

Minutes of meeting held on 25 March 2010

Present

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

In attendance

Linda Allan
Michael Andrews
Douglas Bilton
Lisa Foley

1. Welcome and Introductions & Declarations of Interest

- 1.1 The Chair welcomed Linda Allan to her first meeting as CHRE's Director of Governance and Operations and Douglas Bilton who was representing the Policy, Research and External Relations Team.
- 1.2 As this would be Mike Andrews' last Council meeting, the Chair thanked him for all of his hard work over the years.
- 1.3 There were no new declarations of interest.

2. Apologies

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

3. Minutes of the meeting on 20 January 2010

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

4. Matters arising from meeting on 20 January 2010

- 4.1 *Paragraph 4.1* – All Council members had now undergone their annual appraisals which would be sent to the Appointments Commission.
- 4.2 *Paragraph 5.1* – An appointment had been made for the Director of Policy and External Relations following a successful recruitment process with many strong candidates having applied. The successful applicant, Christine Braithwaite, would start on 17 May.
- 4.3 *Paragraph 6.5* – Positive feedback had been received following CHRE's Symposium held at Leeds Castle on 4-5 February. At its away day, Council would discuss plans for next year's symposium.

- 4.4 *Item 11* – A discussion about the Independent Safeguarding Authority was held at the CHRE Regulators Forum on 18 March. The Chair of ISA had been invited to attend the professional health regulators' Chief Executives Steering Group meeting, but had not yet responded. The Council discussed how CHRE might be able to assist the regulators in their efforts to engage with ISA.
- 4.5 *Paragraph 12.1* – As the General Social Care Council had recently appointed a new management team it had been agreed that work on the memorandum of understanding between the CHRE and GSCC would begin when the new team were all in place.

5. Chair's report

- 5.1 The Chair and Chief Executive had attended an ALB Review meeting at the Department of Health on 24 February. The review panel said that they would endeavour to report back by the end of April. The Chief Executive had received a paper from the Treasury on Reforming ALBs which would be circulated to Council members following the meeting.

ACTION: HC

- 5.2 The Chair and other Council members had each chaired the recent iLEARN uLEARN meetings held by CHRE in Edinburgh, Belfast, Cardiff, Liverpool and London. It was felt that these events had raised CHRE's profile and from the varied range of attendees, approximately 30 new members had signed up to CHRE's Public Stakeholder Network. Feedback forms were positive though meetings held in Edinburgh had lower attendance than meetings in other locations. The Council thanked Rachael De Souza for organising the successful events.
- 5.3 The Chair had recently met with the Leader of the House of Lords to discuss the possibility of a Regulatory Committee being set up in Parliament.

6. Chief Executive's report

- 6.1 Work on the performance review of the Medical Council of New Zealand was underway. The Health and Disability Commissioner of New Zealand, Ron Paterson, would be in London in May and had agreed to hold a seminar for CHRE.
- 6.2 The Chief Executive provided a keynote speech for the Heart of England Foundation Trust at Heartlands Hospital in Birmingham on 15 March. He and members of the Policy, Research and External Relations team would attend a meeting requested by the turnaround team at Midstaffs NHS Foundation Trust to discuss good regulation and ideas for improvements.
- 6.3 A draft report on 'Distributed Regulation' had been completed and would be circulated to the Council shortly.
- 6.4 A meeting had been held on 22 March with the Department of Health and each of the devolved administrations to discuss possible policy commissions for CHRE. A large piece of work was identified which would look at how criteria and a framework could be developed to decide whether new (and existing) groups of health workers should be regulated, and if so, to determine the level at which they should be regulated in order to reduce risk to the public.

- 6.5 A further topic of discussion at this meeting was around CHRE's dormant complaints powers (s28 of the 2003 Act). An options appraisal had been submitted to the Department last year. The Department had asked CHRE to explore the option of dealing only with complaints concerning maladministration.
- 6.6 An update was provided on the International Observatory. LSE had produced a contact directory of regulators in 15 countries to invite them to become members.
- 6.7 Two Section 29 cases recently referred to court were likely to be resolved by agreement. Those present strongly felt that CHRE's responsibilities in referring cases should be clearly highlighted in the Annual Report and Accounts to ensure that work in this area was not overlooked as it was a very important step in protecting the public.

7. Audit & Risk Committee update

- 7.1 The Committee had expressed thanks to Justin Parfitt and Satjit Singh for managing finance and operations business whilst the post for the Director of Governance and Operations had been vacant.
- 7.2 A framework had been established for publishing Management Team and Council members' expenses on CHRE's website. This was now being done on a quarterly basis.
- 7.3 Following questioning around its increased audit fees and disproportionate hours of auditors' work proposed, the NAO agreed that its full fee would not be charged if all proposed hours of work had not been used. It also agreed to be more transparent about the matrix of hours needed, number of staff required and rates.
- 7.4 CHRE's draft business case had recently been approved by both the Treasury and the Department of Health after being allocated a red/red status on its risk register. A formal letter had been received giving CHRE permission to seek accommodation on the civil estate in central London immediately. If it was not able to find accommodation on the civil estate, it would have to find somewhere on the Department of Health estate. Currently, access to a list of available locations was being sought but was pending security clearance from the Department of Health.
- 7.5 An internal audit report on CHRE's HR arrangements flagged up the need for consideration around when and how staff e-mails and internet use should be monitored. The Committee did not wish to create a burden but felt that policy should be developed to allow monitoring on occasion. The Chief Executive would raise the matter at an upcoming staff meeting to take staff views and agree terms.

8. Finance update

- 8.1 A forecast under spend was reported for 2009/10. Overdue invoices were currently being anticipated and it was hoped that these would reduce the under spend, along with a multitude of expense claim forms that were being processed.

9. Fitness to practise audit report

- 9.1 CHRE's Fitness to practise audit report on the health professional bodies' initial decisions had been published.

Several instances had been identified where cases should have been referred. Important issues of principle were raised, rather than simply around a regulators' fitness to practise guidelines, etc.

- 9.2 CHRE had raised a question around the extent to which a health professional's duty should be carried out over and above their employment contract and around the idea of defining separate professionalism requirements for each health profession based on the need for public protection.
- 9.3 A fitness to practice forum would be held at CHRE on 30 March to share learning points and good practice following the audit report. It would also include a discussion about introducing standards to future audits, like those currently used in performance reviews. A report would be submitted to a future Council meeting to outline the process and shape of the 2010 audit of initial stages of fitness to practise.

ACTION: HC/TB

- 9.4 Council members felt that it would be useful to start thinking through the timetable for next year's audit and how they could be more closely involved in the process. They also asked to be invited to internal meetings more frequently and with more notice given.

10. 2010 Performance Review

- 10.1 Individual performance review reports on the nine professional health regulators were currently being written. Draft reports would be considered by the Chief Executive next week, and would then be circulated to Council members as they were available.

ACTION: HC

11. Any other business

- 11.1 A new expenses claim form would be used from 1 April which would enable the finance team to collect data on members' expenses more easily for publishing. Members were asked to submit all overdue expense claims by 2 April to enable them to be processed this financial year.
- 11.2 It was agreed that the Director of Governance and Operations would review the Council's expenses policy for good practice and would report to the Audit and Risk Committee at its next meeting on 28 April.

ACTION: LA

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 resolved to go into private session.

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