

Freedom of Information Act – Disclosure Log

Date	Freedom of Information Request	Information released
17/07/08	<p>A request was made in relation to an employment tribunal to which the NMC were a party. The following questions were asked:</p> <ol style="list-style-type: none"> 1. The status and description of the Tribunal 2. When it has or is likely to hear the case 3. What is the complaint 4. Who are the parties to the complaint 5. Is the hearing the same court testing referred to in the NMC press release? 	<p>Advised to approach the NMC who hold the information requested</p>
29/08/08	<ol style="list-style-type: none"> 1. What view does the CHRE take regarding mutual recognition of regulated professions in Europe? 2. Does the CHRE have a further complaints procedure in place regarding professional recognitions via the HPC? (For example if a european applicant is denied recognition as a health profession in the UK via the HPC.) 3. Is CHRE interested to ease the recognition process for professions who fall under the HPC regulation? 4. Radiographers in Switzerland, Austria and Germany are automatically recognised within those countries. Applicants from Germany still face a difficult process to get recognised as a Radiographer via the HPC. What interest does the CHRE have in order to ease the application process of Radiographers from Germany, Switzerland and Austria? 5. What recent approach or statement did the CHRE take regarding health on European level? 	<p>A separate attachment details the information shared.</p>

13/10/08	In the financial year ending 5 April 2008 did your organisation make any advance payments for the following financial year? If so, please could you provide the breakdown. For example, some organisations may have made advanced payments to HMRC for tax and national insurance liabilities.	CHRE is not permitted to make payments in advance of need unless we have contractual obligations to do so. This applies to a range of suppliers whose services fall over the financial year end including the rent, rates and service charges for our lease at 11 Strand.
27/10/08	How many complaints has CHRE received in the last 30 months about the GCC?	There have been 15 complaints against the GCC in the last 30 months.
27/10/08	A request was made for a copy of a regulators response to a complaint letter to be sent to the complainant	The complaint letter was shared
28/10/08	How many complaints has CHRE received in the last 30 months about the GOsC?	There have been four complaints against the GOsC in the last 30 months.
04/02/09	A request was made for a copy of a regulators response to a complaint letter to be sent to the complainant	The complaint letter was shared
12/03/09	A request was made for details of the Scrutiny Officer recruitment process in light of our obligations under section 49A (1) of the Disability Discrimination Act 1995 (as amended).	A full response was provided to the applicant in response to the questions posed.
20/03/09	A request was made for a copy of a regulator's response to a complaint to be sent to the complainant	The complaint letter was shared

01/05/09	A request was made for the procedure for removing senior members of staff at the regulator. A request was also made on our plans to produce definitions of misconduct and lack of competence, with illustrative examples; to make it crystal clear that all employers of NHS nurses must report to the NMC when they have the least doubt about their fitness to practise; and that the NMC must themselves seek further information whenever serious incidents come to their notice	The applicant was informed that we did not hold the information in relation to his first request and that we did not have any plans to produce the information he had requested in his second request
07/05/09	A request was made for details of when Weightmans tendered for work with CHRE and when their contract with CHRE commenced	Weightmans first tendered for the provision of legal services for CHRE on 21 November 2003. Following the tendering process, Weightmans began work for CHRE in January 2004. There was no formal contract in place. Weightmans tendered again for the provision of legal services for CHRE on 16 April 2007 and their contract with CHRE commenced on 1 July 2007.
08/05/09	A request was made for a progress report on the NMC's performance since our Special Report on the Nursing and Midwifery Council.	This information was withheld under section 22 of the FOIA.
17/05/09	A request was made for a copy of the NMC's self-assessment for this year's performance review.	This information was withheld under section 22 of FOIA
22/05/09	A request was made for details of CHRE's funding, costs and expenditure.	A separate attachment details the information shared.
12/06/09	A request was made for details of CHRE's IT budget and associated costs	A separate attachment details the information shared.

24/06/09	A request was made for the breakdown of costs associated with CHRE's national conference	<table border="1" data-bbox="1025 309 2042 783"> <thead> <tr> <th colspan="2" data-bbox="1039 316 2029 347">Consolidated headings</th> </tr> </thead> <tbody> <tr> <td data-bbox="1039 419 1787 451">Venue hire and catering</td> <td data-bbox="1787 419 2029 451">£13,939.13</td> </tr> <tr> <td data-bbox="1039 451 1787 483">Event management</td> <td data-bbox="1787 451 2029 483">£17,333.84</td> </tr> <tr> <td data-bbox="1039 483 1787 555">Travel and expenses - includes the costs of unwaged members of the public attending the event</td> <td data-bbox="1787 483 2029 555">£2,658.61</td> </tr> <tr> <td data-bbox="1039 555 1787 587">Design and typsetting</td> <td data-bbox="1787 555 2029 587">£5,365.38</td> </tr> <tr> <td data-bbox="1039 587 1787 619">Branded conference products - signs, pens, folders, stands</td> <td data-bbox="1787 587 2029 619">£5,398.10</td> </tr> <tr> <td data-bbox="1039 619 1787 651">Printing</td> <td data-bbox="1787 619 2029 651">£1,470.70</td> </tr> <tr> <td data-bbox="1039 651 1787 715">Vox Pop - video of interviews with the public on health regulation</td> <td data-bbox="1787 651 2029 715">£11,974.95</td> </tr> <tr> <td data-bbox="1039 715 1787 746">Photographer</td> <td data-bbox="1787 715 2029 746">£600.00</td> </tr> <tr> <td colspan="2" data-bbox="1787 746 2029 783">£58,740.71</td> </tr> </tbody> </table> <p data-bbox="1039 799 2029 887">The reason for the difference in the final cost of the conference from the previous submission is that savings on design costs were not included in the original submission</p>	Consolidated headings		Venue hire and catering	£13,939.13	Event management	£17,333.84	Travel and expenses - includes the costs of unwaged members of the public attending the event	£2,658.61	Design and typsetting	£5,365.38	Branded conference products - signs, pens, folders, stands	£5,398.10	Printing	£1,470.70	Vox Pop - video of interviews with the public on health regulation	£11,974.95	Photographer	£600.00	£58,740.71	
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30/06/09	A request was made for the annual salaries of for the last three financial years for: <ul style="list-style-type: none"> • The Board Director/Committee Chair. • All chief executives. All deputy executives/directors/chairs	This information is available in our annual report																				
30/07/09	A request was made for number of staff employed, both permanent and temporary, Grants in Aid received from the Government, Any other sources of income, Gross expenditure, Net expenditure (operating costs)	This information is available in our annual report																				
02/09/09	A request was made for total income received in 08/09, the number of employees with salaries greater than £132,923 and the salaries of those in excess of this, the number of press officers and their	This information is available in our annual report. Other than noting that we currently have 18.6 members of staff employed, we do not employ a press officer and have spent £173k under the NHS definition of consultancy.																				

	combined annual salary, how many staff currently employed, the number and cost of agency staff employed in 08/09, and how much was spent on consultancy services in 08/09.	
30/09/09	<p>A request was made for information on:</p> <ol style="list-style-type: none"> 1. How many staff members have received private sector treatment paid for by the Trust in each of the last three years? 2. How much has the Trust spent on providing private sector treatment to NHS staff in each of the last three years? 3. What private sector treatment has been provided to NHS staff in each of the last three years and what treatment is currently on offer to staff? 4. How many members of staff have private health insurance included in their standard employment contracts 	<p>We responded by indicating that questions 1-3 were not relevant to CHRE as we are not an NHS body nor do we employ NHS staff. We responded that no members of staff have private health insurance included in their standard employment contracts.</p>
27/12/09	<p>A request was made for:</p> <ol style="list-style-type: none"> 1. How much was paid (a) in total to all staff, (b) to the chairman, (c) to non-executive directors, (d) to the chief executive and (e) to executive directors in bonuses/non-consolidated performance pay awards in each of the last three financial year for which figures are available 2. How much was re-claimed (a) in total for all staff, (b) by the chairman, (c) by non-executive directors, (d) by the chief 	<p>The following information was provided:</p> <ul style="list-style-type: none"> • We do not pay bonuses or award non-consolidated performance pay awards nor do we offer official vehicles or car allowances to any staff, our Chief Executive, Chair or Council members. • Our Chair and Chief Executive's travel expenses for 2008/09 are available on our website. This information was provided in response to a previous Freedom of Information Act request. It can be found here: http://www.chre.org.uk/_img/pics/library/090617_Final_figures_sent.pdf. • Our Council's, including the Chair's, total expenses are published each year in

	<p>executive and (e) by executive directors for personal travel expenses for (i) mileage, (ii) parking, (iii) taxis, (iv) car allowances, (v) trains, and (vi) flights in each of the last three financial year for which figures are available</p> <p>3. How many official vehicles are currently allocated to staff; what vehicles are they, are any of the vehicles chauffeur-driven; which staff have access to these vehicles; and at what cost have these vehicles been provided at in each of the last three financial year for which figures are available.</p> <p>4. How much was re-claimed (a) in total for all staff, (b) by the chairman, (c) by non-executive directors, (d) by the chief executive and (e) by executive directors for (i) over-night accommodation (ii) hospitality (iii) business phone calls (iv) meals (v) any other personal expenses in each of the last three financial year for which figures are available</p>	<p>our Annual Report. The information available is a global figure and not broken down into different categories. For example, the Council's expenses for 2008/09 can be found on page 47 of our annual report: http://www.chre.org.uk/img/pics/library/08-09_Annual_Report_2008-09_Vol_1_1.pdf.</p> <ul style="list-style-type: none"> • Information about expenses incurred individually by the Chair, Council members, Chief Executive and management team in 2009/10 will be available on our website from today. This information will be continually updated. The information will be found here: http://www.chre.org.uk/governance/. • An aggregate figure for total staff expenses for 2007/08, 2008/09 and 2009/10. These figures are: <ul style="list-style-type: none"> ○ 2007/08 - £25,424.23 ○ 2008/09 - £26,651.22 ○ 2009/10 to 30 November - £18,000.15 • An aggregate figure for the total amount spent on business phone calls (via fixed lines and mobile devices) for all three financial years. These figures are: <ul style="list-style-type: none"> ○ 2007/08 - £1,593.32 ○ 2008/09 - £1,497.28 ○ 2009/10 up to 30 November - £1,037.65 <p>While we were able to confirm that we hold the remaining information requested, we do not record this information in the format requested. To reanalyse the expenses data over those years would be disproportionately expensive and time consuming in a small organisation. Therefore, we consider that the costs of complying with the request would involve a disproportionate effort and exceed the £450 appropriate limit. Consequently, we will not be disclosing the remaining information requested.</p>
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25/01/2010	<p>The information requested was:</p> <ol style="list-style-type: none"> 1. Since 8 October 2008 to date, the percentage of suppliers' invoices that a) have and b) have not been paid within 10 days. 2. Since 8 October 2008 to date, a) the number of suppliers who have not been paid within 10 days and b) the total value of the suppliers' invoices concerned. 3. Since 8 October 2008 to date, a) how much the organisation paid to suppliers in interest for late payment pursuant to the Late Payment of Commercial Debts (Interest) Act 1998 and b) the total value of the suppliers' invoices concerned. 4. Since 1 April 2008, how much the organisation paid to suppliers in interest for late payment pursuant to the Late Payment of Commercial Debts (Interest) Act 1998 and b) the total value of the suppliers' invoices concerned. 	<p>The information provided is as follows:</p> <ol style="list-style-type: none"> 1. Since 8 October 2008 to date, the percentage of suppliers' invoices that a) have been paid within 10 days is 93.03% and b) have not been paid within 10 days is 6.97%. 2. Since 8 October 2008 to date, a) the number of suppliers who have not been paid within 10 days is 52 and b) the total value of the suppliers' invoices concerned is £202,655.08. 3. Since 8 October 2008 to date, a) how much the organisation paid to suppliers in interest for late payment pursuant to the Late Payment of Commercial Debts (Interest) Act 1998 and b) the total value of the suppliers' invoices concerned is nil. 4. Since 1 April 2008, how much the organisation paid to suppliers in interest for late payment pursuant to the Late Payment of Commercial Debts (Interest) Act 1998 and b) the total value of the suppliers' invoices concerned is nil. <p>We also released that since 1 June 2009 to date; we have maintained a 100% record for the settlement of invoices within 10 days.</p>
08/02/2010	<p>The following information was requested:</p> <ol style="list-style-type: none"> 1. Would the CHRE consider it good practice for a health regulator to send private investigators posing as patients into someone's place of work attempting to entrap a person into breaking the law? 2. Would CHRE consider it good practice for a health regulator to try and intimidate members 	<p>We provided the following information:</p> <p>Private investigators</p> <p>Requests 1-4 do not seek access to recorded information and therefore are not relevant to a FOIA request. It would not be appropriate for CHRE to provide blanket yes or no answers to your questions without further specific details on the case. In relation to request 5, we have not published guidelines on the use of private investigators by health regulators.</p>

