

## TOWER HAMLETS GP CARE GROUP (THGPCG)

### Statutory Notifications to CQC - Policy

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| Date Issued                | 01/04/2015   |
| Title                      | Statutory Notifications to CQC - Policy                                    |
| Supersedes                 | All previous Policies  |
| This policy will impact on | THGPCG Board   |
| Related Documents          | Safeguarding Policy, Whistleblowing Policy, DBS Policy, Recruitment Policy |
| Policy Area                | Governance   |
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| Issued By                  | Governance Team  |
| Author                     | Ayesha Lulat   |
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|             | <b>Committees / Groups / Individual</b> | <b>Date</b> |
|-------------|---|-------------|
| Approved by | Governance Group                        |             |
| Approved by | THGPCG Board                            |             |

## 1. Introduction

NHS bodies that are registered as providers and their registered managers are required to notify CQC about certain incidents, events and changes

CQC requires all NHS Providers and their registered managers to notify them of specific events, occurrences and changes so that, where needed, CQC can take follow-up action

THGPCG as an NHS provider must notify CQC of all incidents that affect the health, safety and welfare of people who use our services.

Notifications must be sent directly to CQC unless NHS England has been notified previously.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation. This means that CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other [regulatory action](#).

The regulations also say that NHS bodies can submit certain notifications to the NHS Commissioning Board Authority's National Reporting and Learning System (NRLS). The NHS Commissioning Board is usually known as 'NHS England'. These notifications are then forwarded to CQC under an information sharing agreement.

## 2. Reporting Requirements

### Notifications that must be submitted directly to CQC

| Regulation | Notification   |
|------------|--|
| 12         | Changes to the statement of purpose for an activity  |
| 15         | Other changes: <ul style="list-style-type: none"> <li>• plans for a new provider to carry on an activity</li> <li>• a new provider carries on an activity</li> <li>• a provider stops carrying on an activity</li> <li>• a provider changes their name</li> <li>• change of a provider's main address</li> <li>• change of nominated individual</li> </ul> |
| 17         | Deaths and unauthorised absences of people detained or liable to be detained under the Mental Health Act 1983  |
| 18(4)(B)   | Applications to deprive a person of their liberty under the Mental Capacity Act 2005, and their outcomes.  |

## Notifications that can be submitted to NHS England’s NRLS:

| Regulation              | Notification  |
|-------------------------|---|
| <b>16</b>               | Certain deaths of people using the service                                |
| <b>18(2)(e)</b>         | Allegations of abuse  |
| <b>18(2)(g)</b>         | Events that stop or may stop the service from running safely and properly |
| <b>18(2)(a)&amp;(b)</b> | Serious injuries to people who use the activity                           |

Submitting these notifications is mandatory. Reporting relevant incidents to NHS England’s NRLS meets this requirement. All notifications must be submitted within a required timescale and include all the information required

### 3. Submitting Notifications Directly to CQC

CQC supplies the forms to be used for submission on notifications. Until CQC introduce online forms, the forms must be downloaded from the CQC website.

When the online system is available we will be able to fill in and submit notifications by logging on to our account with a username and password, which we will be given by CQC.

When using Word forms, a reference number or code must be assigned at the top of each form so that if more information is needed from CQC it can be easily looked up.

Completed forms must be sent as an attachment in an email to:

[HSCA\\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk)

### 4. Submitting Notifications to the National Reporting and Learning System (NRLS)

Incident reports must be submitted to NRLS through their LRMS and/or relevant NRLS ‘eForms’.

These forms are still available at the NPSA website ([www.npsa.nhs.uk](http://www.npsa.nhs.uk)). Click on links to the National Reporting and Learning Service and then the relevant report form.

The eForm guides you through the reporting process and helps to ensure that you submit all the required information.

### 5. Who should fill in and submit notification forms?

It is the registered person’s responsibility to ensure notifications are made – they will be committing an offence if they fail to do so. Any arrangements for delegation of this task

must therefore be very clear. The THGPCG Board Governance Lead will complete the notifications to the CQC, which will be approved by the Clinical Director as the Registered Manager. Notifications to the CQC will be reported to the Board for information.

#### **6. Do deaths of people detained under the Mental Health Act have to be notified to both the NRLS and CQC?**

The law says that deaths of people detained under the Mental Health Act must be notified to CQC.

Duplicate reporting may be needed when a detained patient dies and there is a relevant patient safety incident.

The same report number should be used when reporting these deaths to their LRMS or the NRLS, so that duplicated notifications can be spotted when statistics are recorded and analysed.

#### **7. Submit more information about a notified event later on**

You can submit more information even after a notification has been submitted to CQC.

Some notification forms are designed to enable registered persons to submit follow-on information to previous notifications. Where this is the case, please quote the reference number for the original notification in the space provided for this. This helps us to quickly link the new information to the original notification.

Additional information submitted to the NRLS will be forwarded to CQC automatically.

#### **8. Submitting notifications using ID codes instead of people's names?**

If you submitted a notification that included confidential information such as a person's name, or any other information that could identify them as an individual, it may contravene the Data Protection Act 1998.

The Data Protection Act makes important requirements about how information about people is stored, 'processed' and shared. It is important that this information is only shared when necessary, under appropriate security arrangements. Therefore CQC requests registered persons to use a unique identifier or code, rather than a name, when giving information about a person in a notification.

