

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PROTOCOL FOR Reporting to the CQC

1.0 INTRODUCTION

The Trust has a statutory duty to notify the CQC in writing about certain important events that affect people who use Trust services or the services themselves. CQC guidance indicates that some notifications must be made directly to the CQC but most should be made via the NRLS who will pass these onto the CQC through existing systems.

Some notifications will be about routine events and will require no further action. But where a reported incident or pattern of incidents is significant and affects the safety of people using the service, the law requires the CQC to assess what action has been taken by the Trust and respond accordingly.

2.0 SCOPE

This guidance applies to all Trust Staff and Services.

This guidance informs staff about:

- Incidences and events that the Trust must notify the CQC of
- How notifications should be made.

3.0 DEFINITIONS

Registered Person

For the purposes of Registration with the CQC, the registered person is the Trust. The registered person has responsibility for ensuring that all appropriate notifications are made to the CQC. This responsibility is delegated to the appropriate Trust Department as outlined in section 5.

Provider

For the purposes of Registration with the CQC, the Provider is the Trust.

Registered Managers

For the purposes of registration with the CQC any EPUT services registered as a nursing home will have a registered manager. The registered manager registered person has responsibility for ensuring that all appropriate notifications are made to the CQC. This responsibility is delegated to the appropriate Trust Department as outlined in section 5.

4.0 INFORMATION SECURITY

The majority of notifications to the CQC will be made via the CQC Provider Portal and the NRLS Local Risk Management System.

Where the CQC portal or NRLS is not used the CQC have developed forms that should be used for notifications made directly to them. They should be downloaded directly from their website, please see table 1 in section 5.0 below.

Notifications will often refer to confidential information, to ensure compliance with the General Data Protection Regulation 2016 notifications must not include confidential personal information such as a person's name or any other information that could identify them as an individual.

To comply with the GDPR patient's names should be replaced by their NHS number and staff names should be replaced by payroll number, with the exceptions of MHA notifications where the CQC form must be completed in full.

Each notification must be given its own code; this code must be the Datix Incident number. This will ensure a central log of all codes can be kept.

5.0 REPORTING TO CQC

5.1 Summary of Reporting Requirements

All events outlined in the table below must be reported to the CQC.

If additional information relating to the event needs to be submitted after the initial notification has been made a re-submission using the electronic forms should be made using the same unique reference number and explaining it is a re-submission in the appropriate field text box. In all cases of submission to the CQC the name of the person submitting will be required.

Table 1 Notifications

What	Reported to:	Who	Timescale	Form to be used
Events that stop services running safety	NRLS	Risk Management Team	Without delay	Datix Incident form via NRLS
Serious Injury to a person using services	NRLS & STEIS	Risk Management Team	Without delay	Datix Incident form via NRLS STEIS
Abuse or allegations of abuse of a person using services	CQC	AD Safeguarding	Without delay	Via portal
Incidents reported to, of investigated by, the police	Not applicable to NHS Trusts			
Death of a person using services	STEIS	Head of Serious Incidents	Without delay	Via STEIS
Deprivation of Liberty application	CQC	AD Safeguarding	Without delay	Via portal
Deaths and unauthorised absences of people detained under MHA 1983 and MHA notifications	CQC	Mental Health Act Administration Manager	Without delay	http://www.cqc.org.uk/content/mental-health-notifications
Changes to registration including statement of purpose	CQC	Head of Compliance	ASAP in advance where possible	Via portal
Changes affecting provider or manager (including to Chief Executive or registered manager)	CQC	Head of Compliance	ASAP in advance where possible	Changes affecting a provider or manager

What	Reported to:	Who	Timescale	Form to be used
Outbreaks and individual cases of infection	See section 8.0 below			

5.2 Events that stop the service running safely and properly

Providers must inform the CQC about any relevant infrastructure, equipment, premises or other problems that prevent or are likely to prevent them from carrying on the regulated activity safely.

English NHS providers must notify the Care Quality Commission by sending information via the NPSA, notifications must not be sent directly to the CQC.

Providers must inform the CQC without delay if services are affected by:

- a level of staff absence or vacancy, or damage to the service's premises that mean that people's assessed needs cannot be met.
- the failure of a utility for more than 24 hours.
- the failure of fire alarms, call systems or other safety-related equipment for more than 24 hours.
- any other circumstances or events that mean the service cannot – or may not be able to – meet people's assessed needs safely.

5.3 Serious injury to a person who uses Trust services

Providers must inform the CQC of a serious injury to a person using services. If the serious injury is the result of an assault, then a Notification of allegation of abuse form should be completed instead of notification of injury form.

