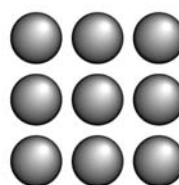


Scrutiny Committee meeting

Minutes of meeting

1 September 2010



**council for
healthcare
regulatory
excellence**

Present

Sally Irvine (Chair)
Ann Curno
Ian Hamer

In Attendance

Harry Cayton
Ros Hayles
Tim Bailey

1. Apologies

1.1 There were no apologies.

2. Minutes of the meeting held on 1 April 2010

2.1 The minutes were agreed as an accurate record of the meeting.

3. Matters arising from the minutes of the meeting held on 16 June 2009

3.1 There were no matters arising that were not covered elsewhere on the agenda.

4. Performance Review report 2009/10

4.1 The Executive asked the Committee whether the Performance Review report 2009/10 had been well constructed and had met the Council's standards.

4.2 The Committee commented on the high standard of construction and presentation of the report.

5. Performance Review 2010/11

5.1 The Committee reviewed the new Performance Review process which would be implemented from autumn 2010. It was noted that the process had been arrived at following public consultation. The greater outcomes-focussed process had been piloted in CHRE's recent Performance Review of the Medical Council of New Zealand (MCNZ).

5.2 It was noted that governance issues had been removed as one of the specific heads of enquiry in the new process. However, the MCNZ report illustrated that the new process would be effective in highlighting where governance issues might affect the key functions of a regulator, as judged by the outcomes of its work.

6. Report on complaints received from April 2010 – August 2010

- 6.1 A report on complaints about the regulatory bodies received from April 2010 – August 2010 was noted. The Committee found the charts supplied in the report helpful.
- 6.2 It was noted that during this first part of the financial year, there had been a fall in the number of complaints and enquiries that had been received. The majority of complaints received across all of the regulators were in relation to fitness to practise. It was noted that fitness to practise was the most public-facing function of the regulators and that it caused considerable concern to those involved.
- 6.3 The Chief Executive would approach the Parliamentary and Health Services Ombudsman to discuss how best to discharge the functions currently envisaged for CHRE in Section 28 of the NHS Reform and Health Care Professions Act, and whether CHRE would be the appropriate body.
- 6.4 S28, which has not yet been enacted, would give CHRE the power to deal with complaints against the regulators. The scope of the powers would be defined in regulation. The Committee noted that consideration would need to be given as to whether this function should concentrate on whether there had been maladministration by a regulator.

7. Internal Audit

- 7.1 It was noted that the internal auditors would be reviewing IT and information security in respect of remote working arrangements.
- 7.2 The Committee decided that it would not make use of the remaining two days available of internal audit time this financial year as the Committee doubted the value of this. It was felt that there might be a value next year in using internal audit time to review the new Performance Review process.

8. Any other business

- 8.1 A member queried how effective the system was of regulators being notified by police and the courts when a registrant was found guilty of a criminal offence. It was heard that the notifiable occupation scheme had an administrator in each police force, and that policy on this was led by the Association of Chief Police Officers (ACPO) and the Home Office.
- 8.2 The Committee decided to raise with regulators whether they considered this system was working effectively in protecting the public, and if not, what channels should be followed to seek improvement. Members would raise this at a Regulators Forum.

ACTION: SI/HC

Approved by Scrutiny Committee on 8 December 2010