

COUNCIL

Chief Executive's Report

Meeting: 13 May 2020

Status: For noting

Lead responsibility and paper authors Lesley Longstone (CEO & Registrar)

Council Lead(s): Gareth Hadley

Purpose

1. To provide Council with an update on recent developments.

Recommendations

2. Council is asked to note the CEO & Registrar's report.

Strategic objective

3. This work contributes towards the achievement of all parts of our new Strategic Plan and our 2020/21 Business Plan.

Background

4. The last report to Council was provided for its 26 February meeting.

Analysis

5. The recognition of Covid-19 as a pandemic since Council's last meeting has affected the work of the GOC profoundly. A separate paper has been produced for this agenda to appraise Council of the actions that have been taken or are planned to support the organisation, staff and external stakeholders.
6. While the GOC has continued to deliver all its core functions, it has been doing so increasingly remotely from the beginning of March. As part of our Business Continuity Planning, we had scaled up our use of laptops earlier in the year to enable home working and with only ten members of staff without, we were able to procure these relatively easily and implement off-site working.
7. The first to work from home were those classed as vulnerable themselves or living with others who were vulnerable. The last were our IT and Hearings teams and we have had on-going periodic attendance by Jacob Sanchez, our head of facilities. I am extremely grateful to all staff for the way in which they have responded to this crisis, maintaining our service to registrants and the general public throughout.
8. The impact of Covid-19 on the general public, patients and our registrants raised a raft of regulatory issues that we have also had to deal with. You will see in the

following sections that almost all regulatory areas have been impacted by the emergency in one way or another. Our Covid-19 taskforce met daily for the initial few weeks and now meets weekly to keep abreast of external and internal issues. We have also benefitted from regular meetings with other regulators, NHS colleagues and sector bodies. The GOC, while mindful of its core responsibilities has been keen to play a wider role in raising issues and facilitating conversations between other bodies where they, rather than we, can act.

9. We have sign-posted relevant government and public health authority guidance on our website and where guidance has not been forthcoming, we have worked with sector partners to highlight gaps and develop sector positions. The College of Optometrists has played a particularly important and valuable role in issuing guidance on a range of matters including Personal Protective Equipment (PPE).
10. We have issued several regulatory statements to enable the public and patients to be able to access eye care remotely wherever possible and we have been pleased to see the sector maintain a sufficient physical presence to deal with urgent eye care. At the time of writing, I am pleased to say that we are not aware of any Covid-19 related deaths among our registrants. There are undoubtedly many individuals and organisations who have suffered and continue to suffer financially from the emergency, only some of whom will qualify for various forms of Government support. The impact of Covid-19 on the long-term structure of the sector and its workforce is still not known but could be significant.
11. Covid-19 has been the backdrop to a range of other developments over the past three months and some things have been delayed, including permanent appointments to the Senior Management Team (SMT). Other work has had to be done differently, including the approach to the Education Strategic Review (ESR). Many other things have carried on regardless, including the extension of Leonie Milliner's appointment until the end of the year and an extension of her role to become Director of Education; the publication of our five-year strategy, Fit for the Future and a summary of our Business Plan, agreed with Council in February; and closure of this year's registration renewal exercise. Details on these and other achievements are summarised below.
12. We have also received the final PSA report for 2018/19, which shows that the GOC achieved 22 out of 24 standards, including all standards relating to professional standards and guidance, education and registration. We also met 8 out of 10 standards for fitness to practice, meaning we are doing extremely well overall. Our work to address timeliness is making good progress, with our open caseload down 47% on a year ago.

Standards

13. Some of the standards and legislation that we hold registrants to in the current Covid-19 context can potentially create a regulatory barrier to our registrants being

able to do the right thing for their patients and the general public. Very early on we and other health and social care professional regulators recognised this and issued a joint regulatory statement on our website, recognising that we would need to be flexible in the way in which these were interpreted. Since then, we have published a series of regulatory statements relating to specific questions that have been raised with us.