	<p>of the public at their place of work by using private investigators?</p> <p>3. Would CHRE consider it good practice for a health regulator to refuse to divulge to a member of the public why investigators were instructed to spy on members of the public or divulge what information the investigators obtained (if any) as a result of their investigation?</p> <p>4. Would CHRE consider it best practice for a health regulator to conduct the investigation themselves when they suspect the law has been broken? Rather than report the incidence to the police.</p> <p>5. Does CHRE have guidelines for the use of private investigators by health regulators? Surveillance by public authorities, acting on their behalf, is subject to the Regulation of Investigatory Powers Act 2000 (unlike the police, private investigators are not regulated)</p> <p>6. Would CHRE consider it good practice for a health regulator not to interview a complainant (an employee who was alleging bullying by a chief executive) in an investigation of the complaint?</p> <p>7. Would CHRE consider it bad practice for the chairman of a regulatory body to refuse requests from other council members to include a letter outlining regulatory failings on the agenda of a closed meeting?</p>	<p>Governance</p> <p>Request 6 does not seek access to recorded information and is therefore not covered by the FOIA. Individual regulators have their own policies on how to investigate internal complaints about staff members. We do not become involved in this aspect of their work.</p> <p>Request 7 does not seek access to recorded information and is therefore not covered by the FOIA. We consider that the regulators' councils should conduct their business transparently and accountably. This is set out in our current Standards of Good Regulation.</p> <p>Request 8 does not seek access to recorded information and is therefore not covered by the FOIA. We consider that all members of councils including the chairs should adhere to the seven principles of public life which includes honesty.</p> <p>Request 9 does not seek access to recorded information and is therefore not covered by the FOIA. However, we consider that employees of health professional regulators can decide on what complaints should be referred to Investigating Committees or equivalent mechanisms. As set out in our current Standards of Good Regulation, to do this we would expect all staff involved in such decisions to receive training and guidance on how to carry out their work.</p> <p>Request 10 does not seek access to recorded information and is therefore not covered by the FOIA. We do not become involved in the employment references the health professional regulators provide to their former staff members.</p> <p>Europe</p> <p>Request 11: Directive 2005/36 Mutual Recognition of Professional Qualifications is an EU directive and therefore has supremacy over any Member State law. We support the directive as transposed under UK law. Nonetheless, our core commitment is to public protection and patient safety through regulation.</p> <p>Request 12: Under the directive and under UK anyone using the title chiropractor in the UK must be registered with the GCC. CHRE would expect GCC to take</p>
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	<p>8. Would the CHRE consider it bad practice for the chairman of a health regulatory body to deliberately mislead council members?</p> <p>9. Does the CHRE consider it good practice for employees of a health regulatory body to decide on which complaints it sends to an Investigating Committee?</p> <p>10. Does the CHRE consider it good practice for a health regulator to refuse to divulge to another health regulator whether a former employee was fit and proper to deal with their complaints process?</p> <p>11. The European Chiropractic Union (ECU) is having its conference in London in May 2010. Most European countries do not have statutory regulation and rely on the ECU to regulate and set academic standards for the profession in those countries. What view does the CHRE take regarding mutual recognition of professions in Europe?</p> <p>12. What is the CHREs position regarding ECU members using the title chiropractor or adjusting a person's spine while in London? Would the CHRE expect the GCC to report these people to the police for a breach of section 32 of the Chiropractic ACT 1994?</p> <p>13. The CHRE stated in this report that you commended the GCC's strong leadership that was displayed in promptly removing from council a member who had committed a serious breach of governance" Could you repeat what</p>	<p>appropriate action under its legislation should they find anyone inappropriately using the protected title of chiropractor. Further information on our views on the protection of title can be found here: Policy & Research / Our projects . The report is entitled Protecting the Public from Unregistered practitioners.</p> <p>The GCC's performance review 2008/09</p> <p>Request 13: The information provided to CHRE was as follows:</p> <p><i>'In an email circulated on 8 February 2008 to all other members of council, the president of a chiropractic association and other individuals, a member of Council libelled the Chief Executive and Registrar by stating that she had lied to Council during the meeting held on 7 February.</i></p> <p><i>The chairman immediately initiated an investigation. Having gathered information from everyone present at the meeting, he convened on 3 March 2008, under provisions of the Constitution and Procedure Rules then in place, an extraordinary meeting of Council to debate a resolution for the removal of the member of Council who had circulated the libel. That member was provided with the opportunity to make a detailed presentation in defence of his actions. By a written ballot, conducted by an officer of Electoral Reform Services, the resolution was passed with immediate effect. The whole procedure was completed less than a month after the matter occurred – this included the required 10 days notice of the Council meeting.'</i></p> <p>Request 14: The Scrutiny and Quality Team compiled the GCC's performance review report.</p> <p>Request 15: The information was provided by the Council. We also met with the Chief Executive and Chairman.</p> <p>Request 15 b: We were aware that the Chiropractic Patients' Association stated that they had no confidence in the GCC in December 2006.</p> <p>Request 16: We hold no recorded information about the public's or Chiropractic Patient's Association's satisfaction level with the General Chiropractic Council. We will be reporting later this year on our view of the General Chiropractic Council's</p>
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	<p>the CHRE was told was the “serious breach of governance”?</p> <p>14. Who compiled this report for CHRE?</p> <p>15. Who provided you information from the GCC?</p> <p>16. In the report you “commended” the GCC for receiving submissions from “patient associations”. Are the CHRE aware that the Chiropractic Patients Association stated that they had no confidence in the GCC at a meeting December 8th 2006?</p> <p>17. What evidence has the CHRE that the public and CPA is satisfied with how the GCC performs its statutory duty to protect the public.</p> <p>18. Is the CHRE aware that many former council members have made complaints about GCC employees and officers?</p> <p>19. Is the CHRE aware that GCC Chairman refused to conduct an independent investigation into complaints about GCC employees?</p> <p>20. The CHRE report states “The GCC has a clear accessible ‘complaints about us’ process and seeks to learn from the complaints it receives”. How has the GCC demonstrated this to the CHRE for you to draw this conclusion? Were concerns of former council members taken into consideration in reaching this conclusion?</p> <p>21. The CHRE praised the GCC for its “transparent” “clear and assessable” approach to complaints.</p>	<p>performance against our Standards of Good Regulation.</p> <p>Request 17 does not seek access to recorded information and is therefore not covered by the FOIA.</p> <p>Request 18 does not seek access to recorded information and is therefore not covered by the FOIA.</p> <p>Requests 19 and 20 do not seek access to recorded information and are therefore not covered by the FOIA. However, we did take account of the information the GCC has available on its website, relevant feedback we had received about the GCC and the GCC’s responses to these complaints.</p> <p>Request 21 does not seek access to recorded information and is therefore not covered by the FOIA. However, we had not considered the statement made to the Council by the council member.</p> <p>The removal of a council member</p> <p>Requests 22 to 27 do not seek access to recorded information and are therefore not covered by the FOIA. Each health professional regulator has their own processes for dealing with complaints about council members. We do not become involved in the detail of these processes. In our performance review report of the GCC 2008/09, we commended the GCC’s strong leadership in the manner of the removal - identifying a governance problem and dealing with this matter swiftly – rather than the justification of the removal.</p> <p>Request 28: The information requested is as follows:</p> <p><i>‘Any complaint against a member of Council, therefore (other than against the Chair), would be fully investigated by the Chair. The member will immediately be notified of the details of the complaint and the investigation will enable</i></p> <ul style="list-style-type: none"> • <i>all the relevant facts to be established</i> • <i>the nature of the problem to be clarified</i> • <i>whether there are grounds for provisional suspension of membership of Council</i>
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	<p>How did the CHRE come to this conclusion? Were concerns of former council members taken into consideration in reaching this conclusion?</p> <p>22. In coming to these conclusions had the person compiling the CHRE report read my statement to council?</p> <p>23. Does the CHRE believe it is good practice for a regulator to refuse legal representation to a council member accused of “committing a serious breach of governance”? Is this what CHRE means by the “strong leadership” of the GCC?</p> <p>24. Does the CHRE believe it is good practice for a regulator to refuse to record the removal hearing of a council member accused of “committing a serious breach of governance” when there is a possibility of judicial review?</p> <p>25. How much time should a council member be given to respond to charges of “committing a serious breach of governance”?</p> <p>26. Does the CHRE believe it is good practice for a regulator to refuse to disclose information pertinent to the defence of a council member accused of “committing a serious breach of governance”?</p> <p>27. Does the CHRE believe it is good practice for GCC chairman, to have chaired the extraordinary meeting for a member’s removal, when he had proposed the resolution for their</p>	<ul style="list-style-type: none"> • <i>the production of a full report to Council when the facts require it</i> • <i>a decision to be taken as to whether the matter should be reported to the Privy Council</i> <p><i>It may be appropriate to obtain statements from any individuals with relevant information.’</i></p> <p>Request 29: We do not hold this information. This request should be directed to the General Chiropractic Council. We are not aware of the process and would not comment on what is an employment matter which is not directly related to regulation.</p> <p>Complaints against the GCC</p> <p>Request 30: From January 2006 until 17 February 2010, we have received 20 complaints or complaint enquiries about the GCC and 5 complaints or complaint enquiries about the GOsC.</p> <p>Request 31 does not seek access to recorded information and is therefore not covered by the FOIA. However, we are able to say that as we have no formal powers to investigate complaints, we are unable to draw a significant inference from those complaints that we receive. We do consider the number and type of complaints that we receive about all regulators and as evidenced by the Special Report on the NMC 2007/08 take account of these complaints where we believe them to be relevant to our work.</p>
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	<p>removal, was the person who collected the evidence for my removal and contacted council members prior to the meeting? Is this what the CHRE means by “strong leadership”?</p> <p>28. Were not the CHRE concerned that only 13 out of the 20 council members supported GCC chairman resolution for my removal, considering “a serious breach of governance had been committed”?</p> <p>29. Is the CHRE certain the proper procedure for making a complaint against a council member was followed in this case? What was the proper procedure in February 2008?</p> <p>30. What is the complaints procedure for a council member who wants to complain about both the chair and the vice chair of a regulator. Does the CHRE believe this is a “clear and assessable” approach as stated in your report?</p> <p>31. How many complaints have the CHRE received about the GCC since January 2006, how many complaints have CHRE received about the GOsC?</p> <p>32. Has the CHRE investigated this disparity in complaints between the two organisations?</p>	
12/02/2010	<p>The following information was requested:</p> <p>1. The procedure applied by the CHRE to correlate the RPSGB’s striking off of the individual from its register in section 29, with the CHRE’s understanding of a ‘protection of the public</p>	<p>The following information was provided:</p> <p>1. The applicant was directed to a copy of the process and guidelines that we use when reviewing final fitness to practise decisions at: http://www.chre.org.uk/practise/79/. We directed the applicant to paragraph 2.1-2.4 and 2.21 which related to the concerns that had been raised with CHRE.</p>

	<p>issue', in light of the relevance of the complaints made by the family to RPSGB, GMC and NMC following the death of a relative.</p> <p>2. A copy of any communication between the CHRE and the RPSGB on the application of section 29 in respect of the death of a relative to date.</p>	<p>2. We confirmed that CHRE did not hold any such communications.</p>
<p>02/03/2010/ 09/03/2010/ 10/03/2010</p>	<p>The following information was requested:</p> <ol style="list-style-type: none"> 1. How many complaints has the CHRE received regarding the General Medical Council from the date the CHRE came to function? 2. Out of [1] what is the ethnicity of the complainants? 3. What action [if any] was taken regarding each of the complaints made? An excel spreadsheet anonymised with the relevant decisions would be acceptable. 4. If the CHRE has received complaints their procedures cannot deal with, what has it done to ensure the GMC has a robust complaints procedure. 5. Please outline what the complaints procedure is for the GMC. 6. Please outline the steps taken by the CHRE with respect to the allegation of racial discrimination. 7. The analysis of misconduct is now established 	<p>The following information was provided:</p> <ol style="list-style-type: none"> 1. We have received 175 complaints about the General Medical Council since CHRE was established. This includes complaints that have and have not been seen by the GMC. Some complaints were not forwarded to the GMC because (a) we did not have the complainant's consent, (b) we did not consider they fell within our complaints policy, or (c) they were received before our informal complaints policy was implemented in September 2007. It also includes complaints that were dealt with under our powers to review and refer cases to Court if we consider them to be unduly lenient and do not protect the public. Within these complaints, some were about decisions being overly harsh and others about decisions being unduly lenient. 2. We do not collect this information. 3. Please see the attached spreadsheets. Spreadsheet one details complaints received prior to the implementation of our informal complaints policy in September 2007. Spreadsheet two details complaints received after implementation of our informal complaints policy. Spreadsheet three details complaints received in relation to our powers to scrutinise final fitness to practise decisions. 4. As part of the Performance Review Standards of Good Regulation, we have a minimum requirement that states that the regulator should have an accessible, effective and efficient complaints procedure for dealing with complaints about itself. Learning from the complaints is disseminated to the complainant, throughout the organisation, informs policy development and improves practices. This is