A code can be allocated to each person who uses our service, and to use this code in statutory notifications. Information must be kept safely and securely, in case CQC needs to know more about the event..

Even where codes are used, they must not easily identify the person, such as by using their room number or date of birth.

## **9. CQC asks about people's ethnicity, religion and so on**

It is important that health and social care services take account of people's diverse needs when carrying on regulated activities, and also that they monitor how well they are meeting them.

CQC has a statutory duty as a public body to monitor and report on how well both individual providers and the health and social care sector as a whole are promoting equality and meeting people's diverse needs.

## **10. Notifying CQC about outbreaks of infection**

We do not need to notify CQC but must notify Public Health England (PHE - previously the Health Protection Agency) about certain infection outbreaks and incidents.

## **11. Notifying CQC about medicine errors?**

There is no requirement to notify CQC about medicines errors, but a notification would be required if the cause or effect of a medicine error met the criteria for one of the following to be notified:

- A death
- An injury
- Abuse, or an allegation of abuse
- An incident reported to or investigated by the police

Where relevant, you should make it clear that a medicine error was a known or possible cause or effect of these incidents or events being notified.

## **12. CQC's 'protected' Word documents forms**

When filling the forms in on a computer, you can move from field to field by pressing the 'page up', 'page down', 'tab' or arrow keys, or by using a mouse.

Enter text in the normal way using a keyboard. You can copy and paste normally, but spelling and grammar checking, bullet points and numbered lists do not work in protected forms. If you want to use these functions you can type text into a normal word document and then copy and paste it into relevant fields of the notification form.

You can tick boxes by using the space bar when the boxes are highlighted, or by left clicking on them with a mouse.

## **13. Changes to statement of purpose (Regulation 12)**

CQC must be notified of changes to our statement of purpose within 28 days.

You can do this by filling in or amending the relevant part(s) of CQC standard statement of purpose template (or amending your own alternative document), filling in the change of statement of purpose notification form, and attaching all of these to an email.

#### **14. Absences of registered managers (and returns from absence) of 28 days or more (Regulation 14)**

Registered managers must use the standard form to notify CQC about relevant absences (and arrangements for managing the activity during the absence) and to tell CQC that they have returned from a notified absence.

Regulation 14 timescales:

- Notifications about planned absences of 28 days or more must be submitted 28 days before they begin.
- Shorter timescales can be agreed with CQC where appropriate - must contact CQC to discuss this when needed.
- Where an absence is caused by an emergency, the notification must be submitted within five working days of the beginning of the absence.
- Where a required absence notification has not already been submitted, it must be sent to us forthwith.
- Returns to work from an absence must be notified within seven days.

Where an absence is likely to be lengthy but the registered manager is not sure how long it will last, there is a space on the form to propose a date by when – if the absent person has not returned to work – a new manager will be appointed and apply for registration. CQC will review the proposed date, agree it if it is appropriate, or discuss the matter with the provider if it is not.

#### **15. Changes**

Notification of some key changes must be submitted as soon as reasonably practicable and in advance of the change unless this is not possible. Changes include:-

A change or planned change of provider for an activity

Changes to an organisations:

- Name
- Business address
- Nominated individuals

Details of a new chief executive (Notifying the details of a new chief executive is not mandatory, but is extremely helpful to CQC)

### **16. Death of a person who uses the service (Regulation 16)**

Relevant deaths must be notified to the NRLS using their LRMS or relevant eForm on the NPSA website. These reports must meet the NPSA's standards for the relevant mandatory fields. These notifications must be submitted without delay.

### **17. Deaths and unauthorised absences of people who are detained or liable to be detained under the Mental Health Act 1983 (Regulation 17)**

A separate process is used to deal with these notifications from that used for most notifications. This is because they inform CQCs statutory Mental Health Act monitoring duties as well as their functions under the Health and Social Care Act 2008.

These notifications must be submitted without delay.

### **18. 'Other incidents' (Regulation 18)**

The law says that we must notify CQC without delay about a variety of 'other incidents' that take place while a regulated activity is being delivered or as a consequence of an activity being delivered.

#### **Injuries**

Relevant injuries must be notified to the NPSA using their local risk management system (LRMS) or the relevant eForm on the NPSA website. These reports must meet the NPSA's standards for the relevant mandatory fields.

#### **Deprivation of liberty applications and outcomes**

There is a standard CQC form for notifying applications to deprive a person of their liberty under the Mental Capacity Act 2005, including the outcome of the applications.

This form can be used to tell CQC about applications by a hospital to a 'supervisory body', or to the Court of Protection for any other setting.

#### **Abuse and allegations of abuse**

These notifications must be made to the NPSA by. It is important that relevant local safeguarding authorities are also informed about abuse and allegations of abuse in relation to their services appropriately, as described in the guidance about compliance. You should include information about whether you have informed the relevant safeguarding authority about the abuse or alleged abuse in the free text 'description of what happened' field of the NPSA eForm (item IN07) or equivalent LRMS form, so that we can confirm that this has been done.

These reports must meet the NPSA's standards for the relevant mandatory fields.

**Incidents reported to or investigated by the police**

This notification requirement does not apply to NHS bodies.

**Events that stop or may stop the registered person from running the service safely and properly**

Relevant infrastructure problems must be reported to the NPSA using their LRMS or the relevant eForm on the NPSA website. These reports must meet the NPSA's standards for the relevant mandatory fields.

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