14. These include statements relating to:
 - remote consultations and prescribing;
 - supply of spectacles and contact lenses;
 - contact lens aftercare;
 - working in different settings, and
 - verification of contact lens specifications.
15. These statements have been consulted on, at speed, with key sector partners and have been widely welcomed. Some other statements have been paused pending clearer evidence of need and to allow more time for discussion. All statements are periodically reviewed for continued applicability as the situation unfolds and for any unintended consequences and/or need of greater clarity.
16. In addition to Covid-19, our supporting guidance on disclosing confidential information about patients was published in late February, to a very positive reception and this was followed by guidance on the use of the unlicensed drug Lissamine Green.

Education

17. We have been working closely with our education providers to anticipate and mitigate the impact of Covid-19 on our education work, resulting in the issue of several regulatory statements related to:
 - education provision generally;
 - education quality assurance;
 - CET requirements for individuals;
 - CET requirements for providers.
18. Providers have been reminded of things they are able to change with a simple notification to the GOC and of other things they need to seek agreement for. In total 40 applications have been made for variations to learning and assessment approaches, all of which were triaged and responded to within a two-week period. More than three-quarters have been completely closed, the remainder are subject to on-going dialogue. Wherever possible quality assurance visits are being delayed or done remotely to lessen the burden on institutions during an extremely busy time as they scramble to support existing students and prepare for a new student intake in September.

19. Our strategic work has also been impacted, with a 2-day Education Advisory Group (EAG) meeting straddling the announcement of lock-down. The group have responded brilliantly to a shift in approach toward remote consultation and development. Thus far, the work has been kept on track, but we recognise the pressures that all contributors are facing right now and our response is covered in more detail in the ESR paper for consideration at this meeting.
20. CET has also been impacted by the COVID-19 pandemic. Most CET provision is now delivered online rather than face-to-face, and we have delayed the start of our consultation on CET proposals by a month (now May 2020) to allow for maximum stakeholder engagement in light of the COVID-19 pandemic. We are working closely with sector partners to consider the best way to engage with them to understand the impact of our proposals, which include introducing a mandatory reflective exercise, using the Standards of Practice as the scheme's underpinning framework, as well as rebranding CET as Continuing Professional Development (CPD).

Registration

21. The COVID-19 lock-down was initiated part-way through our annual registration renewal process. The vast majority of people and businesses re-registered within the normal time frames. People raising concerns about fees were reminded of the low-income fee and a small number who had paid before the year commenced but changed their minds were offered refunds.
22. By the final date of registration 391 fully qualified registrants did not renew, excluding those who had planned to withdraw or retire, about four times more than normal. These registrants were contacted again and offered a further extension, with information about the process they would need to go through to re-register later. Subsequently 229 of these registered by the extended deadline, bringing overall levels of renewal to 97.7% for individuals and 96.5% for businesses compared to 97.5% and 95.9% for the previous year.
23. As well as running the usual renewal exercise the registration team have been working with the policy team to develop plans to invite retirees to re-register if demand begins to outstrip supply. So far, the feedback we are getting from sector partners is that this is not necessary, the curtailing of routine appointments and the shielding of the elderly and vulnerable members of the public means that there is excess supply. We continue to monitor this and the position of sub-groups including those with IP accreditation.

Casework & Resolution

24. The progress we had made recently in reducing open caseload continues to be seen in our data to the end of March. The caseload is now 47% lower than a year ago but is bound to be affected now by the pandemic. We are mindful of the damage that protracted **investigations** inflict and so our investigations are continuing wherever

possible but we would not for instance want to divert hospital staff away from operational priorities to search files or respond to our queries. Our approach has therefore been to consider next steps on a case-by-case basis, approaching practices where they are physically closed, but still operating remotely for instance and seeking to maintain momentum that has been built.

25. Our approach to the conduct of **hearings** was set out in a regulatory statement issued toward the beginning of the Covid-19 lockdown period and over time our approach and expectations of what can and should progress remotely has developed further. We have gone further than any other regulator in conducting substantive hearings remotely and are increasingly setting an expectation that if hearings cannot be held physically, they will be held remotely rather than adjourned, a position that has been buoyed by recent case law in the criminal courts.
26. Although there are some benefits, managing a remote hearing presents challenges for all parties including our staff and I commend them all for their willingness to adapt their ways of working, using and testing different technologies and ways to ensure that the public are still able to access our hearings.

