshops would be set up for each.
- 11.7 The Health Professions Council and CHRE were working together on a coherent system.
- 11.8 It was noted that a further commission might be received from DH, asking CHRE to develop a risk assessment tool and framework for professional groups to determine what kind of risk they posed to the public.
- 11.9 An observer asked whether CHRE considered student registration a priority. CHRE had previously published a paper on student registration¹ which viewed this as a risk based issue. It said that if students had direct contact with patients in an unsupervised session, then they might benefit from regulation. If there was felt to be a risk, this should be managed locally by a training agency or the employer with whom the student is placed.
- 11.10 An observer said that risk assessment of professions and organisations would be very difficult for CHRE and that an extremely complex tool would need to be created for doing this.
- 11.11 The Chief Executive said that setting up the assured voluntary registers scheme was a 'co-creating process' as it was a new scheme with shared interests in its success. Specific standards required were still being discussed and all ideas presented were simply that; ideas. CHRE would seek to sign intention agreements with organisations that wished to join the scheme, meaning that work could proceed immediately after legislation goes through. This would give all parties the opportunity to prepare ahead.
- 11.12 The Council thanked Christine Braithwaite for an excellent paper.

¹ CHRE, 2008. Advice on Student Registration.
Available at http://www.chre.org.uk/_img/pics/library/pdf_1286379774.pdf

12. Dates for 2012

- 12.1 Council members reviewed proposed dates for 2012 meetings. As availability was found to be a problem for some, the Executive Secretary would circulate further dates for the relevant meetings.

ACTION: LF

13. Any other business

- 13.1 No other business was raised.

14. Questions from members of the public

- 14.1 There were no questions raised by members of the public. The Chair thanked the observers for attending the meeting.

15. Private session of Council

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

Approved by Council on 13 July 2011