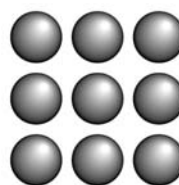


Council meeting

Minutes of meeting

9 March 2011, London



**council for
healthcare
regulatory
excellence**

Minutes of Council Meeting, 9 March 2011

Present

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

In Attendance

Linda Allan
Christine Braithwaite
Rosalyn Hayles
Jason Arruda
Tim Bailey
Douglas Bilton
Rachael De Souza
Lisa Foley
Emma Kelly-Dempster
Justin Parfitt
Kate Webb

Observers / Members of the public

Christina Docchar

1. Welcome and Introductions & Declarations of Interest

- 1.1 The Chair welcomed everyone to the first Council meeting in CHRE's new offices and welcomed Christine Docchar, Project Manager of Supervision and CPD in the Regulatory Policy Department of the British Association for Counselling and Psychotherapy, as an observer.
- 1.2 She congratulated Linda Allan and the team for a successful office move with little disturbance to business.
- 1.3 The Chief Executive declared that he had resigned as Chair of the National Information Governance Board and this would take affect from the end of May 2011.
- 1.4 The Chair declared that she had been appointed a trustee of Cumberland Lodge. Her appointment as Chair of the Advisory Body of the Office for Civil Service would end on 31 March. The register of interests would be updated.

ACTION: LF

2. Apologies

- 2.1 There were no apologies from members of the Council. Jayne Scott joined the meeting by phone.

3. Minutes of the Council meeting on 19 January 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 19 January 2011

- 4.1 Para 6.7 – A further meeting had been held with officials from the Department for Education for CHRE to advise them about trialling ideas prior to drafting their legislation.
- 4.2 Para 7.2 – The Department of Health had written to CHRE with further advice following the loss of case files in November 2010.
- 4.3 Para 8.2 – The Chief Executive had spoken to the regulators regarding issues around the systems of notification by police and courts when a registrant is found guilty of a criminal offence. The government had announced a review of the Notifiable Occupations Scheme. CHRE and all regulators had also written to the Home Office arguing in favour of retention and consistent application by police forces.

5. Chair's report

- 5.1 The Symposium held at Cumberland Lodge had been a success and much had been learned. Follow up work would be undertaken.
- 5.2 The Chair had attended a briefing lunch for members of the Lords, held by the General Medical Council at the House of Lords.
- 5.3 The Chair and Chief Executive have arranged to meet with the Chair and new Chief Executive of the General Optician Council, Samantha Peters, in April.
- 5.4 The Chair had attended a second meeting held by Lord Howe for Chairs of Arm's Length Bodies, to discuss anxieties about future arrangements. She felt that the meetings were not particularly relevant to CHRE as it is not an ALB, but she found that it was useful to attend such meetings.
- 5.5 All-party seminars were being held in the House of Lords to look at aspects of the Health and Social Care Bill in relation to patients' input, specialised commissioning, the lack of structure between commissioning and consortia and where accountability lies. Thus far, these seminars had been well attended across parties and were being chaired by coalition or cross-bench peers.
- 5.6 Members were asked to review the dates of upcoming regulators' council meetings and provide the Council Secretary with those they would wish to attend. It was felt that these visits would be an opportunity for information gathering and developing relationships.

ACTION: LF

6. Chief Executive's report

- 6.1 The Chief Executive and CHRE's Scrutiny and Quality team had started holding performance review meetings with the regulators and all meetings would be completed within the next two weeks.
- 6.2 A draft Audit report had been completed and sent to Council members for comments and the final version would be signed off soon.
- 6.3 CHRE was waiting to hear a High Court decision on a section 29 case relating to a midwife; the decision had originally been expected in February. Two further cases were outstanding as negotiations were continuing with the regulators and registrants involved.
- 6.4 CHRE had been pleased with the review of the Vetting and Barring Scheme, however, the regulators were still having difficulties getting clarity from the Independent Safeguarding Authority about what would and would not be required from them.
- 6.5 The Chief Executive had spoken about right-touch regulation at a recent Westminster Health Forum chaired by Lord Walton.