English NHS providers must notify the Care Quality Commission by sending information via the NRLS, notifications must not be sent directly to the CQC.

Providers must inform the CQC without delay of any injury to a service user(s), which occurred while receiving, or as a result of, the care, treatment and support provided by the service (for people in care and nursing homes, this means 24 hours a day, even if physically they are elsewhere when the injury occurred), and in the reasonable opinion of a healthcare professional, has resulted in:

- serious injury to any person who uses the service.
- an injury requiring treatment by a healthcare professional to avoid death or serious injury

Within EPUT any incident classified as a SI will be reported to the CQC.

5.4 Allegation of abuse

Providers must notify CQC of abuse or alleged abuse where people using the service are persons affected, perpetrators or both. Notification should be made directly to the CQC and can be made via the portal. Providers must also alert the relevant local safeguarding authority, and the police, where a crime has been or may have been committed.

5.5 Incident reported to, or investigated by, the police

This **does not apply** to English NHS trusts

5.6 Death of a person who uses the service

Providers must notify the CQC of the death of a person who uses services. The notification must include:

- the location where the death occurred
- information about the deceased, such as age range and medical history
- details about those providing care to the deceased.

NHS GP and other primary medical services do not need to notify the CQC about **every** death of service users. However, deaths **must be notified** where:

- the death occurred while a regulated activity was being provided (for example while a patient/resident was actually in consultation with their GP, while at their health centre or surgery, or during a home visit).
- the death occurred within two weeks of a regulated activity being provided (as above).
- the death was, or may have been, the result of the regulated activity or how it was provided.
- in your reasonable opinion, the death could not be attributed to the course which the illness or medical condition would naturally have taken if the deceased had been receiving appropriate care and treatment.

For care or nursing homes when someone registered at the facilities dies, the provider must inform the CQC immediately of their death, even if they did not die on Trust premises (eg, they could have died in a hospital and the hospital may have reported the death).

Notification must be sent **without delay** and must include:

- the date and time of death
- the time the person was found
- where the person died
- the cause of their death, where this is known
- whether the death was expected
- if the death was not expected, you should include a unique identifier or code for the last person involved in providing care and details of their job title and employer if this is not the provider
- details of any surgical procedure being used at the time of the person's death, or within the seven days before their death
- whether the person was being restrained at the time of death or within the seven days before their death
- whether there are any concerns about the use of controlled or other drugs relating to the death
- whether there are any concerns about the use of medical devices relating to the death.

5.7 Deprivation of liberty application

Providers must notify the CQC if their services wish to deprive a person of their liberty. Notifications must be made without delay and must include:

- the date and nature of the request or application
- whether the request or application was preceded by the use of an urgent authorisation, within the meaning of paragraph 9 of Schedule A1 of the 2005 Mental Capacity Act
- the outcome of the request or application or reason for its withdrawal
- the date of the outcome or withdrawal.

5.8 MHA Notifications

Providers must notify the CQC about unauthorised absences and deaths of people detained or liable to be detained under the Mental Health Act 1983. Please note that people liable to be detained include, for example, those on Section 17 leave of absence from hospital, or those held under short-term powers of Sections 5, 135 or 136.

In addition, providers of psychiatric units whose service is normally intended for persons over the age of 18 years must notify the CQC about the placement of a child or young person where the placement lasts for a continuous period of longer than 48 hours.

Section 61 of the Mental Health Act requires the reporting of certified treatment.

- **Unauthorised absences**

Services that are designated as low, medium or high security are required to notify CQC of any unauthorised absence of a person detained or liable to be detained under the Mental Health Act 1983, and of the return of persons from unauthorised absences.

Services with no specific security designation are not required to notify CQC about unauthorised absences.

- **Deaths of detained patients**

Services are required to notify the CQC when any patient dies while detained or liable to be detained under the Mental Health Act.

- **Children and young people in adult units**

Services are required to notify CQC when a child or young person under 18 years is placed in a psychiatric ward or unit intended for adults, where the placement lasts for a continuous period of longer than 48 hours.

- **Reporting certified treatment**

Section 61 of the Mental Health Act requires that, where a patient/resident has received treatment certified by a panel under Section 57 or a Second Opinion Appointed Doctor under Sections 58 or 62A, a report on the treatment and the patient's/residents condition must be given by the approved clinician in charge of the patient's/residents treatment to the Care Quality Commission. These reports are required generally when a patient's detention is renewed (for patients subject to a Community Treatment Order this report is only required at the renewal of the order if they have received treatment certified by a SOAD when recalled) following a second opinion or when the Care Quality Commission requires one.

