

COUNCIL

Chief Executive's Report

Meeting: 26 February 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 the 2020 Strategic Plan and our 2019/20 Business Plan.

Background

4. The last report to Council was provided for its November 2019 meeting.

Analysis

5. There has been significant change in the Senior Management Team (SMT) since our last meeting, with Subo Shanmuganathan and Alistair Bridge having left and Mark Webster attending his final meeting of Council in February. We are especially pleased to congratulate Alistair on his appointment as Director of Strategy for ABDO. His new role gave rise to conflicts of interest, which we noted and managed appropriately during his final few weeks with us, but we now look forward to working with him in a new capacity. Nicola Ebdon has also moved on to take on an exciting new role as Head of Governance at Chartered Society of Physiotherapy. I thank all of them for their service to the GOC and wish them well for the future.
6. Permanent positions will be advertised in due course, but in the meantime, I have made interim appointments, set out in the organisation chart at Annex 2. Marcus Dye has stepped up into the Director of Strategy role and Leonie Milliner has joined us as a Senior Education Adviser. When Mark leaves at the end of February, Yeslin Gearty will step up into his role. I am also pleased to announce the appointments of Erica Wilkinson as our acting Head of Secretariat, Christine Brown as our new Communications Manager and James Burstall as Head of HR.

7. In relation to COVID-19, we have placed links to the Department of Health and Social Care (DHSC) and Public Health England guidance onto our website and will include a further update in our next Registrant Bulletin. We, along with other healthcare regulators, are being kept up to date with the changing situation and given the opportunity to feed questions into the system. So far, we have received very few calls from registrants on this topic but are prepared should that position change.

Standards

8. Since Council's last meeting, we finalised our consultation and new guidance for registrants in relation to **Disclosing confidential information about patients**, including where they may not be fit to drive. The new guidance will be published on our website on 24 February 2020.
9. Information has continued to be added to our Business Standards microsite. We continue to provide input to external working groups led by the Parliamentary and Health Service Ombudsman (PHSO) and Nursing and Midwifery Council (NMC) on developing a complaint handling framework for frontline NHS staff and a shared vision of a 'just culture' respectively.

Education

10. Following a special meeting of Council on 5th December 2019 I wrote to the **University of Portsmouth** to give notice of our intention to withdraw provisional approval for their Master of Optometry programme. The University chose not to appeal that decision and so the withdrawal took effect on the 10th January 2020. The University also asked us to reconsider our decision in relation to the position of year 3 students to continue their studies at the University of Portsmouth for the remainder of the year to complete assessments in June 2020. A detailed analysis of new supporting information has now been completed and taking account of advice from Leonie Milliner, our Senior Education Advisor and from the Education Visitors Panel, I concluded that there was insufficient evidence to justify bringing this back to Council for further review. The University have been informed of the decision
11. Since my last report to Council the Education Advisory Groups (EAGs) for the Education Strategic Review (ESR) for Ophthalmic Dispensing and Optometry have met three times: 9th-10th December, 13th -14th January and 17th-18th February. The EAGs are focused on the detailed drafting of the ESR deliverables and are on track to meet the timescales outlined Q1 & Q2 of the implementation plan presented to Council in November 2019.
12. To support the work of the EAG and inform the drafting of the standards, we are exploring the possibility of co-commissioning independent research to gather evidence regarding the Regulated Qualification Framework (RQF) to help determine

the appropriate academic level for our new qualifications.

13. Alongside the detailed drafting of the outcomes (the knowledge, behaviour and skills individuals must meet in order to register) and standards (which describe the expected context for the teaching and assessment of the outcomes by the single point of accountability leading to the award of an approved qualification), both EAGs have begun considering our new quality assurance process. On the 24th February we are hosting a roundtable for providers, members of the Education Visitor Panels (EVPs), EAGs and other stakeholders to discuss in more detail the standards and proposed quality assurance process.
14. The purpose of the roundtables (which began in December) is to provide targeted engagement, bringing together key stakeholders on specific topics central to the success of the ESR. Our next roundtable is on 13 March 2020 examining the impact of the proposed changes on funding. Council members are warmly invited to attend any of these roundtables if they wish.
15. The implementation plan presented to Council in November 2019 included a short (4 week) consultation process on the outcomes and standards. Recent feedback suggests this is too short for stakeholders to respond effectively, particularly for organisations who need to consult members and for those representing patients and the public. These stakeholders may be less familiar with the ESR, but their voice is critical in shaping our proposals. We are therefore planning a longer (10 week) patient and public consultation following May Council, alongside verification (testing) of the outcomes using established verification methods (such as the Delphi method). The aim is to reflect on the results of the patient and public consultation and verification with the EAGs in late summer/ early autumn and prepare final proposals for Council's approval in November 2020.
16. A big topic of conversation over the past few months has been Apprenticeships. In November we received a petition regarding the potential for an apprenticeship in Optometry and the GOC's engagement in the process. There is evidently some misunderstanding regarding the role of the GOC, our engagement to date and our intentions, but the petition highlights several important considerations for us as a regulator that we will bear in mind if and when we receive a formal proposal. I have offered dates for a meeting with the Ophthalmic Practitioners Group and am looking forward to being able to discuss this issue further with them.
17. Preparatory work is continuing on our Continuing Education & Training (CET) reforms, including changes to CET rules to underpin the changes. We will shortly be going out to consultation on detailed propositions related to mandatory reflective practice, underpinning CPD with our Standards of Practice, rather than undergraduate competencies and rebranding CET as CPD. We have appointed Enventure Ltd as an external consultant to undertake this consultation.