7. Finance update

- 7.1 Members reviewed the month 10 financial figures. The Finance team had been working on the year-end accounts and were forecasting an under spend of approximately £300k. This was due mainly to the delay of approval from the Department of Health of business cases for commissions it had ask for, and it was now too late in the financial year to complete this work. The cost of dilapidations for CHRE's old office had also been less than expected.

8. Progress of the Health and Social Care Bill

- 8.1 The Chair noted that the progress of the Health and Social Care Bill had been slow and was currently in the Standing Committee in the House of Commons. It was expected that the Bill would not be in the House of Lords until May – June, contrary to the original deadline of Easter. Royal Ascent would most likely take place at the end of this calendar year; making the timeline between royal ascent and implementation very tight.
- 8.2 CHRE had taken account of the risks that could be caused by the delay of the Bill in its business plan for 2011-12, including the risk of pushing the implementation of the Professional Standards Authority back to October 2012. It was felt that if this were to happen, CHRE would be able to operate within that financial year. However, if it was delayed beyond this point, this would cause a more serious risk.

9. Draft Business Plan 2011-12

- 9.1 The Council reviewed CHRE's draft business plan for 2011-12 which had taken account comments submitted by the Department of Health.

9.2 Subject to minor drafting amendments, the business plan was approved by the Council.

10. Change Team

10.1 A Change Team has been set up within CHRE, comprised of the Chief Executive, management team and volunteers from each of CHRE's three departments. Two meetings have been held so far to focus on work streams necessary to launch the Professional Standards Authority. It was felt that the group would also provide an additional route of communication to keep members of staff updated on changes.

10.2 Each of the three directors and the Chief Executive would take a personal lead on each of the large work streams and Council members interested in these areas could have a direct line of communication with the responsible director.

Responsible Director/CE	Areas of responsibility
Linda Allan	<ul style="list-style-type: none">• Levy• Maintaining accounting and reporting
Christine Braithwaite	<ul style="list-style-type: none">• Development of s28 complaints function• Development of voluntary registers scheme• Launching the Professional Standards Authority
Harry Cayton	<ul style="list-style-type: none">• Governance of regulators• Standards for appointments to regulators' councils
Rosalyn Hayles	<ul style="list-style-type: none">• Maintaining existing statutory responsibilities (s29, performance review, audit)

10.3 CHRE were awaiting a commission from the Department of Health for advice on efficiency and cost effectiveness of the regulators. Council members felt that it was important for the Department to be clear about the scope of the areas which CHRE would need to look at.

11. New ways of engaging with patients and the public

11.1 The Council reviewed CHRE's effective stakeholder engagement plan which focussed on ways CHRE could communicate with new audiences, particularly in social care and voluntary registers, and how it could have a high impact for a low cost.

11.2 CHRE's website would be improved again, to take account of a wider audience. It was proposed this should be done via a gateway into three areas of the website which would deal with addressing existing statutory regulation, voluntary registers and the international health observatory.

11.3 CHRE would also become more visible in social media and channels were being considered. A social media strategy would be developed and a pilot process would be undertaken. It would need to be established whether CHRE's involvement in social media would be beneficial or not.

11.4 A Patient Associate Scheme was proposed – this would enable members of the public and patient groups that CHRE works with to arrange meetings which would allow CHRE to communicate with these groups, thereby relieving CHRE of some of the administrative burden.

11.5 The members noted the plan and the assurance that it could be implemented within the existing budget and felt that it would be important to engage with a wide range of people, across the devolved administrations and with interests in different areas.

12. Any other business

12.1 Council members were asked to claim all expenses before 28 March.

13. Questions from members of the public

13.1 The observer asked whether a delay of the Health and Social Care Bill receiving royal assent would also delay CHRE's new responsibilities with regard to voluntary registers. The Chief Executive said it would depend on the length of the delay but that preparations would continue in advance of for statutory powers being granted.

14. Private session of Council

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

Approved by Council on 25 May 2011