5.9 Changes to Registration

Providers must inform the CQC of any changes to services provided including service user group, service type, location and activity provided. Any change to registration must be notified to the CQC before the change takes place. Most changes will require formal application and approval from the CQC. Some minor changes will be made via notifications.

5.10 Changes affecting provider or manager

Under Regulation 15 of the Health and Social Care act there are a number of changes which affect providers or registered managers that must be notified to the CQC. Notification of these changes must be submitted as soon as reasonably practicable and in advance of the change unless this is not possible.

Changes include:

- Changes of provider for an activity
- Changes of registered manager for an activity
- Changes to a registered individual's name
- Changes to the membership of a partnership
- Changes to an organisation's name or address
- The appointment of a new nominated individual
- Changes to an organisation's officers or directors (NHS bodies should use this section notify about new chief executives)
- Changes of main contact email address and telephone number
- The appointment of a trustee in bankruptcy, receiver, or liquidator
- The sequestration of a registered person's estate

Other important changes that are not covered by the notifications regulations, should also be made such as:

- Change to the email address that CQC should use to send statutory notices
- Changes to main contact telephone number.

For any change relating to the provider or a registered manager these must be discussed at the earliest opportunity with the Head of Compliance who will ensure that the change does not affect registration with the CQC. Where a change affects registration please see section 5.9.

If any of the above changes mean that the content of the Trust statement of purpose will also have to change, the Head of Compliance will make the relevant amendments, fill in a notification form for this change, and send the CQC a copy of the new statement of purpose with the notification form.

6.0 WHAT DOES CQC DO WITH NOTIFICATIONS

Notifications add to the CQC's knowledge of the Trust helping to provide a complete picture of the organisation and in the case of serious incidents make a judgement as to whether the Trust has been compliant. This information is also used to help plan the CQC work programs and resources.

Notifications to the NRLS also contribute to National Learning about Hazards, the risks they pose to people and how they can be reduced.

7.0 INFORMATION REQUIRED

There is a minimum set of information required for each notification. This will include information about people's ethnicity, religion etc. This information is indicated in the CQC forms available on line.

All forms must be fully completed to ensure all required information is provided.

8.0 OUTBREAKS AND INDIVIDUAL CASES OF INFECTION

Notifications of outbreaks and individual cases of infection should not be made to the CQC. Notifications must continue to be made as outlined in Health and Social Care Act 2008 code of practice for the prevention and control of infections.

The following must be reported to the Health Protection Agency (via Acute Hospital):

- Clostridium Difficile
- Blood stream infections caused by Methicillin Resistant, Staphylococcus Aureus (MRSA) and Glycopeptide Resistant, Enterococci (GRE)
- Surgical site infections (SSI) following orthopaedic surgery (not applicable to the Trust)