Resources

27. Our priority in relation to **finance** during the past few weeks has been dealing with year-end activities and conducting a high-level impact assessment of Covid-19. Further detail can be found in the separate finance report, but we have ended the year well, with a favourable variance against plan for the year as a whole of almost £800k. This reduces the draw down from reserves that we would otherwise have had to make, particularly important in the current context.
28. We have assessed the immediate financial impact of Covid-19 as manageable now that renewal has closed, and registration income secured. There are some additional costs, including for IT, facilitation of home-working and extra staffing for remote hearings. Our forecast income from interest and dividends is also likely to be negatively affected. These costs however are likely to be offset by other work being managed at lower cost remotely and being stopped and/or delayed. The longer-term impact is likely to be more significant as the implications of the pandemic work their way through the system, potentially affecting the number of student, individual and business registrants.
29. The work of the **IT Team** has been critical to our response to the pandemic. They sourced and configured the last of our laptops in the first week of lockdown and have supported the organisation in its use of new applications including MS Teams. We have had to buy some license extensions and have upgraded Avaya, our telephone system. Staff have also been reminded of their information security responsibilities in their new working environment and took some decisions to minimise risk, including implementing a messaging and call-back service.

30. Our **HR team** have been supporting SMT and the organisation at large with the people implications of Covid-19, referencing government, ACAS, IOD and other advice as appropriate. We have issued amendments to our sickness, leave and core hours policies, developed new absence reporting arrangements and issued bereavement guidance to our staff. This and regular HR drop-in sessions have been well received.
31. Alongside Covid-related work we have continued to implement our staff engagement plan, developed in response to last year's staff survey. An update on progress, including significant work on EDI and reviews of policies and communications was given to staff at our first ever remote all-staff meeting. We have since introduced a new form of temperature check on staff engagement.
32. We have had a few suspected cases of Covid-19, none of them requiring hospitalisation, but are also conscious of the mental health strain of protracted isolation. We have reminded staff of the facilities already available to them through our staff benefits package and have ramped up our internal communications. The Staff Engagement Group (SEG) have organised daily coffee drop-ins which again have gone down very well.
33. Our **facilities** team have been instrumental in supporting us through the past few weeks, ensuring that we are abiding by our health and safety responsibilities toward staff. We had good signage and healthy supply of hand gels and since leaving the office, basic facilities have been maintained to ensure we are compliant with our insurance policy. Our switchboard is now managed remotely with a call back and voice mail forwarding facility and post is retrieved/ scanned and appropriately allocated on a weekly basis. We have offered HSE advice to staff on working from home and made arrangements for some equipment based on DSE self-assessments.

Strategy

34. Virtually all **policy and standards** resources have been re-purposed for Covid-19, liaising with partner organisations and developing positions underpinning the various regulatory statements. We participate in an NHS meeting for primary care professions on a weekly basis and a weekly forum with a number of sector bodies to discuss issues related to workforce deployment, within and outside the optical professions.
35. We have also been in liaison with the DHSC regarding emergency rule changes to underpin the various statements that we have issued to date. That work is progressing well and provides a good basis for thinking about further rule changes to support the department's legislative reform programme, which will now inevitably be delayed.
36. We continue to provide input to an external working group led by the Parliamentary

and Health Service Ombudsman (PHSO) on developing a complaint handling framework for frontline NHS staff, as well as observing the College of Optometrists' working group on their guidance for members due out later this year.

37. Our five-year strategy "***Fit for the Future***" and the ***2020-21 Business Plan*** have been published on our website. Because these documents were finalised before Covid-19 was declared a pandemic we took the decision not to do any formal communications, but to publish in line with our commitment to transparency. While accepting that Covid-19 will eclipse other priorities, monitoring our progress against the Business Plan will still be important to ensure that core services continue to be delivered and to highlight the impact on other priorities.
38. In other respects, we have been ramping up our ***communications***, including re-updating our existing website to reference Covid-19 related guidance, the introduction of a weekly registrant bulletin and increasing our social media presence. The response to this has been very positive and the development of Q&As has significantly reduced correspondence. We have also significantly increased our internal communications with staff to keep them apprised of the situation and decisions being made by our Covid-19 taskforce group – this has been important to keep things running in a rapidly shifting situation and has been positively received by staff.
39. Looking slightly further ahead, our ***website*** development project is progressing well. Because it is time critical and we have already had extensive user input we have taken the decision to press ahead with this, with a view to launching later this calendar year.

