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COUNCIL

Report from the Chair of the Council

Meeting: 16 May 2013

Status: for noting

Lead responsibility: Gareth Hadley
(Chair)

Contact details:
ghadley@optical.org

Introduction

1. This is my first report to Council since my appointment on 19 February 2013. As was the practice established by my predecessor Anna Bradley, my reports will cover what I have done, any issues that I have been considering and any issues I have identified. My reports will not include everything that I have done, but rather those things I think are of wider interest. I would still be happy to get feedback on the content, so I can refine the approach over time.

Induction

2. As a part of my induction, I have had one-to-one meetings with all members of the Council, with Directors, and with other members of the senior management teams. I have also addressed a full staff meeting, outlining what I consider to be the challenges facing not only the Council but healthcare regulation generally (the speaking notes that I used are annexed to this report). I have also had initial meetings with key stakeholders as follows:
 - ABDO president, president elect, and chief executive
 - AOP president and acting chief executive
 - PSA chief executive
 - Optical Confederation chairman
 - College of Optometrists president and chief executive
 - Anglia Ruskin University (Head of Department of Vision and Hearing Services)Further initial meetings planned for the immediate future include:
 - FODO chief executive
 - Scottish Government Regulatory Unit
 - Optometry Scotland
 - Glasgow Caledonian University
 - Optometry Wales
 - Department of Health officials

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Governance

3. I finalised proposals arising from the review of statutory advisory committees and from the review of membership of non-statutory committees. The structural changes proposed were approved by the Council on 27 March 2013: approval of membership of the restructured committees is the subject of an item elsewhere on today's agenda.
4. One of the proposals approved on 27 March 2013 was for the establishment of a standing Nominations Committee. The Nominations Committee, as currently constituted, met on 3 May 2013 and approved proposals for:
 - the Committee's terms of reference; and
 - role descriptions and person specifications and remuneration for independent members of the Nominations, Audit and Risk and Remuneration Committees.The Committee's proposals are the subject of an item elsewhere on today's agenda.
5. I chaired an interview panel to recommend appointment to two vacancies for registrant members of the Council. The panel's recommendations to appoint Helen Tilley and Scott Mackie were accepted by the Privy Council.

Regulation

6. On 21 and 22 February 2013, I attended the PSA's annual symposium. In addition to its contribution to my induction (those with whom I networked included the chairs and/or chief executives of the Professional Standards Authority, the General Medical Council, the General Dental Council, the General Pharmaceutical Council, the Health and Social Care Professions' Council, the General Osteopathic Council, the General Chiropractic Council, the Nursing and Midwifery Council, the Care Quality Commission, the Pharmaceutical Society of Northern Ireland, and representatives of the PSA, Scottish Government, and the Law Commission), it provided an opportunity to discuss the implications for regulators of the Francis Report. Consensus was that, although the Government's response to the report was then awaited, as were the proposals that would flow from the Law Commission's review of regulatory arrangements, regulators needed to seize the initiative and identify the steps that could be taken to strengthen public protection through regulation within the current statutory frameworks. We will need to consider Francis in the context of our next strategic planning cycle.

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7. Additionally, I have had meetings with the chairs and chief executives of the General Dental Council, the General Pharmaceutical Council, and the Health and Social Care Professions' Council to discuss our approaches on a broad range of issues including Francis.

Management

8. Brian Coulter (in his capacity as chair of the Remuneration Committee) and I met the lead consultant from Hay to discuss the job evaluation project. We reviewed:
- the outline project plan including progress and milestones for future action; and
 - the draft of the chief executive's job description/person specification.
- We identified the stages at which we would wish to be further consulted as the work progresses.

Leadership

9. Our Chief Executive and Registrar and I have met on ten occasions to discuss our leadership of the Council and strategic issues arising.
10. I have put in place arrangements for appraisal of the chief executive's performance in 2012/13. As a part of this process, Council members have been asked to complete a questionnaire. In addition, I will be speaking individually to Council members and to key stakeholders in early course.

Attachments

Annex 1 – Speaking notes for the GOC Quarterly All Staff Meeting in February 2013

Key challenges for professional healthcare regulation over the next five years

Healthcare regulation is currently under scrutiny from two specific quarters:

- The Law Commission’s review of healthcare regulation, due to report and produce draft legislation next year; and
- Robert Francis’s public inquiry into Mid Staffordshire Hospitals, recently reported to Ministers.

These are set within the wider context of increased public awareness of – and concern about – the importance of integrity and accountability. That awareness has driven, amongst other things:

- The Levinson Inquiry; and
- The Committee on Standards in Public Life’s review of best practice in promoting good behaviour, published in mid-January.

The overarching message – both from Levinson and from the Committee on Standards – was that standards regulation needed to be both demonstrably independent and equipped with robust sanctions. The Francis Inquiry report reached similar conclusions and restated the principle that the quality and safety of the patient experience is paramount. In addition to proposing codification following its own review, the Law Commission’s work could incorporate changes flowing from Francis and the other contributions.

Together, these present significant challenges for all healthcare regulators. Their scope and operating practices will need to change: the viability of some regulators – particularly the smaller ones – may come into question.

Before detailing some of the challenges, I’d like to touch on the role of healthcare regulators – roles that must not be lost sight of during any process of change:

- First and foremost, regulators are there to protect the public.

Recipients are entitled to expect healthcare providers:

- To be knowledgeable, skilled and experienced
- To properly investigate and make reasoned judgements
- To explain actions proposed and the risks involved
- To keep individuals’ confidences and treat them with respect.

The public generally need to have trust in the quality and standard of the healthcare services available to them. Healthcare regulators underpin public trust.

- Secondly, in line with the Hampton Principles, regulation needs to be proportionate, accountable, consistent, transparent,

targeted, and agile, maintaining professional standards in a modern and developing environment.

- Thirdly, regulators need to be effectively governed, open and accountable, and to provide value for money – particularly important in that it's their registrants who meet the costs through their fees.

And so to the challenges:

- Do regulators have the resources, capacity and channels not only to digest the outcomes of the Inquiries but also to influence public policy through reasoned argument concerning the scope, direction and speed of change? Have they got adequate engagement with their stakeholders? If not, how can these be addressed?
- Are there benefits to be had from co-operation between regulators:
 - In the short term, by presenting Government with a common approach to the issues, thereby offering a solution to what is now a major political problem; and
 - In the longer term, by reducing operating costs – thereby providing improving value for money – through steps such as sharing services and facilities?
- What's the GOCs readiness?
 - GOC already has a significant modernisation agenda to bring its organisational systems and infrastructure up to date. Is its programme and project management capacity capable of delivering these to time and cost while managing the additional challenges noted?
 - Are its policies and procedures fit for purpose?
 - Do the governance arrangements need to be changed? At the top of the organisation, is the balance between the time spent on strategic direction and operations right?
 - As one of the smaller regulators, if GOC is to remain independent how does it best position itself at a time of scrutiny and change? How does it marshal its arguments?
- There will continue to be change. Moving still is not an option: if we're not changing and moving forward we're moving backwards. But the change has got to be planned, resourced, and effectively managed.
- The current public and political weather systems present significant challenges for healthcare regulation over the next five years. The next – and so far unpredicted – weather system could give rise to further challenges of equal weight. I'm glad to have been given the opportunity to participate in the response.

Gareth Hadley 27 February 2013