	<p>in R v GMC Ex Parte Pal. Please confirm whether you have ensured the GMC acts by this analysis as opposed to the analysis in R v GMC Ex Parte Remedy UK. If nothing has been done, what are your reasons for this?</p> <p>8. Isobel Allen recommended that SPM/misconduct should be defined properly. What has the CHRE done to ensure that her recommendations have been addressed?</p> <p>9. The GMC failed for many years to take account of ethnicity statistics. How has the CHRE admonished the GMC for failing to comply with the RRA. The CHRE in this instance should note that Sushant Varma and I first raised the alarm with the CRE who in turn implemented the requirement to record statistics.</p> <p>10. Please confirm the steps taken by the CHRE to ensure that the performance of the GMC who use the Medical Act is compliant with the Human Rights Act and Disability Discrimination Act.</p> <p>11. Every doctor would agree that the relevant date of disclosure of the 'full complaint copy' to their employers is a breach of their civil right to carry on in their employment. I say this because the allegations at the initial Registrars stage have not been formulated to charges as they are in Rule seven. This specific point needs to be reviewed.</p> <p>12. Please confirm how many CHRE employees have worked with the GMC in the past.</p>	<p>minimum requirement 5 v). We ask for evidence that the GMC meets this requirement through the performance review. We also consider the evidence that we receive through our informal complaints policy. We consider that the GMC meets our minimum requirement on this matter.</p> <p>5. This information can be found on the GMC's website on the comments and complaints page.</p> <p>6. This request does not seek access to recorded information and is therefore not covered by the FOIA. However, we have spoken with the GMC in relation to allegations of racial discrimination as part of the performance reviews in 2008/09 and 2009/10. We understand that the GMC commissioned an external audit of decisions in the investigation of fitness to practise cases. This found no evidence of bias but found that cases were handled in a transparent, consistent and appropriate manner. We are also aware that they are taking action to identify the causes of the over representation of international medical graduates in the fitness to practise process. We are monitoring the results of this work and the steps taken by the GMC to act on any recommendations. As part of this year's review we have focused on the equality and diversity data collected by the regulators and the use of this data. We are currently considering the information we have. However, it was reiterated that our primary role, and consequently, our resources are directed to the protection of the public through regulation.</p> <p>7. This request does not seek access to recorded information and is therefore not covered by the FOIA. We forwarded the concerns about the dual analysis of misconduct to the GMC. They have said that they do not wish to comment on this matter as they consider that legal action is still proceeding on this matter. As legal action is continuing, we do not consider that it would be appropriate for CHRE to comment on matter.</p> <p>8. This request does not seek access to recorded information and is therefore not covered by the FOIA. However, the recommendation made by Isobel Allen was not directed at CHRE. It is not our role to implement recommendations made by third parties for other third parties.</p> <p>9. This request does not seek access to recorded information and is therefore not</p>
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<p>13. Please provide copies of all your performance reviews of the GMC.</p> <p>9 March 2010 (in relation to the Fitness to Practise Audit report)</p> <ol style="list-style-type: none"> 1. Of the GMC you state 'Its processes and procedures operate effectively and ensure that cases are usually dealt with appropriately and in a timely manner' Please outline the timeframe for each case assessed by the GMC for the number of cases assessed by the GMC 2. 'It has created high quality and robust procedures, including detailed guidance for its staff' Please confirm what evidence you have that the staff have followed the guidance laid out. 3. 'The public can be reassured that the GMC has achieved these high standards' Please clarify what these 'High standards' are. 4. 'Effective liaison with employers, in particular the standard procedure of referring certain complaints to employers' Please confirm the legal basis for disclosure of the entire complaint from the complainant to the Employer(s) after the Registrar's stage. 5. Please confirm the step by step process used when consent for disclosure is withheld by the doctor. 6. How many doctors' employers do you recommend that the GMC approaches? 	<p>covered by the FOIA. However, as you can see from the attached Performance Review report 2004/5, we suggested to the GMC that they may wish to consider how they might enhance their monitoring processes on equality and diversity statistics. As can be seen from the subsequent reports, we monitored progress on this suggestion. In addition we note that the Equality and Human Rights Commission is responsible for monitoring compliance with the RRA.</p> <ol style="list-style-type: none"> 10. This request does not seek access to recorded information and is therefore not covered by the FOIA. However, we note that the GMC has a legal duty to comply with the two pieces of legislation. The monitoring responsibility for this legislation lies with the Equality and Human Rights Commission. 11. This request does not seek access to recorded information and is therefore not covered by the FOIA. However, we understand that the GMC has a statutory duty to inform employers of investigations into a doctor's fitness to practise. In addition, this is not an issue affecting the protection of patient and the public and CHRE does not have a role in promoting the views, opinions or grievances of doctors. 12. Three CHRE employees have previously worked at the GMC. 13. Copies of all of the GMC Performance Review reports from 2004/05 to 2006/07 are attached. The Performance Review reports for 2007/08 and 2008/09 can be found on our website www.chre.org.uk in our Performance Review pages. <p>9 March 2010</p> <ol style="list-style-type: none"> 1. We did not collate statistics in the 08/09 audit on the time taken for each case to be concluded. Our comments on timeliness are based on each auditor's assessment of whether the case reviewed was dealt with in a timely manner. However, we are considering whether we should collect this information systematically during next year's audits. 2. We did not indicate in the report that staff had followed the guidance. However, we did check each case to see whether the decision to close the case failed to protect the public. When reviewing cases we assessed whether the action taken by staff
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	<p>7. 'Where a complaint was not within the GMC's area of jurisdiction' Please confirm whether defamation and breach of confidence is within the GMC's area of jurisdiction.</p> <p>8. In summary, however, we consider that potential areas for further enhancement of the GMC's already high standards'. Please quantify how you have measured 'high standards'.</p> <p>9. 'The GMC performs well in this area. We found that in nearly all cases, case examiners analysed cases very thoroughly and appropriately. They provided clear and detailed explanations when closing cases' [8.23]. Please confirm how many cases in your sample complied with the realistic prospect test as described by Henshall. Moreover, please confirm how many cases adhered to the directive on evidence provided by R v GMC Ex Parte Toth.</p> <p>10. You state 'The GMC has an impressive integrated case management and filing system. The system is paperless, with all case information being held electronically. The system provides integrated information on individual doctors from the GMC's registration and fitness to practise departments. It enables the GMC to build a fuller profile of information relevant to a particular doctor's fitness to practise. This in turn strengthens its ability to make appropriate decisions whenever a concern is raised about a doctor. The system significantly reduces the risk of documents and</p>	<p>complied with the written guidance and were satisfied that in most instances it did.</p> <p>3. The phrase 'high standards' used in paragraph 8.3 of the report is referring to the information given in the preceding two paragraphs – 8.1 and 8.2.</p> <p>4. We do not hold this information, and questions about the GMC's rules should be directed to the GMC.</p> <p>5. We do not hold this information. This request should be directed to the GMC. Further information on how to do this can be found on the GMC's website via the Freedom of Information link on the home page.</p> <p>6. It would not be appropriate for CHRE to make such recommendations. The GMC has developed its own procedures for deciding when employers should be contacted during the fitness to practise process.</p> <p>7. This request does not seek access to recorded information and is therefore not covered by the FOIA. This request should be redirected to the GMC. Further information on how to do this can be found on the GMC's website via the Freedom of Information link on the home page.</p> <p>8. We have reached an overall assessment on the GMC's high standards based on the information gathered in the audit and as summarised in the report.</p> <p>9. We did not collect this information as part of the audit.</p> <p>10. We do not consider it necessary to extract the paragraph. The paragraph referred to above is contained in our published report on our audit of the initial stages of the regulators' fitness to practise processes. This information is available on our website and I also attach a copy of the report. We can confirm that the GMC has a case management system. We can also confirm that we consider that the relevance of a fuller profile of information is that it strengthens its ability to make appropriate decisions whenever a concern is raised about a doctor.</p> <p>11. We do not hold the information requested. You should direct this request to the GMC. Further information on how to do this can be found on the GMC's website</p>
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	<p>other information being lost. It would appear to make it more difficult for any inappropriate alterations to be made to the file' May I ask the CHRE to kindly extract this para for me and confirm that it was part of the audit on headed paper addressed to me? Please also confirm that the GMC has an extensive database, its name and the relevance and importance of a 'fuller profile of information'.</p> <p>11. 'The GMC employs a team of internal auditors to check'. Who are these auditors and please confirm the results of each audit so far.</p> <p>10 March 2010</p> <p>1. What is your analysis for the word 'misconduct'?</p> <p>2. What case law are you relying on for the analysis of the word 'misconduct'?</p> <p>3. You state that the GMC has excellent guidance for decision makers. What is the guidance for Registrars and Assistant Registrars [I am not referring to Triage or the documents there]</p> <p>4. Please clarify where the CHRE refers to when it recommends that doctors are duty bound to inform their employers of a GMC investigation. The question is – is it the GMC's duty to inform the employers or the doctor's duty. If it is the doctor's duty to inform their employers, what case law, protocol, and guidance are you referring to when citing this 'legal duty' to inform employers.</p>	<p>via the Freedom of Information link on the home page.</p> <p>10 March 2010</p> <p>1. The range of caselaw is extensive and continually evolving. It would not be possible for us to give you a comprehensive account of all the relevant disciplinary cases considered by the Court relating to misconduct by professionals.</p> <p>2. Please see our answer above</p> <p>3. The guidance used by the GMC can be found on their website in the concerns about doctors section.</p> <p>4. We have not recommended that doctors are duty bound to inform their employers of a GMC investigation.</p> <p>5. This request does not seek access to recorded information and is therefore not covered by the FOIA. We are unable to advise you on this matter</p> <p>6. We do not have a definition of the word "proceeding" and are unaware of caselaw on the matter.</p>
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	<p>5. Once the entire complaint is sent to the employer during an Investigation what remedy does the doctor have to remove the complaint from the Trust/Employers etc once they have been cleared by the GMC?</p> <p>6. What is the CHRE's definition of the word "proceeding" and what case law are you relying on.</p>	
03/03/2010	<p>The following requests were made:</p> <ol style="list-style-type: none"> 1. What back up software do you use? 2. Do your back ups complete within the allotted window? 3. Do you use DAS, NAS or SAN storage? 4. What storage manufacturer do you use? 5. How many useable TB's do you currently use? 6. Is your data tiered? 7. Do you have any plans to replicate data between sites? 8. How are you managing data growth? 9. How is your data currently stored? 10. Please provide a copy of your DR policy. 11. Please provide start date and end date for all storage support contracts over £10,000 	<p>The following response was provided:</p> <ol style="list-style-type: none"> 2. Yes, our back ups complete within the allotted window. 3. We use SAN storage. 5. We use less than one terabyte 6. Our information is not tiered 7. We have systems in place to replicate data between sites. 8. We have carried out capacity planning on our network and acted accordingly to manage our data growth. 9. Our data is currently stored using SAN STORAGE and DLT tapes. 10. We provided a copy of our disaster recovery plan with appendices 3, 4, 5, B and C. 11. We do not have any storage support contracts over £10,000. <p>The responses to questions 1 and 4 and appendices A, D, E, F, and G requested were exempt from disclosure under section 31 of the Freedom of Information Act. We were also unable to disclose appendices 1 and 2 from our Business Continuity Plan. They were exempt from disclosure under section 40(2) of the Freedom of Information Act</p>

		because they contain personal data of our staff and Council Members.
08/03/2010	<p>The following requests were made:</p> <ol style="list-style-type: none"> 1. Has CHRE considered abuse of psychiatry at GMC? 2. What do CHRE thinks about large numbers of women doctors referred to psychiatrists compared to male doctors as a form of sexual discrimination? 3. Why does CHRE tolerate the fact that GMC has various Expert Witnesses who are dishonest and yet not held accountable by GMC? 4. Does CHRE think that it is OK for doctors to have complaints against them on file for ten or more years and never hear about them from GMC? 	<p>The information provided is detailed below:</p> <ol style="list-style-type: none"> 1. This request does not seek access to recorded information and is therefore not covered by the FOIA. However, we confirm that we have not considered abuse of psychiatry at the GMC. Our role is to protect the public. Consequently, our resources are focused on the protection of the public through regulation. 2. This request does not seek access to recorded information and is therefore not covered by the FOIA. However, we have not seen any evidence that more female doctors are referred to psychiatrists compared to male doctors. Furthermore, it would not be appropriate for CHRE to provide a blanket yes or no answer to your question without further specific details on each case. 3. This request does not seek access to recorded information and is therefore not covered by the FOIA. However, we have not seen any evidence that the GMC's expert witnesses are dishonest. If you have concerns about its expert witnesses, this should be raised directly with the GMC. 4. This request does not seek access to recorded information and is therefore not covered by the FOIA. However, we can see that there are public protection arguments for storing complaints about doctors which are not initially taken forward. For example, in some cases, a number of low level complaints which in themselves individually do not represent fitness to practise concerns may do so when seen as part of a group.
09/03/2010	<p>A request was made asking for:</p> <ol style="list-style-type: none"> 1. The precise number of successful appeals made by the CHRE in relation to GMC Fitness to Practise decisions. 2. The dates and or precise period in which these successful appeals by the CHRE were made. 	<p>This information was provided in full as detailed below:</p> <p>Ruscillo 21/10/04 Leeper 30/07/2004 Brennan & Urquhart 13/05/2004 Mulhem 20/12/2004 Mohamedaly 03/08/2004 Basiouny 31/01/2005 Southall 14/04/2005</p>

		<p>Shar 8/06/2005 San Lazaro 25/04/2007 Rajeshwar 08/12/2005 Rajapakse 01/3/2006 Biswas 26/01/2006 Saluja 10/11/2006</p>
15/03/2010	<p>The following information has been requested:</p> <ol style="list-style-type: none"> 1. How long has CHRE been aware that the GCC uses private investigators to conduct surveillance on members of the public? 2. How many other health regulators are CHRE aware of that use private investigators? 3. Does the CHRE consider it good practice for health regulators to use private investigators posing as patients without any evidence of wrongdoing? 4. Would CHRE consider it acceptable for a health regulator to use covert surveillance on a member of the public who had made a complaint to the GCC about a registered chiropractor? 5. Should the regulators inform members of the public about the information they have gathered as a result of the covert surveillance? 6. When a regulator suspects a member of the public has broken the law, what action does the CHRE expect a regulator to take. Report their suspicions to the police and let the police conduct an investigation or is CHRE happy to let a regulator conduct its own investigation to try 	<p>1) This request does not seek access to recorded information and is therefore not covered by the FOIA. However, we understand that since 2002, the GCC has used private investigators to gather evidence on the potential illegal use of the protected title 'chiropractor'. The GCC uses registered private investigators who must comply with RIPA.</p> <p>2) This request does not seek access to recorded information and is therefore not covered by the FOIA. However, we are not aware of the use of private investigators by any other health professional regulator.</p> <p>3) This request does not seek access to recorded information and is therefore not covered by the FOIA. As we stated in our previous response, it would not be appropriate for CHRE to provide blanket yes or no answers to your question without further specific details on the case.</p> <p>For your information, our definition of good practice is: a regulator demonstrates good practice by displaying performance that is particularly efficient, effective or innovative and is transferrable to another regulator. We can state that we have not previously highlighted the GCC's use of private investigators as good practice in any of publications. However, I should add that neither have we been critical of the practice either.</p> <p>4) and 5) These requests do not seek access to recorded information and are therefore not covered by the FOIA. It would not be appropriate for CHRE to comment on individual aspects of cases without further specific details.</p> <p>If you have concerns about how the GCC is handling a particular fitness to practise complaint, you should contact the regulator directly. If you remain dissatisfied, you can contact CHRE with your complaint and we will consider it under our complaints policy. I should note that due to a lack of legal powers, we can take only limited action to</p>