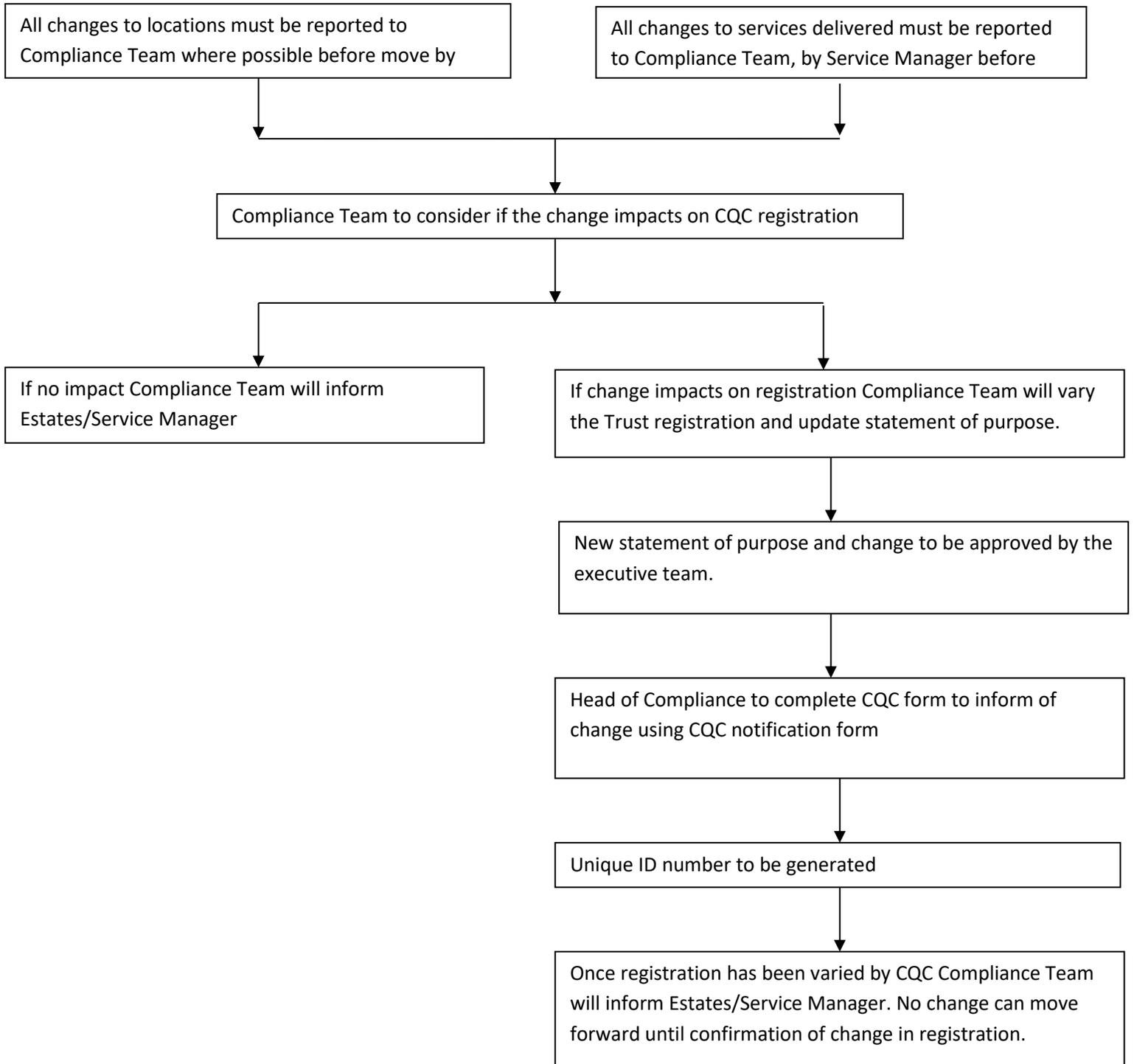
Currently MH Trusts are not required to report directly but these figures are included in Acute Hospital Figures.

Significant outbreaks of infection must be reported to Health Protection Agency (HPA) and certain infections or conditions are notifiable to the Office of National Statistics by law. They must be reported to any doctor in clinical practice.

