

Council

Minutes of the 90th meeting of the Council held as follows:-

Date: Thursday 15th May 2014

Time: 9.30am

Venue: The Council Chamber, Health and Care Professions Council, Park House,

184 Kennington Park Road, London SE11 4BU

Present: Anna van der Gaag (Chair)

Elaine Brookes Mary Clark-Glass John Donaghy Richard Kennett Sonya Lam Keith Ross

Robert Templeton Graham Towl Joy Tweed Nicola Wood

In attendance:

Claire Amor, Secretary to Council

Ruth Cooper, Service and Complaints Manager Guy Gaskins, Director of Information Technology

Andy Gillies, Director of Finance

Michael Guthrie, Director of Policy and Standards Teresa Haskins, Director of Human Resources

Jonathan Jones, Stakeholder Communications Manager

Jacqueline Ladds, Director of Communications Greg Ross-Sampson, Director of Operations Marc Seale, Chief Executive and Registrar

Nicole Casey, Policy Manager

Public Agenda – Part 2

Item 1. Chair's welcome and introduction

1.1 The Chair welcomed members to the second day of the 91th meeting of the Council

Item 2.14/102 Apologies for absence

2.1 Apologies for absence were received form Sheila Drayton.

Item 3.14/103 Approval of agenda

3.1 The Council approved the agenda.

Item 4.14/104 Declaration of Members' Interests

4.1 Keith Ross declared an interest since his wife is a Council member of the PSA.

Strategy and Policy

Item 5.14/105 Law Commission Bill; Regulation of Health and Social Care Professions Bill (report ref:- HCPC75/14)

- 5.1 The Council noted that, on 2 April 2014, the Law Commissions published their report and draft bill following their review of the UK law relating to the regulation of health care professionals, and in England only, the regulation of social workers.
- 5.2 The Council noted that the aim of the Law Commissions Bill is to provide a single statute which provides a new framework for all of the regulatory bodies and the Professional Standards Authority, and to give the regulators greater operational autonomy and greater consistency between the regulators in certain key areas such as fitness to practise.
- 5.3 During discussion the following points were noted:-
 - the Department of Health is currently considering which of the Law Commissions proposals it intends to take forward in primary legislation;
 - the Bill provides regulators with the powers to make legal rules which are not subject to approval by Government or any Parliamentary procedure. Regulators would however be required to publicly consult on such changes;
 - the Bill sets out changes to the systems through which regulators can be held to account, including the roles of the Privy Council, Government and Parliament;

- in many areas, the reforms consolidate and simplify the existing legal framework;
- the HCPC is fortunate in that its legislation is relatively modern and therefore the majority of proposed changes to the law will not impact the HCPC's operations;
- the Bill includes provisions for the formation of a social care barring scheme, to be run by the regulators. This makes the HCPC's proposals for a 'negative register' for care workers possible;
- members of the Executive have attended various meetings both with other regulators and the Department of Health since the publication of the Bill; and
- timescales for legislation are uncertain at this stage. The Queen's Speech on 4 June 2014 will set out the Government's legislative programme for the coming session.
- 5.4 The Council discussed the provisions for the regulation of care workers. The draft Bill includes a provision which if implemented would allow the Government to bring forward secondary legislation to allow a regulator to operate a system of 'prohibition orders' such as that put forward in the Council's policy statement on 'negative registration'. The Council agreed that the great majority of care workers undertake a difficult role with compassion and dedication, however the very few who do not should be removed from care settings. Whilst the CQC (in England) undertake inspections of care homes and the disclosure and barring scheme exists for serious offences, it is not felt that the threshold for the scheme is at the right level for this purpose.
- 5.5 The Council noted that a debate was held on 14 May in the House of Lords on the recent reports of elderly abuse in care settings. The HCPC provided information to a member about the regulation of care workers which informed the debate.
- 5.6 The Council noted that the HCPC had articulated its position in calling for 'negative registration' and that Camilla Cavendish's independent review into the education and training of healthcare assistants and care workers concluded that national standards and accreditation were needed. However her report did not call for legislative change.
- 5.7 In response to a question it was noted that in 2012 the Council had explored the issues surrounding negative registration and had agreed a position and policy statement. Although some of the current members of Council were not in post at that time, this remains the existing policy of the Council which has continued as a body corporate. It was further noted that the papers relating to this decision were provided to the