	<p>and make a more convincing case for the police to investigate, when according to the police this could be prejudicial to a prosecution.</p> <p>7. Has the CHRE any plans to issue guidelines on the use of private investigators for surveillance by health regulators to protect the public who may wish to make a complaint but may not want to risk being put under surveillance.</p> <p>8. What action has CHRE taken in light of a former council member's complaint?</p> <p>9. What action should one take when one is aware that a number of the current council do not subscribe to the Nolan principles?</p> <p>10. Do GCC employees have the right to weed out vexatious complaints before sending them to the Investigating Committee?</p> <p>11. Is it appropriate for a disgraced former member of GCC staff, to be processing complaints at another health regulator?</p> <p>12. What steps have the CHRE taken to ensure the public is satisfied with the regulation of chiropractors and that the GCC is compliant with their statutory duty to protect the public. What patient groups have you met with in relation to the scrutiny of the GCC and when did these take place?</p> <p>13. How many complaints has CHRE received about the GCC's Chief Executive and Chairman? How many has it received about the</p>	<p>investigate individual complaints.</p> <p>6) This request does not seek access to recorded information and is therefore not covered by the FOIA. It is difficult to provide a general comment on what action the GCC should take if it suspects the law has been broken as again this will depend on the precise circumstances of each and every case. In relation to the misuse of a protected title, we understand that the GCC has used private investigators to gather evidence before reporting the incident to the police. This has resulted in 17 prosecutions.</p> <p>7) This request does not seek access to recorded information and is therefore not covered by the FOIA. However, we do not have any plans to issue guidelines on the use of private investigators.</p> <p>Governance</p> <p>8) Following receipt of the complaint, we forwarded the complaint to the GCC and asked for their comments. On receipt of their comments, these were shared with complainant. These actions were taken in line with our complaints policy. When we undertook the performance review last year, we took account of all complaints received about the GCC and its responses to the complaints.</p> <p>You should be aware that since we handled the complaint there has been a change in our complaints policy. We now only take forward complaints that could help to improve health professional regulation and promote the health, safety and well-being of patients and other members of the public. If we were to receive the complaint today which was about the governance of the GCC, we would not forward this to the GCC because it would not promote the health, safety and well-being of patients and other members of the public.</p> <p>9) This request does not seek access to recorded information and is therefore not covered by the FOIA. However, you could raise this with the GCC directly and if you remain dissatisfied, you could approach the Appointments Commission.</p> <p>10) As we understand the GCC's processes, if the complaint does not relate to a chiropractor the case is concluded and the complainant is referred to another body</p>
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	<p>GOsC Chair and Chairman?</p> <p>14. The CHRE has received 20 complaints about the GCC can I see the responses?</p> <p>15. Despite being much smaller than the Osteopathic profession, the CHRE have received four times as many complaints about the GCC. Is the CHRE looking into this anomaly?</p> <p>16. The CHRE praised the GCC for its transparent, clear and accessible approach to complaints. You say that you took account of the information on the GCC's website. As there is no information regarding their responses to FOIA requests or complaints, how does the CHRE conclude that it is transparent?</p> <p>17. When was the last time a health regulator removed a council member? How often has this happened?</p> <p>18. Were the CHRE aware that only 13 out of 20 council members supported the GCC's chairman resolution for a member's removal? Considering a serious breach of governance had taken place was CHRE not concerned that seven members of Council could be breaching the integrity of self-regulation?</p>	<p>where relevant. No other initial screening takes place. All cases are referred to the Investigating Committee following initial information gathering in line with its working practices.</p> <p>11) This request does not seek access to recorded information and is therefore not covered by the FOIA. As we previously stated, we do not become involved in the health professional regulators employment matters. It would therefore not be appropriate for CHRE to comment.</p> <p>12) Part of CHRE's role is to scrutinise the work of the health professional regulators in order to ensure that they protect the public. We do this by undertaking the annual performance review, scrutinising final fitness to practise decisions to see if they are unduly lenient and do not protect the public and through the audit of the initial stages of the regulators' fitness to practise processes. Through this work, we are satisfied that the GCC is protecting the public.</p> <p>We have held public meetings on the performance review since 2008. In 2008/09 and 2009/10 we held public meetings across the four countries. Details of these events can be found on our website in our promoting good practice pages. A list of those patient groups that indicated that they would attend the meetings is attached. We do not hold a final list of attendees for the events.</p> <p>We also held public meetings this year across the four countries where we fed back and discussed our findings on the audit of the initial stages of the regulators' fitness to practise processes. We are currently drafting a report on these meetings, and when finalised, it will be available on our website. A list of those patient groups that said they would attend is attached.</p> <p>13) We have received nine complaints which include an element of dissatisfaction with the Chief Executive and one complaint where there was expressed dissatisfaction with the Chair. However, we note that these complaints were generally about the GCC's regulatory role. The Chief Executive and Chair were named in the complaints as they are the identifiable figure heads. We have not received any complaints about the Chief Executive or Chair of the GOsC.</p> <p>14) Due to changes in our complaints policy over time and complainant's not providing</p>
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		<p>their consent, not all 20 complaints were forwarded to the GCC. A copy of all redacted information was provided.</p> <p>15) This request does not seek access to recorded information and is therefore not covered by the FOIA. We have already addressed this point in your previous FOIA request at point 31. However, I repeat here that as we have no formal powers to investigate complaints, we are unable to draw a significant inference from those complaints that we receive. We do review and consider the number and type of complaints that we receive about all regulators and take account of these complaints where we believe them to be relevant to our work. This is evidenced by the Special Report on the NMC 2007/08 and in paragraph 14.23 of the GCC's performance review report 2008/09.</p> <p>16) This request does not seek access to recorded information and is therefore not covered by the FOIA. We concluded that the GCC's approach to complaints was transparent based on the fact that its process is published on its website. It is not standard practice to publish complaint responses nor would we support such publication. If in place, this practice could reveal personal and sensitive information about individuals.</p> <p>As requests made under FOIA are not complaints, the lack of disclosure log on the GCC's website was not considered as evidence relevant to its complaints handling approach.</p> <p>17) We do not hold the information requested. This information request should be redirected to the individual health professional regulators.</p> <p>18) This request does not seek access to recorded information and is therefore not covered by the FOIA. We were not aware that seven Council members did not support the resolution for the removal of another member of Council. As we stated in our previous FOIA response, in our performance review report of the GCC 2008/09, we commended the GCC's strong leadership in the manner of the removal - identifying a governance problem and dealing with this matter swiftly – rather than the justification of the removal.</p>
24/03/2010	A request was made asking whether:	Following a search of our paper and electronic records, we established that we did not

	<ol style="list-style-type: none"> 1. The GMC make CHRE aware of this dismissal, and of the possible prejudice to the 50+ Fitness to Practise cases where Mr Brightmore sat as a panellist before his interest was discovered? 2. Please provide internal and external communications and records relating to this matter, if any such exist. 	<p>receive any information about this matter and do not hold any information.</p>
01/04/10	<p>A request was made for the following information:</p> <ol style="list-style-type: none"> 1. It is notable that the CHRE advised members of the public that their deadline was the 1st April 2010. The CHRE therefore unilaterally changed that date and appears to be having meetings since the middle of March 2010. It is an interesting observation designed to preclude any public submissions that the CHRE may need to consider. 2. The document states 'Nevertheless members concluded that the tests for referral under Section 29 of the 2002 Act as developed in subsequent case law, has not been met in this case.' Please outline the case law. 3. Please provide a full copy of the meeting on all days concerning this case. An electronic copy would be adequate. 4. Please confirm that Michael Andrews who sat on this decision was an ex GMC Employee. 5. Please also confirm whether or not the CHRE recommends 'Consistency' in decision making for its regulatory bodies. 	<p>The following information was provided:</p> <ol style="list-style-type: none"> 1. This does not seek access to recorded information and is therefore not covered by the FOIA. However, we did not give a deadline of 1 April to members of the public to submit documentation. We stated that any appeal by CHRE to the High Court would have to be lodged by 1 April 2010, and that any further information should be provided to us as soon as possible prior to that date. CHRE had to make a decision on whether to refer the case to Court in advance of our referral deadline expiring. This was in order to allow sufficient time for an appeal to be submitted to the Court on 1 April should that decision have been reached. 2. Our website details our previous court referrals under section 29 of the NHS Reform and Health Care Professions Act 2002, a summary of their outcomes and the Court judgements. These can be found in the fitness to practise pages. 3. A full copy of the case meeting is available on our website. This can be found in the fitness to practise pages. 4. As detailed in the about us section of our website, Michael Andrews has previously worked at the General Medical Council. 5. This request does not seek access to recorded information and is therefore not covered by the FOIA. However, as detailed in our Performance Review Standards of Good Regulation at 3.5 iii) we require that the regulator has comprehensive indicative sanctions guidance that facilitates consistent decision making focused on the protection of the public. As detailed in our draft revised Performance Review Standards of Good Regulation, we require that 'All fitness to practise

	<p>6. A number of people wish to complain about you, please provide your line of accountability.</p>	<p>decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession.'</p> <p>6. CHRE is accountable to Parliament. You could contact your local constituency MP should you wish to raise your concerns about our organisation.</p>
<p>06/04/10</p>	<p>A request was made for the following information:</p> <p>1. All the documentation used in our consideration of the GMC's final fitness to practise committee's decision on the Dr Jane Barton case.</p>	<p>We did not provide the information for the following reasons:</p> <p>We confirm that we hold the information you are seeking. However, this information is exempt under section 22 and 31 of the Freedom of Information Act and is therefore being withheld. Section 22 of the Freedom of Information Act sets out an exemption to the disclosure of information intended for future publication. Section 31 of the Freedom of Information Act sets out an exemption to the disclosure of information where it could impact on law enforcement.</p> <p>In considering your information request, we have had discussions with Hampshire Constabulary. They have asked CHRE not to disclose any information on the Dr Barton case pending completion of a review of the case against her by the Crown Prosecution Service. Hampshire Constabulary has confirmed that if all examining bodies, which include the CPS, Coroner and other regulatory bodies, decide that no criminal culpability is determined, it will begin a process of disclosing information relating to the Gosport War Memorial Hospital investigation within the legislative framework of the Freedom of Information Act.</p> <p>As indicated above, Hampshire Police have asked that no information is disclosed in relation to Dr Barton whilst the case is reviewed. Given the on-going consideration into whether there has been improper conduct and/or a contravention in the law, the information requested is also exempt under section 31 (1) (a), (b), (c) of the Freedom of Information Act in that disclosure would be likely to prejudice the prosecuting authorities in the exercise of their functions.</p> <p>We are a publicly accountable organisation and want to be as open and transparent as we can regarding the information we took into account in our consideration of the Dr Barton case. However, as all legal and other processes are not yet complete, we consider that any premature disclosure under the Freedom of Information Act would</p>

		<p>be likely to compromise the outcome of the on-going investigations. In addition, a schedule for publication has already been set out by Hampshire Police and we are also actively considering publishing all the information that we took into account in our consideration of the Dr Barton case. Consequently, we are not disclosing the information at this time.</p>
08/04/10	<p>A request was made for the following information:</p> <ol style="list-style-type: none"> 1. Please provide all protocols, policies and procedures used by the CHRE. 2. Please provide the guidance provided for National Health Service Reform and Healthcare Professions Act 2002 <p>I specifically refer to Section 26</p> <ol style="list-style-type: none"> 1) Except as mentioned in subsections (3) to (6), the Council may do anything which appears to it to be necessary or expedient for the purpose of, or in connection with, the performance of its functions. (2) The Council may, for example, do any of the following— <ol style="list-style-type: none"> (a) investigate, and report on, the performance by each regulatory body of its functions, (b) where a regulatory body performs functions corresponding to those of another body (including another regulatory body, investigate and report on how the performance of such functions by the bodies in question compares, (c) recommend to a regulatory body changes to the way in which it performs any of its functions. 	<p>The following information was provided:</p> <ol style="list-style-type: none"> 1. On 13 April 2010, we emailed you to ask for clarification on this request. Under section 1(3) of the Freedom of Information Act we are allowed to contact applicants for clarification on their information request in order to identify and locate the information requested. We asked whether you could clarify whether your request was for all our protocols, policies and procedures used in relation to the scrutiny of the health professional regulators or our protocols, policies and procedures in relation to all of our functions. Unfortunately, as we have not received a response to our email, we are unable to provide a response to this request. We would be happy to reconsider this request following any clarification that you could provide. 2. We do not have guidance on the NHS Reform and Healthcare Professions Act 2002. In relation to section 26 of the Act, we have detailed processes for the annual performance review of the regulators. These documents are available on our website in our performance review pages. 3. All of our decision making processes for the consideration of cases under section 29 of the NHS Reform and Health Care Professions Act 2002 are available on our website. These can be found in our Fitness to Practise, reviewing fitness to practise decisions under s29 pages. <p>The documents we use are:</p> <ul style="list-style-type: none"> • Chair's s29 case meeting checklist • Panellists' s29 case meeting guidance • Risk Factors • Section 29 Process and Guidelines

	<p>3. Please provide all copies of your decision making processes involved in the case of Dr Jane Barton.</p> <p>4. Please confirm whether you expect regulatory bodies to be "Consistent" in their decision making.</p> <p>5. In the Dr Barton case, reference is made to misconduct. What is "misconduct"?</p> <p>6. Please provide the types of complaints received by the CHRE in relation to the NMC and GMC [since the CHRE commenced regulation]. Please tabulate this [suitably anonymised]</p> <p>7. Please provide the protocols for the audits conducted of each regulatory body.</p> <p>8. How many members of staff [present and past] were also employed by the NMC or GMC or any other regulatory body respectively.</p> <p>9. Please confirm or deny whether CHRE employees have attended any courses run by Common Purpose.</p> <p>10. What are the tests for referral under Section 29 of the 2002 Act as developed in subsequent case law</p>	<p>4. This request does not seek access to recorded information and is therefore not covered by the FOIA. However, as detailed in our Performance Review Standards of Good Regulation at 3.5 iii) we require that the regulator has comprehensive indicative sanctions guidance that facilitates consistent decision making focused on the protection of the public. As detailed in our draft revised Performance Review Standards of Good Regulation, we require that 'All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession.'</p> <p>5. This request does not seek access to recorded information and is therefore not covered by the FOIA. The range of caselaw on misconduct is extensive and continually evolving. It would not be possible for us to give you a comprehensive account of all the relevant disciplinary cases considered by the Court relating to misconduct by professionals.</p> <p>6. Please see the attached spreadsheets.</p> <p>7. Our processes for conducting the audit of the regulators' initial stages of the fitness to practise processes are available on our website. They can be found in our Fitness to Practise, audit of the initial stages pages. The documents available are:</p> <ul style="list-style-type: none"> • Audit Schedule 2010 • Code of Conduct for Auditors • Initial Stage Audit Process and Guidelines <p>8. We can confirm that there are three current members of staff and three former members of staff were previously employed by the GMC and one former staff member was employed by the NMC.</p> <p>9. We can confirm that two former members of staff attended three courses run by Common Purpose between 2005 and 2007.</p> <p>10. Our tests for referral under Section 29 of the 2002 Act is set down at paragraph 2.3 of the Section 29 Process and Guidelines document. As previously mentioned this document is available on our website. Our website also details our previous court</p>
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		referrals under section 29 of the NHS Reform and Health Care Professions Act 2002, a summary of their outcomes and the Court judgements. These can be found in the Fitness to Practise pages, reviewing fitness to practise decisions under s29 pages.								
08/04/10	<p>A request was made for the following information:</p> <p>1) Is it possible to know what was the estimated cost of bringing Dr Jane Anne Barton's case to High Court so that CHRE could appeal GMC decision? Similarly, do you know how much it cost GMC? Estimates will do.</p> <p>2. How much did CHRE had to pay for legal advice regarding the case of Dr Jane Anne Barton plus all other of your costs included following you taking up this referral? An estimate will do.</p> <p>3. Would it be fair to say that if the CHRE is funded by the government and there are serious debt issues around in economy it would have affected CHRE as well?</p>	<p>The following information was provided:</p> <p>1. We do not hold an estimated cost of appealing the GMC's final fitness to practise committee's decision in the Dr Barton case. If we were to have appealed the case, costs would have been dependent on a number of factors including the outcome of the appeal and whether it was settled before the hearing.</p> <p>We do not hold the information on the GMC's costs. You would need to approach the GMC for this information.</p> <p>2. The information requested is as follows:</p> <table style="margin-left: 40px;"> <tr> <td style="text-align: right;">7,716.23</td> <td>Actual solicitors fees</td> </tr> <tr> <td style="text-align: right;">13265.77</td> <td>Actual counsel fee</td> </tr> <tr> <td style="text-align: right;">6,000.00</td> <td>Estimated unbilled solicitors fees</td> </tr> <tr> <td style="text-align: right;">26,982.00</td> <td>Total</td> </tr> </table> <p>3. This is not a request for recorded information and therefore does not fall under the Freedom of Information Act. In addition, we are not able to comment on this question. This is a question that you should address to the government.</p>	7,716.23	Actual solicitors fees	13265.77	Actual counsel fee	6,000.00	Estimated unbilled solicitors fees	26,982.00	Total
7,716.23	Actual solicitors fees									
13265.77	Actual counsel fee									
6,000.00	Estimated unbilled solicitors fees									
26,982.00	Total									
12/04/10	<p>A request was made for the following information:</p> <p>1. Please provide a copy of your Data Protection And Freedom of Information Act policies</p> <p>2. Please provide a copy of your yearly financial accounts since the date of inception.</p> <p>3. Please confirm the line of accountability for your</p>	<p>The following information was provided:</p> <p>1. These policies are available on our website in our Freedom of Information pages.</p> <p>2. Our financial accounts are listed in our Annual Report and Accounts. Copies of each of our Annual Reports, since we were established, can be found on our website in our governance pages.</p> <p>3. Our Council members are accountable to the Chair of CHRE and ultimately as a</p>								