Secretariat

40. The Secretariat have supported several committees and a meeting of the Advisory Panel, held remotely due to the Covid outbreak. Despite some technological difficulties in our first meeting of this kind the feedback on a wide range of issues was extremely helpful. It was particularly valuable to be able to discuss Covid-related issues so early on in the crisis as we were just starting to develop our regulatory statements. The cross-cutting nature of Covid also proved the value of a unified advisory forum with members able to offer very different and valuable perspectives on a common issue.

External Developments

41. This report has focussed almost exclusively on the impact of Covid-19, but we have also been keeping a focus on Brexit developments, particularly the potential for a no-deal outcome at the end of the transition period. We continue to assess this as relatively low risk compared to some other regulators but will keep this on our strategic risk register until the end of the year.

External stakeholder engagement

42. Since the last council session, I have had meetings with Alan Clamp, the Chief Executive of the PSA and Dame Glenys Stacey, the PSA's new Chair. I also attended one day of the PSA Academic Research Conference where we heard about developments internationally as well as in the UK.
43. I have chaired two meetings of the Chief Executives of Regulatory Bodies (CEORB) group and one meeting of the Chief Executives Steering Group (CESG) whose membership includes departmental leads in all four nations and the PSA, alongside the CEOs of health and social care professional regulatory bodies. All these meetings focussed on cross-cutting regulatory issues, with a particular focus on management of the Covid-19 emergency.
44. I have had separate calls with a number of my regulatory colleagues including Duncan Rudkin, Andrea Sutcliffe and John Barwick, Chief Executives of the GPhC, NMC and HCPC respectively. I also met Ginny Hanrahan, my equivalent in the Republic of Ireland to discuss mutual recognition of qualifications and other topical regulatory matters.
45. I attended a meeting of the Health and Social Care Regulators Forum and followed up a presentation there with a meeting with Maureen Baker and Alannah McGovern from the Professional Record Standards Body (PSRB) to discuss areas of common interest.
46. I met with Carol Reece of NHS England and NHS Improvement, and with the Director of Strategy have attended a weekly NHS conference call – the Covid 19 Primary Care Clinical Stakeholder Forum, where we and other sector bodies have been able to raise issues of concern to our sector.
47. The Director of Education and I participated in a focus group organised by HEE regarding the Future Doctor. There were many parallels and implications for our own Education Strategic Review (ESR).
48. I met with the Chief Executives of the AOP, ABDO, the COO and FODO collectively to discuss and share information related to a range of issues in the optical sector and had telephone catch-ups with Ian Humphreys of the COO and Henrietta Alderman of the AOP.
49. I have latterly met virtually with staff of these same organisations on a weekly basis to discuss Covid-19 related issues, with a particular focus on the potential for workforce redeployment and the education and regulatory issues that would give rise to. One of those meetings was specifically focussed on potential deployment within the pharmacy sector and was attended by equivalent bodies from that sector.

50. The Director of Strategy (Interim) and I had a call with Onur Koksai, Dan McGhee and Nick Coton of Vision Express regarding flexibility in relation to verification of contact lens prescriptions. Our process for considering new flexibilities was explained and I agreed to consider their request alongside others currently being examined.
51. I met with Gary Stewart from our auditors Mazars on conclusion of our contract with them.
52. A range of other engagements by Directors are listed in Annex 1.