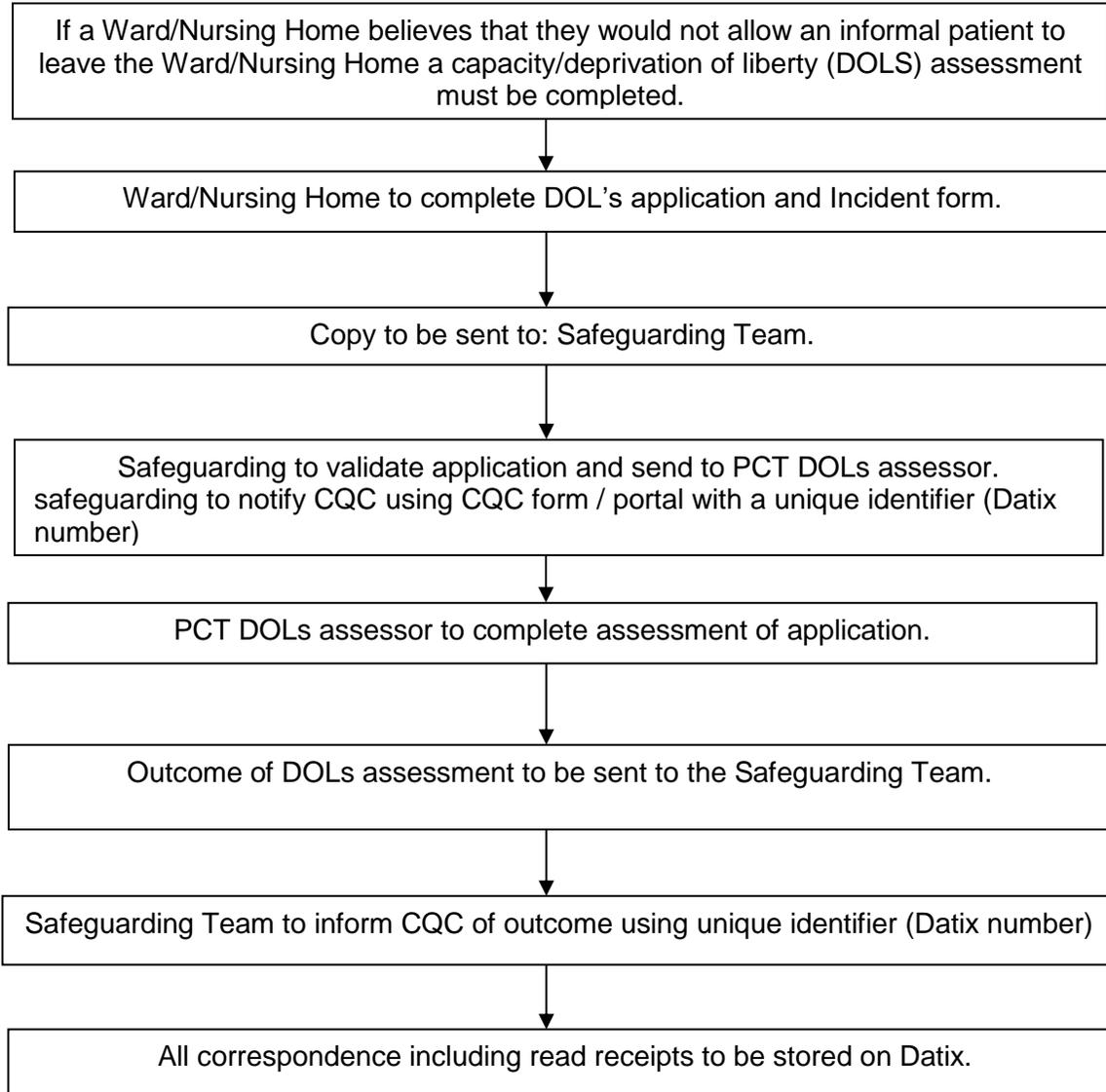
9.0 RESPONSIBILITIES

CQC regulations say that the registered person must submit notifications to the CQC (or NRLS as required). In the Trust this has been delegated as set out in table 1 section 6.0. No one who has not been authorised should submit notifications to the CQC.