	<p>Council members.</p> <p>4. Doncaster NHS Trust has a Vexatious Complainants Policy. Does your organisation have such a policy? If so, please provide it.</p> <p>5. Please provide your guidance for the style of correspondence accepted by yourselves.</p> <p>6. Please provide a copy of your internal disciplinary procedures.</p>	<p>Council they are accountable to Parliament.</p> <p>4. We do not have a vexatious complainants policy. However, we do have a policy which sets out what we consider to be unreasonably persistent contact or unacceptable behaviour.</p> <p>5. We do not have guidance on the style of correspondence accepted.</p> <p>6. Our internal disciplinary procedures are available on our website in our governance pages.</p>
12/04/10	<p>A request was made for the following information:</p> <p>1) The names and job titles of any person employed by your public body (either as a staff member, a freelancer, a contractor), who was paid over £100,000 in the financial years 2009/10 and 2008/9. Could you also tell me exactly what they are paid or the pay bracket that this comes under?</p> <p>2) If anyone left in the middle of a financial year but would have earned £100,000 or more had they stayed on, can you tell us about them as well, please?</p> <p>3) Can you tell us who signed off on these £100,000+ incomes (e.g. was it a select committee, the Head of HR, the boss (and if it was the boss who was on over £100,000 a year who agreed on his or her salary).</p> <p>4) Can you please give us the details of any bonuses, pension contributions, over-time extras, 'golden handshakes', 'golden farewells' and</p>	<p>The following information was provided:</p> <p>1) Our Chief Executive is the only staff member, freelancer or contractor that was paid over £100,000 in 2008/09 and 2009/10. We have disclosed details relating to the Chief Executive's salary in the Annual Report and Accounts for 2008/09 on page 24. A copy of the report is attached. In relation to 2009/10, I can confirm that the salary band for the Chief Executive is £135,000-£140,000.</p> <p>2) No member of staff, freelancer, and contractor that left part way through the financial years 2008/09 and 2009/10 would have earned £100,000 or more.</p> <p>3) Our Chief Executive's and all other staff member's bands are set by our remuneration committee and the annual pay remit is approved by the Department of Health.</p> <p>4) We do not give bonuses, over-time extras, golden handshakes or farewells to any members of staff. We have also made no redundancy payments. Our Chief Executive's pension contributions for 2008/09 are available in our annual report and accounts attached on page 24.</p> <p>The pension contributions for 2009/10 will be available in our annual report and accounts when it is published in July. However, this information is currently exempt from disclosure under section 22 of the Freedom of Information Act and is therefore</p>

	<p>redundancy payments that the people you mention above received in the financial years 2008/9 and 2009/10?</p>	<p>being withheld. Section 22 of the Freedom of Information Act sets out an exemption to the disclosure of information intended for future publication. We are withholding this data because it has not yet been audited by the National Audit Office and is therefore subject to change.</p>
12/05/10	<p>A request was made for the following information:</p> <ol style="list-style-type: none"> 1. the dates that the CHRE contacted Hampshire Police and the dates that Hampshire Police notified the CHRE not to release the documentation in relation to the Dr Barton case. 	<p>The information provided was as follows:</p> <ol style="list-style-type: none"> 1. I confirm that Hampshire Police contacted CHRE on 09 March 2010 to inform us that the Crown Prosecution Service was currently considering the case of Dr Jane Barton to determine whether they should begin criminal proceedings. Hampshire Police asked CHRE not to release any material which could potentially prejudice criminal proceedings. <p>On 07 April 2010 we contacted Hampshire Police to ask if the situation had changed since the email sent on 09 March 2010. On 26 April 2010, we contacted Hampshire Police about our potential response to your Freedom of Information request.</p> <p>In summary, Hampshire Police contacted CHRE on 09 March 2010 and we contacted Hampshire Police on 07 April and 26 April 2010.</p>
15/05/10	<p>A request was made for:</p> <ol style="list-style-type: none"> 2. Do members of the public who have played an active part in these organisations over the last 10 years ever get invited or are asked to contribute at these meetings? 3. Can you please confirm how these groups, members were selected and invited? 4. Could you provide a list of groups and individuals invited to the CHRE I learn-U learn meetings, including those from the year it started to date? 5. I would also appreciate the minutes of these meetings? 	<p>The information provided was as follows:</p> <ol style="list-style-type: none"> 1. This request does not seek access to recorded information and is therefore not covered by the FOIA. However, we can confirm that members of the public, public and patient organisations and members of our public stakeholder networks are invited to CHRE's events that are aimed at the public. We invite them in a variety of ways such as direct invitation, adverts in local newspapers, adverts in public and patient organisations newsletters, adverts in our own newsletter 'CHRE news' and on our website. <p>Generally our events are interactive and we encourage patients and the public to contribute through things like discussion groups and question and answer sessions. At our recent I learn U learn events, we held such interactive sessions throughout the day with an additional panel discussion at the end of the day. In this panel discussion, questions were raised by attendees and responded to by a</p>

		<p>panel comprised of individuals working in regulation. Each session was chaired by a member of a patient group. For example, at our first London event it was chaired by the Chief Executive of National Voices and at the Belfast event it was chaired by the Chief Executive of the Patient Client Council. At other sessions during the day, attendees participated in discussion workshops where they elected individuals amongst themselves to deliver feedback and suggestions to the wider group.</p> <p>2. We have 170 members who have voluntarily registered to join to our public stakeholder network. These members were sent personal and direct email invitations to the events, as were a number of patient organisations across the four UK countries. These organisations in turn advertised the events on their own websites for their members. These groups included National Voices, local involvement networks, patient advisory and liaison services, the Patient Client Council in Northern Ireland, the Community Health Councils in Wales and Community Health Partnerships in Scotland.</p> <p>We also advertised the events through our CHRE electronic newsletter in February 2010, on our website between November 2009 and February 2010, and in local newspapers in Northern Ireland and Scotland. The need to further advertise events in England and Wales did not arise as we had already reached our capacity for attendees at these events.</p> <p>We chose to publicise our events in a variety of ways to achieve a wide representation of groups and individuals. The registration process we used for each of the events was 'first come, first served'. There was no selection process for the registration process.</p> <p>3. We held 'I learn U learn' events for the first time in March 2010. We do not hold a list of those that were invited to attend the events as the events were advertised in the methods described above. We did not issue specific invitations to anyone who is not a member of our Public Stakeholder Network. We do however hold a list of those who registered to attend each of the meetings. The attached spreadsheet lists the represented groups and the number of individuals that registered to attend each of the events. In accordance with section 40 (2) of the Freedom of Information Act, we are not providing the names of the individuals that said that</p>
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		<p>they would attend the events. We do not consider that there is a legitimate public interest in disclosing these individuals' names.</p> <p>4. We did not take minutes at any of the 'I learn U learn' events. As the events were interactive, it was not feasible to take formal minutes. However, we did take notes of the discussions at each of the events. The notes have been analysed and a report on the events is now available on our website.</p>
15/05/10	<p>A request was made for:</p> <ol style="list-style-type: none"> 1. A confirmed list of the groups and individuals that were invited to the CHRE meetings. 2. Confirmation of how these groups were selected and invited. 3. A copy of the minutes of these meetings. 4. Confirmation of whether the Gosport Campaigners (Jane Barton case) were invited to the events and if not, why not. 	<p>The information provided was as follows:</p> <ol style="list-style-type: none"> 1. We held 'I learn U learn' events for the first time in March 2010. We do not hold a list of those that were invited to attend the events as the events were advertised in the methods described below. We did not issue specific invitations to anyone who is not a member of our Public Stakeholder Network. We do however hold a list of those who registered to attend each of the meetings. The attached spreadsheet lists the represented groups and the number of individuals that registered to attend each of the events. In accordance with section 40 (2) of the Freedom of Information Act, we are not providing the names of the individuals that said that they would attend the events. We do not consider that there is a legitimate public interest in disclosing these individuals' names. 2. We have 170 members who have voluntarily registered to join to our public stakeholder network. These members were sent personal and direct email invitations to the events, as were a number of patient organisations across the four UK countries. These organisations in turn advertised the events on their own websites for their members. These groups included National Voices, local involvement networks, patient advisory and liaison services, the Patient Client Council in Northern Ireland, the Community Health Councils in Wales and Community Health Partnerships in Scotland. <p>We also advertised the events through our CHRE electronic newsletter in February 2010, on our website between November 2009 and February 2010, and in local newspapers in Northern Ireland and Scotland. The need to advertise events in England and Wales did not arise as we had already reached our capacity for attendees at these events.</p>

		<p>We chose to publicise our events in a variety of ways to achieve a wide representation of groups and individuals. The registration process we used for each of the events was 'first come, first served'. There was no selection process for the registration process.</p> <p>3. We did not take minutes at any of the 'I learn U learn' events. As the events were interactive, it was not feasible to take formal minutes. However, we did take notes of the discussions at each of the events. The notes have been analysed and a report on the events is now available on our website.</p> <p>4. We believe that the Gosport Campaigners were not directly invited to the event. However, as described above, the events were advertised in newsletters and on websites. It was open to the Gosport Campaigners to register for the events. If the campaigners wanted to ensure that they were kept informed of similar CHRE events, the easiest way to do this is by joining our public stakeholder network. Details on how this can be done can be found on our website in our 'give us your views' pages. We welcome the inclusion of such groups in our public stakeholder network.</p>
01/06/10	<p>A request was made for the:</p> <ol style="list-style-type: none"> 1. lease start date 2. lease expiry date, 3. lease break date if applicable, 4. area occupied under the lease (in either square metres or square feet), 5. the number of employees at CHRE's office 	<p>The information provided was as follows:</p> <ul style="list-style-type: none"> • The lease was taken out on 6th September 2000 • The lease expires on 22nd December 2010. • There is now no break date applicable before the expiry of the lease. • CHRE's office space is shared with another organisation. The total area for both organisations is approximately 450 square metres. CHRE occupies 364 square metres, with the remaining area used by the other organisation. • The total number of employees is 26, some of which are not employed by CHRE.
15/06/10	<p>A request was made asking for:</p>	<p>We have not reported any events to the Information Commissioner since April 2009.</p>

	1. the number, and level (using the cabinet office defined 0-5 scale) of events that have been reported to the Information Commissioner by the CHRE since 1st April 09	
25/06/10	A request was made asking: 1. Do you use an outsourced IT provider? 2. If so who?	CHRE does use an outsourced IT provider. It is Inspired Networks.
09/07/10	A request was made asking for: 1. What is the name & title of the Director responsible for IT? 2. What is the name & title of the person responsible for Strategic IT Planning? 3. What is the name & title of the person responsible for Green Issues? 4. With recent government announcements regarding local government spending, what percentage of financial savings is likely to be necessary within IT in 2010/2011? What is this value in monetary terms? 5. How many machine rooms / datacentres do you operate? 6. Do you have a Business Continuity Plan 7. Do you have a Disaster Recovery Plan 8. Do you collaborate with other Public Sector organizations in shared IT services/facilities? For each primary datacentre(s), please answer questions 9-22. 9. When was the building built? (after 1990, 1970-80s, pre-1980s) 10. Is the building listed or otherwise constrained with regard to making changes to it? 11. How full is the datacentre (in percentage)	The information provided was as follows: <ul style="list-style-type: none"> • Questions 1, 2 and 3. The Director of Governance and Operations, Linda Allan, is responsible for IT, strategic IT Planning and Green Issues • Question 4. CHRE is a Government Arms Length Body and does not operate in the local government sector. Accordingly we cannot answer this question. • Question 5. We do not operate any machine rooms or datacentres. • Question 6. CHRE does have a Business Continuity Plan. • Question 7. CHRE does have Disaster Recovery Plan; it is incorporated into the Business Continuity Plan. • Question 8. CHRE does not share IT services or facilities with other government departments. We do however utilise government framework arrangements etc. • Questions 9-22. Since these relate to datacentres, which we do not operate we have not answered these questions.