Finance

53. This paper requires no decisions and so has no financial implications.

Risks

54. The Strategic Risk Register has been substantially updated to include Covid-19 risks.

Equality Impacts

55. No impact assessment has been completed as this paper does not propose any new policy or process.

Devolved nations

56. We continue to engage with all four nations across a wide range of issues.

Other Impacts

57. No other impacts have been identified.

Communications

External communications

58. This report will be made available on our website, but there are no further communication plans.

Internal communications

59. An update to staff normally follows each Council meeting, which will pull out relevant highlights.

Next steps

60. There are no further steps required.

Attachment

Annex one – CEO and Directors Stakeholders Meetings

Meetings/visits since last Council meeting

Lesley Longstone CEO	Leonie Milliner Director of Education	Marcus Dye Director of Strategy (Interim)	Dionne Spence Director of Casework & Resolutions	Yeslin Gearty Director of Resources (Interim)
Mazars – Gary Stewart	GPhC- Mark Voce	Optometry Wales Council meeting	National Optometric Advisors Association – Sue Leighter	Celerity; Maggie Bramwell
Future Doctor Focus Group – Professor Sheona MacLeod	College of Optometrists - Sally Gosling	COVID-19 Primary Care Clinical Stakeholder Forum – organised by NHSE with optical stakeholders (commenced weekly Wednesday, 11 March and is ongoing)	Scottish Optical Conference	TIAA; Ashley Norman
Optical Sector CEO Meeting	Optometry Schools Council – Will Holmes	College of Optometrists – Sally Gosling/Olivier Deneve	NMC Council Meeting <i>Matthew McLelland, Emma Broadbent, Clare Strickland</i>	Brewin Dolphin: Philip Payne and Julian McCormack
CORU - Ginny Hanrahan	4 Nations meeting re-funding; Welsh Government- Janet Pooley & David O’Sullivan, HSCNI- Raymond Curran, NHS England & NHS Improvement- Poonam Sharma	Carole Reece – NHS England and NHS Improvement	AOP - Ella Franci and Sam Hatt	CTI; Steve Gale Mareeba and Richard Boardman
PSA Conference	ABDO –Alicia Thompson and Miranda Richardson	COVID-19 Deployment of Optometrists and DOs – GOC with optical stakeholders – weekly basis with FODO, College of optometrists, ABDO and AOP	Birmingham Optical CET Event – Peter Charlesworth	
PSA – Alan Clamp	COVID-19 Deployment of Optometrists and DOs –	COVID19 Sight tests	OCCS; Jennie Jones &Richard Edwards	

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C16(20)

	GOC with optical stakeholders – weekly basis with FODO, College of optometrists, ABDO and AOP			
PSRB – Maureen Baker and Alannah McGovern	NHS England & NHS Improvement- Omar Hussan	Vision Express – Dan McGee, Onur Koksil & Nick Coton x 2 meetings re COVID-19	Panel Firm meeting; Kingsley Napley, Capsticks & CMS	
HCPC – John Barwick	Future Doctor: Regulatory Bodies Focus Group Professor Sheona MacLeod / HEE	Care Quality Commission – Chris Rendell	Defence Stakeholder meeting	
NMC – Andrea Sutcliffe	Attendance at ABDO Academic Board Meeting/ presentation on ESR	General Dental Council – Colin McKenzie re COVID-19	Regulatory Reform meeting at the NMC	
GPhC – Duncan Rudkin	NHSE special schools service training and accreditation sub-group hosted by the College of Optometrists	Workforce Re-deployment – Optical stakeholders (commenced weekly Wed, 15 April to end May) + NHSE and PSNC and Pharmacy regulation (on Wednesday, 29 April)	Essilor Symposium	
CEORB	AOP Hospital Consultants’ Committee/ presentation on ESR	NHS England & NHS Improvement – Carol Reece	ABDO; Miranda Richardson	
CESG	Rachel Wallace and Simon Bullock, Quality Assurance Agency	Contact lens aftercare statement – David Parkins BP Optom		
NHS England & NHS Improvement – Carol Reece	Optometry Wales – Sali Davis	Joint Optical Committee of the European Union		
Covid 19 primary care clinical stakeholder forum – weekly from 11 March	Dr Kathryn Morrison & Dr Lesley Rousselet Programme Directors, NES			

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COVID-19 - weekly meetings with the Optical Confederation, FODO, CoO, ABDO and AOP	Professor Gino Martini, Chief Scientist Royal Pharmaceutical Society			
Onur Koksil, Dan McGee & Nick Coton, Vision Express	Buttercups, Nick Marler Head of Communications			
	Advisory Panel			
	Expert Advisory Groups March & May 2020			
	Funding Roundtable			