- Council members at induction. The Council agreed that it would be useful to hold a workshop at its away day in October 2014 on the significant policy decisions reached in the past by the Council.
- In response to a question, the Council noted the history of independent adjudication for fitness to practise cases, including the creation in the past of the Office of the Health Professions Adjudicator (OHPA) which was set up by a previous government to provide independent adjudication for cases involving doctors. OHPA was abolished by the current government, and the General Medical Council subsequently created the Medical Practitioners Tribunal Service, arm's length from it and responsible for adjudication. The draft Bill, if implemented, might allow those regulators who had sufficiently independent adjudication to appeal against adjudication decisions instead of, or as well as, the Professional Standards Authority. The Council noted that the Executive was looking into different models for achieving independent adjudication.
- 5.9 The Council agreed that if the proposals are not taken forward by the government at present, the Executive would present a paper at the next meeting of the Council, exploring the recommendations contained within the Law Commissions' report and the draft Bill. If the Bill were to be taken forward, the Executive would bring a paper on the government's proposals. It was noted that the Bill could also be passed to a pre-legislative committee, to which the HCPC would submit evidence. In this event, the Executive would present a paper to Council regarding the evidence that would be submitted.

ACTION – Executive to present a future paper dependent on the considerations outlined in paragraph 5.9

5.10 The Council noted the paper and welcomed further debate following the Queen's Speech.

Item 6.14/106 Reserves Policy (report ref:- HCPC76/14)

- 6.1 The Council noted that since 2004, the HCPC's reserves policy has been that cash should represent a minimum of three months' operating expenditure. The proposed revised policy uses the same formula, but provides an explanation of the relevance of reserves and cash for the HCPC, and a rationale for the target of three months' operating expenditure.
- 6.2 During discussion the following points were made:-
 - the HCPC needs to maintain an appropriate minimum level of liquidity or cash, to be able to pay its liabilities and to provide a buffer to absorb unexpected costs or risks;

- the policy will be reviewed by the Council annually as part of the approval of the Annual Report and Accounts, and will be reviewed in detail every three years as part of the review of the Financial Regulations; and
- the process for increasing registrant fees to raise cash if required, takes approximately two years and so it is important to maintain adequate reserves and forecast accurately.
- 6.3 The Council discussed the reserve policies of the other healthcare regulators. It was noted that the General Medical Council and the Nursing and Midwifery Council are registered charities and so they must comply with the accounting and reporting requirements for charities, in which reserves have a particular sensitivity.
- 6.4 The Council approved the Reserves Policy.

Item 7.14/107 Investment policy (report ref:- HCPC77/14)

- 7.1 The Council noted that the Investment Policy was last amended In February 2011, when the Council ended any investment in equities, on the recommendation of the Finance & Resources Committee. The portfolio of equities was disposed of and surplus funds have been invested only in bank deposits since then.
- 7.2 The Council noted that the proposed new policy expresses the rationale for investing only in bank deposits and defines the types of bank deposits that are permitted, how investments will be made, and how performance will be reported.
- 7.3 The Council discussed the allocated spread of surplus funds invested in bank deposits. The Council agreed to the addition of the requirement that no more than 67% (or two thirds) of total cash will be held under one banking licence at any time. This would be added to the policy under the section 'classes of investment'.

ACTION – Director of Finance to amend the Investment Policy as set out in paragraph 7.3.