	<p>terms)?</p> <p>12. What power capacity is already used (in percentage terms)?</p> <p>13. Has the datacentre suffered a power outage in the last 3 years? How many (few 1-3, >3)?</p> <p>14. What percentage of air conditioning capacity is already utilised?</p> <p>15. How many years since the datacentre's last major refurbishment?</p> <p>16. How many years since the air conditioning's last major refurbishment?</p> <p>17. Is the datacentre susceptible to flooding or other disasters? (e.g. near main road, flight path, under biochemistry lab, within terrorist area)</p> <p>18. Is there an automatic fire suppression system?</p> <p>19. Does it have standby generators?</p> <p>20. Does it have spare UPS units to cover for one failing?</p> <p>21. Does it have spare air conditioning units to cover for one failing?</p> <p>22. What Tier rating is your datacentre?</p>	
12/07/10	<p>A request was made for any information we held relating to persons who have died with no known next of kin since 1st December 2009 to the present day, including</p> <ul style="list-style-type: none"> • full names, dates of birth • maiden names of females, if known • dates of death • last known addresses • estimated value of estates • date(s) when the information was passed to treasury Solicitor (or the Duchy of Lancaster or 	<p>We do not hold any data of this nature and as such have no data to disclose.</p>

	Cornwall"	
14/07/10	Could you please confirm whether a particular speech and language therapy manager is still employed by the Western Health and Social Care Trust.	<p>We do not hold any data of this nature and as such have no data to disclose. You should contact the Western Health and Social Care Trust who hold this information. They can be contacted at:</p> <p>Mrs S M Dunne Senior Manager (FOI) Trust HQ Altnagelvin Area Hospital Glenshane Road Londonderry BT47 6SB</p> <p>or email foi.request@westerntrust.hscni.net</p>
14/07/10	Are you aware that a speech therapy manager was dismissed by the Western Health And Social Care Trust for bullying and harassment.	<p>We do not hold any data of this nature and as such have no data to disclose. If you are concerned about the fitness to practise of an individual Speech and Language Therapist, then you should direct your complaint to the Health Professions Council. They can be contacted at:</p> <p>Fitness to Practise 0800 328 4218 (freephone number) T. 44 20 7840 9814 F. 44 20 7582 4874 E. ftp@hpc-uk.org</p>
02/08/10	<p>A request was made for the name, job title, email address and telephone number of the senior employees in the following positions:</p> <ul style="list-style-type: none"> • Chief Executive Officer • Chief Information Officer • Chief Technology Officer • Chief Finance Officer • Procurement Director 	<p>The information you requested is as follows:</p> <p>Harry Cayton, Chief Executive harry.cayton@chre.org.uk 0207 389 8030</p> <p>Linda Allan,</p>

	<ul style="list-style-type: none"> • HR Director • IT Director • IT infrastructure manager • Networking manager • Datacentre manager • Telecommunications manager 	<p>Director of Governance and Operations linda.allan@chre.org.uk 0207 389 8030</p> <p>Mrs Allan is responsible for the IT, HR, Finance, Technology, Information and Telecommunications functions of the organisation.</p> <p>We do not have the following positions in our organisation:</p> <ul style="list-style-type: none"> • Chief Information Officer • Chief Technology Officer • Chief Finance Officer • Procurement Director • HR Director • IT Director • IT infrastructure manager • Networking manager • Datacentre manager • Telecommunications manager <p>Further information about our staff including their email addresses can be found on our website in the 'about us' section.</p>
09/08/10	<p>CHRE states that it has received no information from the GMC about Mr Brightmore being removed from the FPC. The GMC states that, in the week commencing 1 March 2010, GMC Chief Exec Niall Dickson informed CHRE Chief Exec Harry Cayton of the matter by telephone.</p> <p>Please release any records held, or recollections held by Mr Cayton, of the existence and content of that phone call.</p> <p>Please explain why CHRE took no action on this matter.</p>	<p>The following information was disclosed:</p> <p>Following a search of our paper and electronic records, I have established that we did not receive any information in hard copy about this matter at the time of the panellist's dismissal or subsequently. While it is true that our Chief Executive did have a telephone conversation with the GMC's Chief Executive, we do not hold a record of this telephone conversation and are therefore not certain of the timing of the telephone call. While the recollections of our Chief Executive do not fall under the FOIA as they are not recorded information, we are happy to inform you that his recollection is that the discussion focused on the background to this issue, the action taken subsequently by the GMC to address the matter and that the call occurred in March 2010.</p> <p>Your second request also does not seek access to recorded information and is</p>

		<p>therefore not covered by the FOIA. However, in the spirit of helpfulness, we are happy to respond. We decided to take no action in relation to this matter for a number of reasons. These are: it is a historical matter which occurred in 2004; we have no powers to review the decisions that were informed by the particular fitness to practise panellist as we have a strict timeframe in which such decisions must be reviewed and if necessary appealed; and that the GMC has taken steps to address this matter including dismissing the panellist in 2004.</p>
03/09/10	<p>A request was made asking for full copies of all correspondence to and from our organisation and</p> <p>1.1: The Conservative Party and related agencies/brokers</p> <p>1.2: The Liberal Democrats and related agencies/brokers</p> <p>regarding advertising, branding, accommodation, catering (including dinners), hospitality, sponsorship, exhibition space, room hire and all other related services for their respective autumn party conferences, namely:</p> <p>2.1: the Conservative Party Conference, 3 - 6 October 2010 in Birmingham</p> <p>2.2: the Liberal Democrat Party Conference, 18-22 September 2010 in Liverpool</p> <p>Irrespective of whether our organisation plans to utilise such services, this correspondence should include, but not necessarily be limited to, copies of all emails, letters, faxes, memos, promotional materials (such as brochures), booking forms and</p>	<p>The information disclosed was as follows:</p> <p>Following a search of our paper and electronic records, I can confirm that we are not planning to attend or participate in any way in any party conference and have had no communication whatsoever with any political party or its agents.</p>

	<p>invoices.</p> <p>Your response should indicate clearly whether your organisation is planning to utilise any of the services detailed above at either conference. Where this is the case, the correspondence should indicate clearly:</p> <p>3.1 Full details of the services to be provided</p> <p>3.2 The costing breakdown, as provided by the party or related agents/brokers</p>	
23/09/10	<p>A request was made for:</p> <ol style="list-style-type: none"> 1. What is the organisational structure of the CHRE. There is a chairman and a CEO. How many directors? How many investigators? Total number of employees? 2. What is the total running cost for the financial year 2009/2010? 3. What information or evidence did you use in reaching your conclusions regarding my complaint about victimization by the NMC? I also want to know the date on which you received this evidence from the NMC? Did your organization interrogate the evidence or wing it with a guess? 	<p>The information disclosed was as follows:</p> <ol style="list-style-type: none"> 1. and 2. This information is available on our website. 3. CHRE used its own knowledge of the regulators and their processes to respond but did not undertake an investigation. No evidence was received from the NMC so there was no evidence to interrogate.
23/09/10	<p>A request was made asking for:</p> <ol style="list-style-type: none"> 1. The introductory note submission your organisation made to its lead Government Minister since the Coalition Government took office on 12 May. 2. The number of staff employed by your organisation on 12 May 	<p>The information disclosed was as follows:</p> <ol style="list-style-type: none"> 1. No note was submitted. 2. There were 19 members of staff employed. 3. There were 19 members of staff employed. 4. No submissions have been made. 5. No notices have been issued. 6. No notices have been issued.

	<ol style="list-style-type: none"> 3. The number of staff employed by your organisation on 6 October 4. Any submissions made to government departments on the effects of budget cuts on your organisation 5. Any notices given to trade union, or employee representatives, regarding staffing cuts to your organisation 6. Any notices of re-arranged pension arrangements for staff. 7. Details of any subscriptions to online news outlets such as Politics Home, The Times, The Sun, News of the World etc. 8. Any submissions made by your organisation in the run up to the Comprehensive Spending review. 9. How many times the Chief Executive of your organisation has met with a Government Minister since 12 May. Please tell me the nature and location for any such meetings. 10. Provide me with a copy of your organisation's travel policy - in particular in respect of planes, trains and cars. 11. The number of properties (a) owned, and (b) leased by your organisation. 	<ol style="list-style-type: none"> 7. CHRE has a contract with Meltwater News which provides a news clipping service. This is a three year contract which commenced in July 2009. 8. No submissions have been made. A copy of CHRE's Annual report was sent when published in July 2010. 9. There have been no meetings. 10. A copy of the staff and Council travel policies are attached. 11. CHRE owns no properties. It leases one floor of one property.
27/09/10	<p>A request was made asking for:</p> <ol style="list-style-type: none"> 1. What is the name & official title of the Director responsible for Information Technology deployments? 2. What is the name & official title of the person responsible for defining your Data, Voice, Video and Conferencing requirements? <ul style="list-style-type: none"> • Data; • Voice; 	<p>The information disclosed was as follows:</p> <ol style="list-style-type: none"> 1. Linda Allan, the Director of Governance and Operations is responsible for Information Technology department. 2. Linda Allan, the Director of Governance and Operations is responsible for defining our Data, Voice, Video and Conferencing requirements. 3. We will be moving office before the end of this calendar year and this will bring changes. 4. We do not have a Unified Communications Strategy. 5. We will be moving to VOIP technology in our new office. 6. We have not normally asked for this work to be carried out.

<ul style="list-style-type: none"> • Video; • Conferencing; • ICT Security: <ol style="list-style-type: none"> 3. Will plans to rationalize buildings drive changes to your communications infrastructure during the next 12 months? 4. What is your Unified Communications Strategy? 5. If you have a separate PBX (Traditional Voice) network, what is your strategy to replace it? 6. How much are you paying for moves, adds & changes to your telephony system on a monthly basis? 7. What VoIP projects have been identified within the next 12 months? 8. How many connected users do you have and how many sites are these users distributed over? 9. What software based solutions are you considering for future voice requirements? 10. How much are you paying for Bandwidth provision per annum and with which provider? 11. Who is your primary Data Network (LAN/WAN) vendor? 12. Do you plan to refresh your Data Network in the next 12 months? 13. What is the value of your support contract for your Data Network and when is the renewal date? 14. Have you any plans to deploy Wireless LAN or a Contact Centre within your current infrastructure? 15. When is the support contact renewal date for your managed Firewalls for security? 16. If you outsource audio conferencing to a 3rd Party, what is your monthly cost incurred? 	<ol style="list-style-type: none"> 7. Nothing over and above the changes to the system which will be introduced when we move office. 8. We have (and will continue to have after the office move) one site. We have 22 users. 9. We will be using VOIP based software solution. 10. Our provider is Demon and we pay approximately £7,000 annually. 11. Our primary vendor is 3-com. 12. We do not plan to refresh our data network in the next 12 months. 13. Our support contract is part of an integrated contract for all IT services and cannot be identified separately. We have an ongoing rolling contract. 14. We already have a wireless LAN and we have no plans for a Contact Centre. 15. We have an ongoing rolling contract. 16. It costs on average less than £40 a month.
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23/09/10	<p>The following request was made:</p> <ol style="list-style-type: none"> 1. The introductory note submission your organisation made to its lead Government Minister since the Coalition Government took office on 12 May. 2. The number of staff employed by your organisation on 12 May 3. The number of staff employed by your organisation on 6 October 4. Any submissions made to government departments on the effects of budget cuts on your organisation 5. Any notices given to trade union, or employee representatives, regarding staffing cuts to your organisation 6. Any notices of re-arranged pension arrangements for staff. 7. Details of any subscriptions to online news outlets such as Politics Home, 8. The Times, The Sun, News of the World etc. 9. Any submissions made by your organisation in the run up to the Comprehensive Spending review. 10. How many times the Chief Executive of your organisation has met with a Government Minister since 12 May. Please tell me the nature and location for any such meetings. 11. Provide me with a copy of your organisation's travel policy - in particular in respect of planes, trains and cars. 12. The number of properties (a) owned, and (b) leased by your organisation. 	<p>The following information was disclosed:</p> <ol style="list-style-type: none"> 1. No note was submitted. 2. There were 19 members of staff employed. 3. There were 19 members of staff employed. 4. No submissions have been made. 5. No notices have been issued. 6. No notices have been issued. 7. CHRE has a contract with Meltwater News which provides a news clipping service. This is a three year contract which commenced in July 2009. 8. No submissions have been made. A copy of CHRE's Annual report was sent when published in July 2010. 9. There have been no meetings. 10. A copy of the staff and Council travel policies are attached. 11. CHRE owns no properties. It leases one floor of one property.
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15/11/10	<p>The following request was made:</p> <p>How many staff went on overseas trips as part of their work for you in the financial year to date? Please provide details of each trip in the following format: how many attended – names/job titles – purpose of trip – destination(s) – length of stay – name of hotel – cost (accommodation) – cost (travel) – cost (living expenses) Please provide full itemised expenses for any receipts worth more than £100.</p> <p>How many staff went on overseas trips as part of their work for you, during the last financial year? Please provide details of each trip in the following format: how many attended – names/job titles – purpose of trip – destination(s) – length of stay – name of hotel – cost (accommodation) – cost (travel) – cost (living expenses) Please provide full details any receipts worth more than £100 (i.e. name of business, type of business, purpose of expenditure).</p>	<p>We disclosed all the information that we hold. This can be found on our website. (Document 2324_10)</p>
15/11/10	<p>The following request was made:</p> <p>Please provide details of expenditure on entertainment and parties hosted by the Council in the current financial year. Please provide details of spending in the following format: date – number attending – type of function (e.g. staff party/working lunch/etc) – cost food/drink – cost band (or other entertainment, give details) – staff costs</p> <p>Please provide details of expenditure on entertainment and parties hosted by the Council last year (FY 2009/10). Please provide details of spending in the following format: date – number attending – type of function – cost food/drink – cost band (or other entertainment, give details) – staff costs</p>	<p>We disclosed all the information that we hold. This can be found on our website. (Document 2324_10)</p>
25/11/10	<p>The following request was made:</p>	<p>The following information was disclosed:</p>