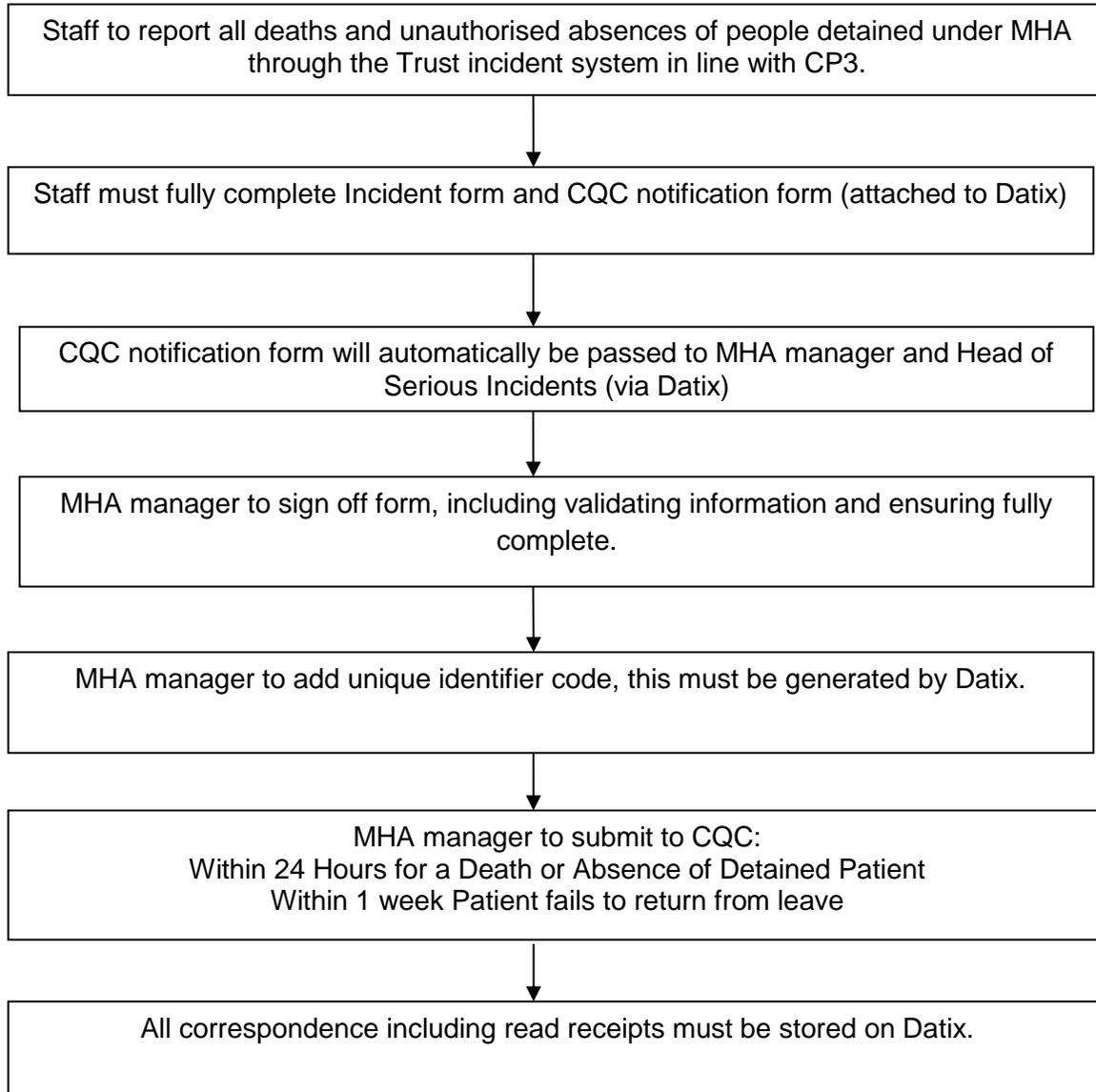
10.0 CHANGES TO STATEMENT OF PURPOSE / CHIEF EXECUTIVE AND OTHER CHANGES



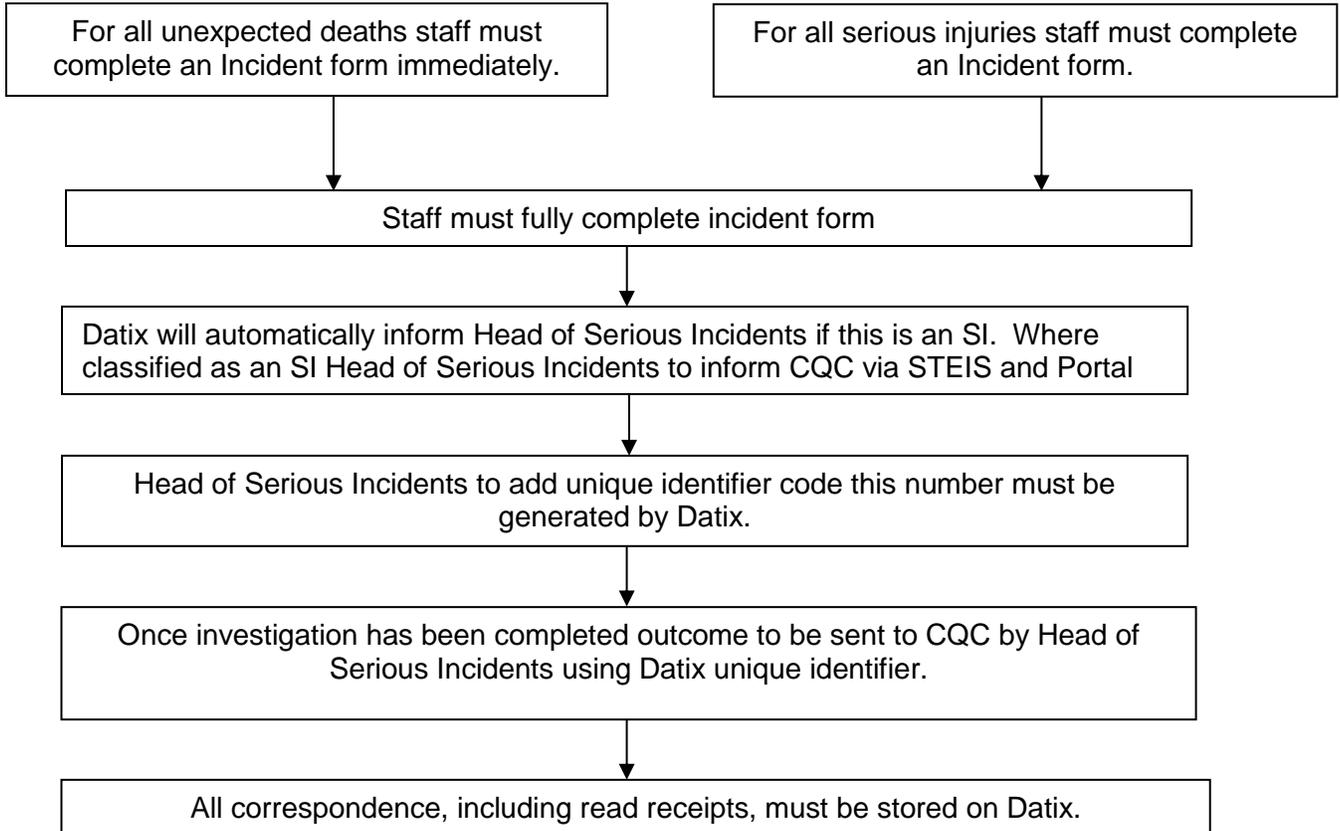
11.0 APPLICATIONS TO DEPRIVE A PERSON OF THEIR LIBERTY UNDER MENTAL CAPACITY ACT 2005