7.4 The Council approved the Investment Policy.

Item 8.14/108 Customer Service Feedback – yearly review (report ref:-HCPC78/14)

- 8.1 The Council received a paper for discussion from the Executive. The paper formed a review of the HCPC's feedback and complaint function for the period 1 April 2013 and 31 March 2014.
- 8.2 During discussion the following points were made:-

- the HCPC runs an improvement focused feedback and complaints process. Corrective action is the focus of reporting to ensure continuous improvement;
- the Executive team receive a monthly report with a narrative of every complaint and response, response time, root cause and corrective actions;
- from 1 April 2013 to 31 March 2014, 573 complaints were received and 91 pieces of positive feedback were logged. 92 per cent of complaints were responded to within the service level of 15 working days;
- the number of complaints logged this year was in line with last year. The proportion of complaints across the professions corresponded to their proportion of the register;
- there has generally been an increase in the number of complaints logged year on year. This increase is attributed to several factors, including an increase in the size of the Register and more contact with registrants;
- the HCPC completes a large number of registrant and public facing transactions. The departments that complete the most external transactions have the highest number of complaints, these departments are Registration, Fitness to Practise and Finance: and
- in comparison with the number of transactions completed, the HCPC receives a relatively small number of complaints.
- 8.3 The Council noted that the HCPC's policy on the complaints process has been updated this year with a stronger emphasis on corrective action. Regular review meetings with managers to look at complaint reporting and identify areas to improve have been introduced.
- 8.4 The Council discussed how the corrective action undertaken by the HCPC is communicated. It was suggested that corrective actions should be published on the website, to let registrants know that their feedback has made a difference.
- 8.5 The Council agreed that it was important that it should review organisational complaints and noted that customer service reports will be presented to Council on a six monthly basis going forward.
- 8.6 The Council discussed the escalation route for complaints at the HCPC and any appeal stage. It was noted that the Service and Complaints manager is currently developing a system that will be appropriate for

- the HCPC. The Council considered that the majority of HCPC registrants would be familiar with the NHS complaints staged system.
- 8.7 The Council noted the report and welcomed the proposed six monthly reports in future.

Item 9.14/109 Appointment of members of the PLG to review the standards of conduct, performance and ethics (report ref:- HCPC79/14)

- 9.1 The Council received a paper for discussion and approval from the Executive.
- 9.2 The Council noted that at its meeting on 27 March 2014, the Council agreed to establish a Professional Liaison Group (PLG) to the review the standards of conduct, performance and ethics. Council members were invited to submit statements of interest for membership and for Chair of the PLG which were considered by the Chair of Council.
- 9.3 The Council approved that Elaine Brookes would be appointed as chair of the PLG. It was also agreed that Mary Clark-Glass, Sheila Drayton and Joy Tweed would be members of the PLG. It was noted that the process of appointing external members of the PLG is complete and the first meeting of the group would take place on 2 June.

Corporate Governance

Item 10.14/110 Minutes of the Education and Training Committee held on 6 March 2014 (report ref:- HCPC80/14)

- 10.1 The Council received a paper for discussion/approval from the Executive.
- 10.2 The Council approved the recommendations therein subject to the formal approval of the minutes by the Education and Training Committee.

Item 11.14/111 Minutes of the Audit Committee held on 20 March 2014 (report ref:- HCPC81/14)

- 11.1 The Council received a paper for discussion/approval from the Executive.
- 11.2 The Council approved the recommendations therein subject to the formal approval of the minutes by the Audit Committee.

The Council noted the following item:-

Item 12.14/112 FOI publication scheme: definition document (report ref:-HCPC82/14)

Item 13.14/113 Any other business

13.1 There was no further business.

Item 14.14/114 Meeting Evaluation

- 14.1 The Council agreed that it would be beneficial to explore the HCPC's corporate memory at its away day meeting in October.
- 14.2 The Council agreed that separating out papers that required decisions on the second day was useful and allowed keener focus on the departmental reports on the first day of the meeting.

Item 15.14/115 Date and time of next meeting

Tuesday 1 July 2014 at 14.00pm and Wednesday 2 July 2014 at 9:30am

Chair: ...

Date: ...01.07.2014.....