	<ul style="list-style-type: none"> • How many Staff (full head-count rather than full-time equivalents) are employed in IT functions? • Do you have an internal Information Technology team or is Information Technology TOTALLY Outsourced? If Outsourced, to which Company? • Is your Information Technology Infrastructure managed internally or outsourced? If Outsourced, to which Company? • Are your Desktop computers managed internally or outsourced? If Outsourced, to which Company? • Is your Systems Development/Applications Management managed internally or Outsourced? If Outsourced, to which Company? • How many Desktop Computers are in use? • How many Laptop Computers are in use? • Which Server Platform(s) do you use? <ul style="list-style-type: none"> • IBM/PCM Mainframe: (Please state which Operating System(s) – z/OS, z/VM, z/VSE) • UNIX: (Please state which Operating System(s) – e.g. Sun Solaris, AIX etc.) • Microsoft Windows: • System I: • Others (Please be kind enough to state): • How many Physical Servers are in use? • How many VIRTUAL Servers are in use? 	<ol style="list-style-type: none"> 1. No staff are employed in IT functions. 2. IT work is outsourced to Inspired Networks. 3. It is outsourced to Inspired Networks 4. It is outsourced to Inspired Networks 5. It is outsourced to Inspired Networks 6. Twenty one desktop computers are in use 7. Twelve laptop computers are in use 8. Microsoft Windows 9. Eight physical servers are in use. 10. Five virtual servers are in use.
10/12/10 and 7/01/11	<p>The following request was made:</p> <ul style="list-style-type: none"> • When the HPC was first told of the introduction of the audits of the initial stages of the fitness to practise process • When the HPC was first told the audits were definitely going ahead • When the HPC was first informed of the start date of the first audit in 2009 • When the HPC was first informed of the start date of the first audit in 2010 • When the HPC was first informed of the start date of the first audit to take place in 2011 	<p>We disclose the following response:</p> <ul style="list-style-type: none"> • The Chief Executives of all nine health professional regulatory bodies were informed of the introduction of the audits of the initial stages of the fitness to practise process on 18 January 2008. • We do not hold information on the exact date that the HPC were informed that the audits were definitely going ahead. However, our powers to carry out the audits were included within the Health and Social Care Act 2008 and the relevant part of the Act (section 115) came into force on 1 January 2009. • The HPC was first informed of the start date of the first audit in 2009 on

		<p>9 February 2009.</p> <ul style="list-style-type: none"> • The HPC was first informed of the start date of the first audit in 2010 on 11 January 2010. • We have not yet informed the HPC of the start date of the first audit to take place in 2011. We are only at the planning stage for the audit process in 2011/12 and have not yet made specific arrangements with the regulators.
14/12/10	<p>The following request was made:</p> <p>(a) All documents - including emails - submitted by your organisation to central government departments and/or government ministers, as part of the Coalition Government's Comprehensive Spending Review since 12th May 2010.</p> <p>This would include any letters, briefings or option papers prepared by your organisation outlining the impact that changes and/or reductions to its budget(s) may have on the service(s) you deliver</p> <p>(b) All documents - including emails - submitted by your organisation to central government departments or government ministers, as part of the Coalition Government's Public Bodies Review since 12th May 2010.</p> <p>This would also include any letters, briefings or option papers prepared by your organisation outlining the impact that reform or abolition would have on the services you deliver.</p> <p>(c) Any revised business, explanatory papers, options papers or letters submitted by your organisation (including electronic communications) to central government departments or government ministers to accommodate changes to your organisation's budgets following this year's Comprehensive Spending review.</p> <p>(d) Any revised business, explanatory papers, options papers or letters submitted by your organisation (including electronic communications) to central government departments or government ministers to accommodate changes to your organisation's structure following this year's Public Bodies Review.</p>	<p>We did not hold any of this information, therefore it was a nil response.</p>

	<p>(e) Any further correspondence (i) received by your organisation directly from ministers, or their offices, and (ii) sent to ministers, or their offices, regarding the affect of the (A) Comprehensive Spending Review and (B) Public Bodies Review on your organisation since 12 May 2010. This would also include any written or electronic correspondence that details the process your organisation should follow in order to make such submissions to these reviews.</p>	
15/12/10	<p>The following information was requested:</p> <p>This request relates to voluntary redundancies since May 6th 2010.</p> <ol style="list-style-type: none"> 1) How many staff have accepted voluntary redundancy? 2) How much has been paid in total in one-off redundancy payments to those staff? 3) How much has been agreed but not yet paid in total in one-off redundancy payments to those staff? 4) What is the highest individual one-off redundancy payment agreed (inclusive of both payments paid and not yet paid)? 	<p>We have not made any voluntary redundancies, therefore it was a nil response.</p>
13/01/11	<p>The following information was requested:</p> <ul style="list-style-type: none"> • Correspondence received by the CHRE about the GCC since first November 2010 • Replies from the GCC about such correspondence • Correspondence to and from the CHRE to any other Government body discussing concerns about the GCC for the dates inclusive 01\01\2004 to present day 	<p>We disclosed all the information that we hold. This can be found on our website. (Documents 2910)</p>
17/01/11	<p>The following information was requested:</p> <ol style="list-style-type: none"> 1. What manufacturers centralised storage do you use? 2. What percentage of your Servers are virtualised? 3. What is the total amount of storage you have and its percentage utilisation? 4. What server virtualisation projects have been identified within the next 12 months? 5. What software is used to backup your virtual infrastructure? 6. Have you implemented data de-duplication? If yes which vendors solutions do you use? 	<p>We disclose the following response:</p> <ul style="list-style-type: none"> • We use HP's centralised storage. • 80 percent of our servers are virtualised. • The total amount of storage we have is 600GB and 60 percent is utilised. • We have identified no server virtualisation projects within the next 12 months • We use Symantec software to backup our virtual infrastructure. • We have not implemented data de-duplication.

<p>7. What Antivirus software do you currently use?</p> <p>8. When is this due for renewal (month & year)?</p> <p>9. What Email system do you have installed?</p> <p>10. Do you archive email or data? If yes which product do you use?</p> <p>11. Do you use hierarchical storage management? If yes which manufacturers?</p> <p>12. What amount of storage does your email consume?</p> <p>13. Do you Virtualise Applications? If yes which Vendor solutions do you use?</p> <p>14. Do you provide Virtualised Desktops? If yes which Vendor solutions do you use?</p> <p>15. Are you considering desktop virtualisation? If yes over what time frame?</p> <p>16. What desktop\application virtualisation projects have been identified within the next 12 months?</p> <p>17. Do you electronically audit your PCs for installed software? If yes what application do you use?</p> <p>18. Do you use a third party company to manage your Software Licenses? If yes who?</p> <p>19. Do you reconcile your installed software and licenses owned? If yes how frequently?</p> <p>20. What is version of Microsoft Windows is your standard and how many Windows devices do you manage?</p> <p>21. How do intend to procure Microsoft licenses now the centralised NHS enterprise agreement has ended? (Select, Enterprise Agreement etc)</p> <p>22. If you already hold a Microsoft License agreement, when is this due for renewal?</p> <p>23. Do you have plans to adopt Windows 7 in the next 12 months?</p> <p>24. If yes, how are you looking to deploy Windows 7?</p> <p>25. Are you considering hosting your servers externally as part of a Private Cloud infrastructure?</p> <p>26. Who, including name, job title and contact details, is responsible for IT Procurement Contracts relating to IT Infrastructure?</p> <p>27. What IT functions do you have outsourced and to whom?</p> <p>28. If you have Oracle licenses, when was the last time they were audited and by whom?</p> <p>29. Please identify what IT related projects you have scheduled for the next</p>	<ul style="list-style-type: none"> • We use McAfee Antivirus software. • This is not applicable to CHRE. • We have Microsoft Exchange installed. • We do not archive email or data. • We do not use hierarchical storage management. • Our email consumes 25GB of storage. • We use VMWare. • We do not provide virtualised Desktops. • No we are not considering this option. • We have not identified any desktop\application virtualisation projects within the next 12 months? • We do not electronically audit our PCs for installed software. • We do not use a third party company to manage our Software Licenses. • Yes, we reconcile our installed software and licenses owned. We aim to do annually. • We use Windows XP and have 30 devices. • We will procure Microsoft licenses from a new centrally agreed framework. • We have no plans to adopt Windows 7 in the next 12 months. • We are not considering hosting our servers externally as part of a Private Cloud infrastructure. • Linda Allan, Director of Governance and Operations, telephone number: 0207 389 8050 is responsible for IT procurement contracts relating to IT Infrastructure. • We outsource all IT functions to Inspired Networks. • We do not have Oracle licenses. • We have no IT related projects scheduled for the next 12 months.
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	12 months	
31/01/1 1	<p>The following information was requested:</p> <ol style="list-style-type: none"> Please send copies of all correspondence to and from the CHRE that concerns the 600 or so complaints that the GCC has received about individual chiropractors. These will start before November 2010, of course. 	<p>We disclose the following response:</p> <p>We disclosed all the information that we hold with the exception of the documentation (determinations and/or transcripts) associated with the 88 final fitness to practise decisions made by the GCC between 1st January 2009 and 2nd February 2011. We relied on the exemption contained within section 21. This is that the information requested is reasonably accessible to via other means. The information can be obtained from the GCC via its publication scheme. Details of how to do this can be found on its website http://www.gcc-uk.org/files/link_file/GCC_FOI_Publication_Scheme_(09Apr09).pdf</p> <p>The information disclosed can be found on our website.</p> <p>(Documents 3110)</p>
15/02/1 1	<p>The following information was requested:</p> <p>Proposals for post-registration qualifications CHRE response to the Health Professions Council consultation January 2011. Please can I have a copy of the letter mentioned in endnote 4 of this paper.</p>	<p>The information can be found on our website.</p>
28/02/1 1	<p>The following information was requested:</p> <ol style="list-style-type: none"> What actions should be taken by a regulator upon being notified that a staff member or former staff member has solicited a bribe? What actions should be taken by a regulator when it becomes apparent that cases have been dismissed or withheld from the investigating committee by the former staff member? What is the role of the council of the general chiropractic council upon receipt of bribery allegations? Should they be informed? 	<p>Our response to each of your requests is set out below.</p> <ol style="list-style-type: none"> This request does not seek access to recorded information and is therefore not a request under FOIA. This request does not seek access to recorded information and is therefore not a request under FOIA. This request does not seek access to recorded information and is therefore not a request under FOIA.

	<p>4. What powers does the CHRE have to follow up on cases that have been dealt with outside of the investigating committee rules?</p> <p>5. How many complaints has the CHRE received about the GCC where the nature of the complaint included improper dismissal, bribery or misfeasance?</p> <p>6. What did the CHRE do to follow up on the case of [name removed] who died, his family and partner have repeatedly complained about the case being dismissed by bribery, why was this case not reopened? Particularly when the same dubious ex employee was implicated in every case?</p> <p>7. Are repeated complaints about bribery allegations common in the professions which the CHRE reports on?</p> <p>8. Who if anyone should the registrar inform about repeated bribery allegations made about a former employee who was sacked, reported to the police and who the Registrar had every reason to believe was a rogue employee with a history of dubious behaviour?</p>	<p>4. Details of the powers that we have in relation to cases closed at the early stages of the fitness to practice process can be found here: http://www.chre.org.uk/overseeingregulators/307/ and details of our powers in relation to final fitness to practise decisions can be found here: http://www.chre.org.uk/overseeingregulators/306/</p> <p>5. CHRE has received 12 complaints about improper dismissal of cases, bribery and/or misfeasance.</p> <p>6. This request does not seek access to recorded information and is therefore not a request under FOIA. However, it may be helpful if we explain that CHRE has no legal powers to reopen cases closed by the regulators' investigating committees or at any other stage of the fitness to practice process. We only have powers to appeal to the High Court any decisions made by final fitness to practice panels which we consider are unduly lenient and do not protect the public.</p> <p>7. This request should be directed to each of the regulatory bodies. We are unable to inform you if bribery allegations are common in complaints received by the regulatory bodies as we do not hold this information.</p> <p>8. This request does not seek access to recorded information and is therefore not a request under FOIA.</p>
01/03/1 1	<p>The following information was requested:</p> <p>1. Copies of all correspondence the CHRE has had, internal and external</p>	<p>Our response to each of your requests is set out below.</p> <p>Requests 1 and 2 - The information we disclosed is detailed in</p>

	<p>about the dismissing of cases at the GCC, bribery at the GCC and the death of Chiropractic patients, in particular [name removed].</p> <p>2. You have had repeated allegations about a former GCC employee who was reported to the police by the GCC Registrar, allegations including misfeasance, please forward copies of all correspondence the CHRE has had internal and external about this issue.</p> <p>3. Once you had received this information what did the CHRE do to ensure that the public was protected?</p> <p>4. What mechanism does the CHRE have for reopening cases which have been dismissed via a bribe?</p>	<p>the attached documentation index and supporting information bundles.</p> <p>We are disclosing to you all the information we hold. However, we have redacted all personal information from this documentation. We consider that this information is exempt under section 40 (2) Regulation 13 (1) of the Freedom of Information Act. The redacted information relates to personal data which would identify individuals.</p> <p>Request 3 - This request does not seek access to recorded information and is therefore not a request under FOIA. However, from the information disclosed under requests 1 and 2, you can see the action that CHRE took when it received such complaints.</p> <p>Request 4 – This request does not seek access to recorded information and is therefore not a request under FOIA. However, it may be helpful if we explain again that CHRE has no legal powers to reopen cases closed by the regulators' investigating committees or at any other stage of the fitness to practise process. We only have powers to appeal to the High Court any decisions made by final fitness to practise panels which we consider are unduly lenient and do not protect the public.</p> <p>(Documents 3410)</p>
9/5/11	<p>The following request has been made:</p> <p>In light of the proposed abolition of your body, I would be grateful if you would provide details of the following:</p> <ul style="list-style-type: none"> • How much you have paid out so far in redundancy payments? • What is the total redundancy payment figure you expect to be paid out once the process is finished? • How many people have so far been made redundant? • How many people do you expect to be made redundant in total once the process is finished? • What are the top five highest individual redundancy payments you have 	<p>As we are not being abolished, we have not made any voluntary redundancies, therefore it was a nil response.</p>

	made so far. For each individual, can you state their job title and role.	
25/5/11	<p>The following request was made:</p> <ol style="list-style-type: none"> 1. Administration <ol style="list-style-type: none"> a. How much did your organisation spend on the following items in the last three financial years for which figures are available? Please give the criteria you are using to define each item - i.e. stationery (all office stationery incl toner, but not PCs and printers). <ol style="list-style-type: none"> (1) Stationery (2) Office furniture (3) Office rent (4) Office refurbishment 2. Marketing and communication <ol style="list-style-type: none"> a. How many communications officers did your organisation employ in each financial year since your organisation was created? By communications officers, I mean any employee whose job involves (either wholly or in part) liaising with the press, internal communications, media handling/monitoring, issuing press releases etc. b. Please provide the total cost in each financial year for these employees, including salaries, benefits and expenses. 3. Hospitality/away days <ol style="list-style-type: none"> a. How much money has been spent on hospitality for conferences and meetings (internal and external) in the last three financial years for which figures are available in your organisation? b. How much money has spent on internal team-building exercises/'away days' in your organisation in the last three financial years for which figures are available? c. Please list the detail of the 5 most expensive team-building exercises/'away days' held in the last three financial years for which figures are available. 4. Private Health <ol style="list-style-type: none"> a. Does your organisation provide any access to private healthcare or private health insurance to any employee (either fully paid for or partly subsidised) 	<p>We have disclosed all the data that we hold. The spreadsheet detailing this information can be found on the freedom of information webpage. 25511</p>