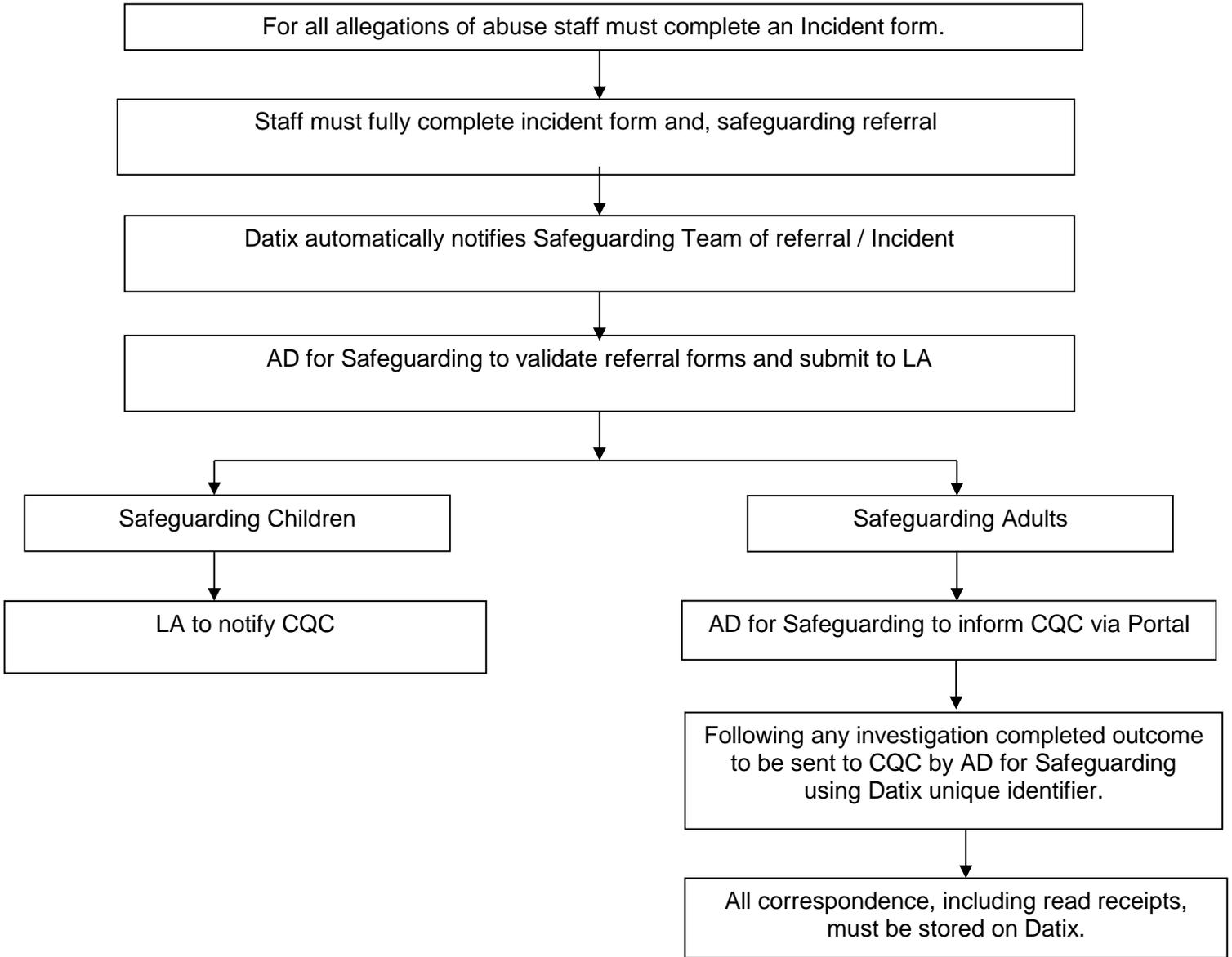
12.0 DEATHS AND UNAUTHORISED ABSENCES OF PEOPLE DETAINED UNDER MHA

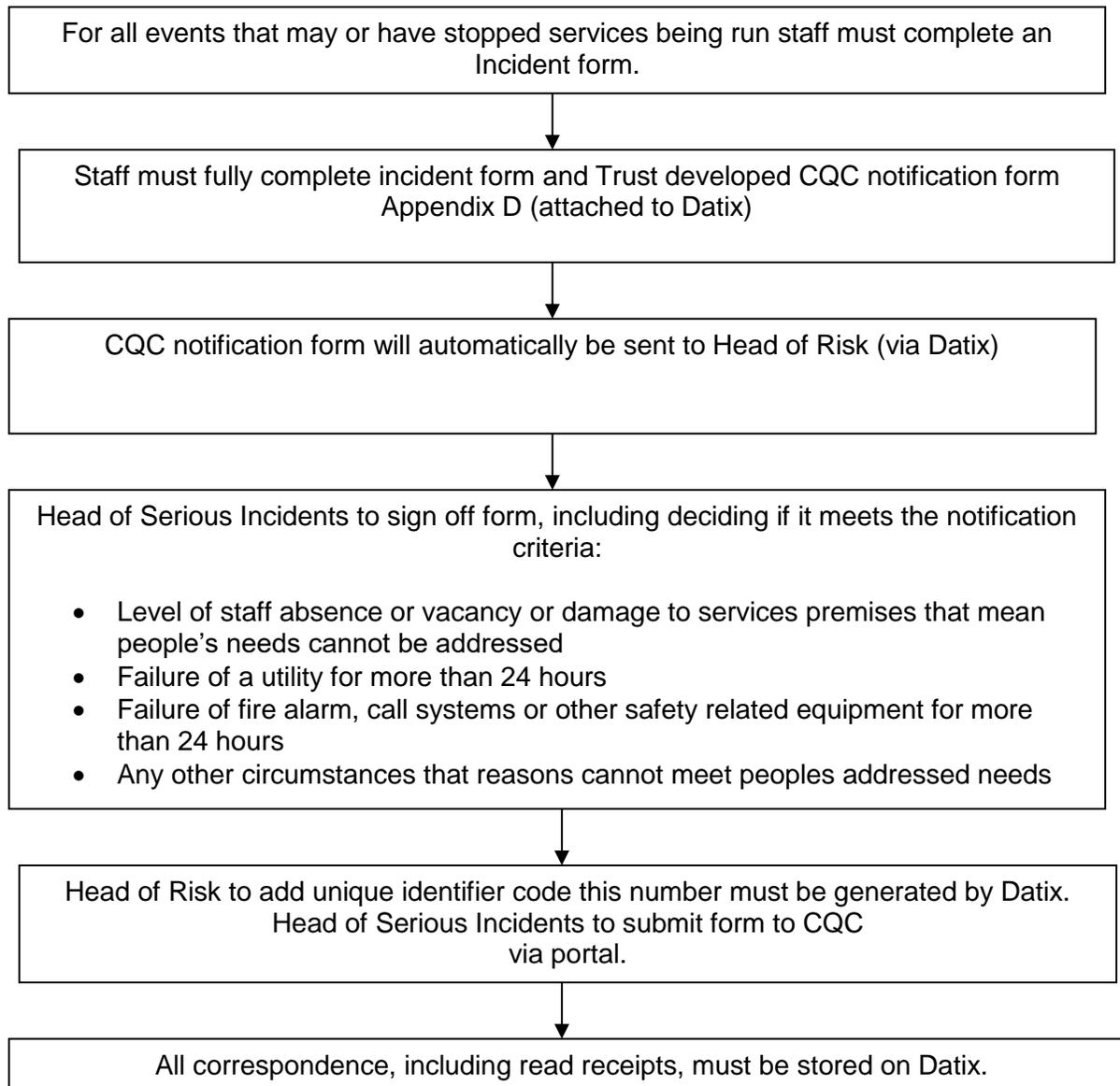


13.0 CERTAIN DEATHS and SERIOUS INJURED



14.0 ALLEGATIONS OF ABUSE



15.0 EVENTS THAT MAY STOP SERVICES BEING RUN**END**