	as part of their employee benefits? If so, please indicate the total number of employees who have exercised this benefit, and what the total cost to your organisation has been for providing this benefit in the last three financial years for which figures are available.	
30/5/11	A request was made for a copy of the report into the investigation of the possible loss of complaint review documents which resulted in an undertaking being signed with the ICO	The report was disclosed. This can be found on the freedom of information webpage. Personal data has been redacted from this report. Document number 30511
15/6/11	<p>The following request was made:</p> <p>I believe Jeremy Taylor CEO of National Voices has contributed an opinion piece to the Council of Healthcare Regulatory Excellence (CHRE) on regulation in patient safety. Could I please request a copy of your "Regulation in Patient Safety" publication.</p>	<p>We explained that we had not published such a document but did provide a copy of the article written by Jeremy Taylor.</p> <p>Regulation, a personal view (by Jeremy Taylor)</p> <p>Regulation in health and social care comes to public attention only intermittently – and generally in the context of things going wrong. But patients and citizens are increasingly involved in decisions about regulation through consultation and engagement exercises of various kinds. With a great deal of change in prospect for health and social care, now is an excellent time to step up the level of engagement.</p> <p>The new government is embarking on a major reform of health and social care that seems likely to turn the machinery of the NHS on its head. And it is also has to find £20 billion of savings in the next three or four years to allow the NHS to meet growing demand – even within a ring-fenced budget. All this change increases the risks to quality and safety. Regulators will need to get sharper at spotting the signs of stress and intervening early before things go wrong. That means sharper intelligence gathering and better channels of communication. How about a single portal allowing patients and citizens to raise concerns which might have regulatory implications – and accessible by all the regulators? The portal idea has been debated for a while. Isn't it time now to just do it?</p>

		<p>Regulation is about more than intervention. The government has said that it wants to create a patient-led service, with more empowered patients and professionals working together to drive the NHS. Now is a good time for patients to be better informed about the standards to which health professionals should be held accountable and to be involved in shaping those standards and the way they are applied. National Voices' recent work with the General Medical Council on revalidation has demonstrated a huge appetite for patient engagement in these issues, as well as a need for regulators to be better at communicating the excellent, but often invisible work they do.</p> <p>Jeremy Taylor, Chief Executive www.nationalvoices.org.uk</p> <p>NOTE: The views in this article have not been expressed by or on behalf of CHRE</p>
18/07/2011	A request was made for a breakdown of each transaction made by your organisation on the Government Procurement Card (GPC), including the supplier, date and value of the transaction, for the last 3 financial years for which figures are available and for any charges this year.	We do not have a Government Procurement Card and therefore it was a nil response.
21/07/2011	<p>The following request was made:</p> <ol style="list-style-type: none"> 1. Please could you provide the total number of Government Procurement Cards currently in use in your organisation? 2. Please could you provide a breakdown of each transaction made by your institution on the Government Procurement Card (GPC), including the 	We do not have a Government Procurement Card and therefore it was a nil response.

	supplier, date and value of the transaction, in the last financial year for which figures are available.	
16/08/2011	<p>The following request was made:</p> <p>I would like to know information on the number of such complaints [recorded sexual boundary violations by health care professions] in the year 2010-2011, preferably by profession, along with a brief summary of the findings of any regulatory body insofar as to whether the complaint was upheld or not, and any information about what actions the regulator took e.g. suspension, removal from professional register etc.</p>	<p>We provided the following data on an attached spreadsheet:</p> <p>1. Sexual Boundary Violation Case Table 2010-11</p> <ol style="list-style-type: none"> 1. The number of cases that we have received which we have assessed as being about sexual boundary violations (these are cases which have been closed following a final fitness to practise hearing) 2. The number of cases that we have received from each regulator which we have assessed as being about sexual boundary violations 3. The sanction imposed in each of these cases 4. The total number of cases that we have received for the period requested and the percentage of these where sexual boundary violations has formed at least one of the allegations <p>We were unable to provide a brief summary of findings of each case. Our database does not allow for this information to be easily retrieved and we estimate that it will take us in excess of 3.5 working days to retrieve and extract this information (under section 12 of the act).</p>
17/08/2011	<p>The following request was made:</p> <ol style="list-style-type: none"> 1. Please could you provide a list of all transactions made by your institution to the organisation, Solace (http://www.solace.org.uk/), in each of the last three financial years for which figures are available. Please include the date of the transaction, the total amount paid, and if possible, the purpose of the 	<p>CHRE have never had any dealings with Solace and that our newsletter, CHRE-News (https://www.chre.org.uk/media/173/) is published online and there are no associated additional costs to this activity, we have no other publications that fall within this remit and therefore it is a nil response from CHRE.</p>

	<p>transaction.</p> <p>2. Please could you provide a list of any</p> <p>a) internal staff magazine or newspapers and</p> <p>b) patient magazine or newspapers published by your organisation in each of the last three financial years for which figures are available. By internal staff/patient newspapers I mean any publication printed by your organisation which list events/activities or regional, national or NHS news, but is not primarily focussed on clinical literature (i.e. not a patient leaflet on cancer, for example).</p> <p>If your organisation has printed any of these newspapers please could you provide details on:</p> <p>a) whether it was monthly/annually etc,</p> <p>b) what the costs of (1) printing, (2) distributing and (3) writing this publication, to your institution and</p> <p>c) how many copies of this newspaper/magazine have been printed in each financial year.</p> <p>Please provide the latest copy of this newspaper/magazine.</p>	
30/08/2011	<p>The following request was made:</p> <p>How much did you the quango spend buying books on Amazon? Of from other bookstores?</p> <p>Please provide, if possible, a list of all the books purchased with the cost of each. I would like this information for each of the last 5 years if possible.</p>	<p>We have disclosed all the data that we hold. The spreadsheet detailing this information can be found on the freedom of information webpage.</p> <p>2. Book purchases 2006-2011</p>
06/10/2	<p>The following request was made:</p>	<p>We provide the following response, made in respect of 2010-11:</p>

011	<p>How much did your organisation spend in its most recent accounting year for which figures are available on a translating written material between English and Welsh</p> <p>b providing spoken translation facilities between English and Welsh at meetings and other events.</p> <p>C. Has your organisation ever carried out an assessment of the extent to which clients/ members of the public use the Welsh version of written material you produce and/or benefit from spoken translation facilities? If so, I would be very grateful if you could provide me with a copy of any relevant documents.</p>	<p>a. £10,516.19 b. Nil</p> <p>We have not carried out an assessment of the extent to which clients/ members of the public use the Welsh version of written material you produce and/or benefit from spoken translation facilities</p>
27/10/2011	<p>The following request was made:</p> <ol style="list-style-type: none"> 1. All 53 responses to the consultation paper entitled 'Harmonising Fitness to Practice Sanctions across Regulators' ; 2. Details and papers relating to any other consultations you have undertaken in relation to Fitness to Practice Sanctions; 	<p>We provide the following response;</p> <p>Request 1: We disclosed all the information we hold. However, we have redacted all personal information from this documentation. We consider that this information is exempt under section 40 (2) Regulation 13 (1) of the Freedom of Information Act. The redacted information relates to personal data which would identify individuals.</p> <p>3. Harmonising Fitness to Practice Sanctions across Regulators Consultation</p> <p>Request 2: There have been no other consultations undertaken in relation to Fitness to Practice Sanctions therefore this is a nil response.</p>
24/10/2011	<p>The following request was made:</p>	<p>We provide the following response:</p>

<p>1. In March this year the CHRE wrote a report called the 'GDC fitness to practise audit report'. Section 6.4 of this report says "We also found cases where we considered the GDC had not investigated thoroughly enough to ensure it had made sound decisions". Following on from this I would like to know.</p> <p>How many cases did your organisation find that the GDC had not investigated thoroughly enough? (In the time frame that the report looks at). Can you please supply details of these cases.</p> <p>2. The following questions relate to the Rotherham dentist Mohammed Siddiqui (which is also spelt Siddique in some paperwork)</p> <p>Has Rotherham PCT written to your organisation expressing concern about how the GDC handled this case? If so, what were the PCT's concerns?</p> <p>3. Has the CHRE written to the GDC expressing concern about how this case was handled? If so, what were the CHRE's concerns?</p> <p>What changes have there been to the GDC's senior management team in the last five years?</p>	<ol style="list-style-type: none"> 1. The information you requested is available under section 6.11 of the GDC Audit; https://www.chre.org.uk/_img/pics/library/110825_GDC_audit_report_for_publication_1.pdf. 2. We can confirm that CHRE have not received any correspondence from Rotherham PCT expressing concerns regarding the case of Mohammed Siddiqui (or Siddique) nor have CHRE written to the GDC with regards to this matter. 3. The information requested is not held by this organisation.
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01/11/11	<p>The following request was made:</p> <p>Under the terms of the Freedom of Information Act 2000 I request particulars of the allegation(s) made by Alison Lockyer, which form the basis of a current CHRE investigation into General Dental Council concerning:</p> <p><i>"The fairness and proportionality of the processes adopted by the GDC in handling complaints about the former Chair .</i></p> <p><i>The GDC executive's approach to management of internal disputes between the executive and others"</i></p>	This information was withheld under section 22 of the FOIA.																
23/11/11	<p>The following Request was made:</p> <p>Under the current terms of the Freedom of Information Act please can you provide me with the answers to the following questions - where possible including any recharge costs to a central budget and ICT expenditure occurred through public finance initiatives that are off balance sheet.</p> <p>1 - The total budgeted ICT expenditure (capital and revenue) for your organisation for 2010/11 and 2011/12?</p> <p>2 - A breakdown of the actual / budgeted or estimate for 2010/11 and 2011/12 according to the following categories for your organisation, indicating the largest supplier for each category were known?</p> <table border="1" data-bbox="331 1141 1243 1310"> <thead> <tr> <th data-bbox="331 1173 600 1204">Category</th> <th data-bbox="600 1173 952 1204">Sub-category</th> <th data-bbox="952 1141 1086 1173">2010/11</th> <th data-bbox="1086 1141 1243 1173">2011/12</th> </tr> </thead> <tbody> <tr> <td data-bbox="331 1204 600 1310">Hardware</td> <td data-bbox="600 1204 952 1236">Desktop computers</td> <td data-bbox="952 1204 1086 1236"></td> <td data-bbox="1086 1204 1243 1236"></td> </tr> <tr> <td data-bbox="331 1236 600 1284"></td> <td data-bbox="600 1236 952 1284">Portable computers</td> <td data-bbox="952 1236 1086 1284"></td> <td data-bbox="1086 1236 1243 1284"></td> </tr> <tr> <td data-bbox="331 1284 600 1310"></td> <td data-bbox="600 1284 952 1310">Servers</td> <td data-bbox="952 1284 1086 1310"></td> <td data-bbox="1086 1284 1243 1310"></td> </tr> </tbody> </table>	Category	Sub-category	2010/11	2011/12	Hardware	Desktop computers				Portable computers				Servers			<p>We have disclosed all the data that we hold. The spreadsheet detailing this information can be found on the freedom of information webpage.</p> <p>4. ICT Expenditure and Projections 2010 - 2012</p>
Category	Sub-category	2010/11	2011/12															
Hardware	Desktop computers																	
	Portable computers																	
	Servers																	

	IT consumables Network equipment Storage Peripherals		
Software	Application licences Middleware licences System licences		
Services	Hardware maintenance Software maintenance Custom software IT outsourcing Managed Communications IT consultancy System integration Training		
Communications	Fixed line Wireless Networking equipment		
Staff	Staff		

3 – If you recharged any portion of this expenditure to another organisation please indicate which organisation and percentage of recharge.

Organisation	% recharged

4 - If you have allocated spend in the IT outsourcing category, please identify which categories of IT service - as per the table below - are included in the contract(s) involved. If the relative percentages of spend are readily available (ie if you procure for these elements separately) then please also indicate these.

Service Category	Is this service included in the IT outsourcing contract(s)?	If available, please indicate the relevant percentage of your spend under IT outsourcing contracts.
Hosting		
Desktop		
Application Development		
Application Management		
Service Integration and Management		

5 – Please indicate how you expect the total ICT budget for 2012/13 and 2013/14 to change for your organisation (please tick one only for each year)

	2012/13	2013/14
(a) increase by more than 10%		
(b) increase by less than 10%		
(c) remain the same		
(d) decrease by up to 10%		
(e) decrease by more than 10%		

	<p>6 - Please provide a list of all the ICT projects that you are undertaking; the cost of these projects and the estimated completion dates for these projects. If it is not possible to provide this under the current Fol limits I am happy to accept a listing of your most up to date schedule of contracts or other record of contracts.</p>	
<p>06.01.12</p>	<p>The following Request was made:</p> <p>Please could you provide information in as much detail as possible for question 1 before answering question 2. Please reply by email.</p> <p>1. Exit packages</p> <p>a) Please could you provide a full list of all 'exit packages' paid by your organisation to staff in each financial year since your organisation was created. In each instance, please provide the total amount that was paid out, along with whether the employee's exit was (1) compulsory redundancy or (2) other agreed departure. Please do not uncover the anonymity of the person concerned.</p> <p>2. Redundancy</p> <p>a) Please could you provide the total redundancy pay paid out to employees of your organisation in each financial year since your organisation was created</p> <p>b) Please could you provide a list of the redundancy pay for any individual who has been made redundant by your organisation and subsequently reemployed within 6 months of their redundancy taking place, in each financial year since your organisation was created</p>	<p>We provided the following response:</p> <p>Our records show that since CHRE was established we have paid one 'exit package'. This was in the financial year 2007/08 and the total payment was £20,000. This was in respect of an 'other agreed' departure.</p> <p>I can confirm that CHRE have never paid redundancy pay to any employee and therefore this is a nil response to question 2, parts a) and b).</p>