18. In relation to the current CET cycle, we notified registrants who had not met the recommended points by the end of year one, of their shortfalls. 95.75% met their requirements and 4.25 % did not. It should be noted that the effect of our notifications reduced the non-compliance rate from where it stood at 40.75% at the end of October. We are planning to review our approach to reminders in the coming months to ensure that registrants do not become reliant on repeated GOC reminders.

Registration

19. Fully qualified registrant renewal opened on 20 January. As at 13 February 6,148 (26%) Fully Qualified and 1,206 (43%) Body Corporate renewals had been processed. This is slightly ahead of last year at this point. A full schedule of regular reminders has been prepared to ensure registrants do not miss the 31 March deadline. Direct debits totalling £2.72m will be processed on 1 March.
20. Alongside business as usual, the Registration Team have been sorting through a large number of physical archived files to ensure that their continued storage is appropriate and in line with our retention policy. 125 boxes have been processed thus far. In the process of doing this, the team has been able to check that paper qualifications held in those files are consistent with our electronic records. A sample of 200 records have been thoroughly checked thus far with no discrepancies found, giving further assurance regarding the validity of information we hold.

Casework & Resolution

21. Open case volumes are down by 30% on this time last year and a number of further changes resulting from the FTP Improvement Programme have been implemented, including our enhanced triage process, which concluded its pilot in December 2019.
22. Following consultation with our stakeholders we launched our year-long case management pilot on 3 February and next month sees the launch of our lessons learned bulletin, 'Focus'. Work is ongoing to strengthen our allegation drafting and embed the learning from our recent decisions audit. A fuller review of the programme will be shared at July's council meeting, however, these changes and the fall in caseload particularly, give us confidence that we are on track to meet our FTP timeliness objectives in late 20/21.
23. Following a competitive tendering process, we are pleased to announce that Nockolds have retained the contract for provision of the Optical Consumer Complaints Service. The new three-year contract will start in April 2020 and will continue to provide an important avenue for customer complaints that do not meet our acceptance criteria.

Resources

24. Finances are reported separately, but in summary we continue to progress well against our in-year and three-year financial plans. Our efficiency programme has so far identified savings of over £1.3m and further savings are anticipated from additional investment in ICT.
25. In recent months the IT Team have undertaken a large amount of work related to IT Security. This has included Cyber Security Training for all staff, a number of phishing campaigns to improve staff awareness as well as Internal and External Penetration Testing undertaken by an outside company. The staff response to the phishing campaigns was very satisfactory with only a small number being misled. We have provided additional training where necessary and have heightened awareness of IT security issues across the organisation.
26. The Penetration Testing did not identify any critical vulnerabilities. The vulnerabilities that were identified are now being addressed by IT and Celerity. Further security work is planned over future months including further phishing exercises, the introduction of Multi Factor Authentication (MFA) and adding further levels of security.
27. A Disaster Recovery test was carried out in January, involving all our IT suppliers and staff across the business and was highly successful. Areas for improvement were identified but the exercise overall provided confidence that if Celerity's data centre became inoperable that our data would remain secure and an IT service could be restored using a planned and documented approach.
28. We have undertaken, and will publish alongside our annual report, a gender pay-gap analysis relating to our own staff. This shows that differences in pay between men and women are minimal, using both mean and median averages. Because we have fewer than 250 staff, we are not required to publish, due to the wide variations that can occur when percentages are based on small numbers. RemCo agreed however that we should publish, with this proviso, in line with our commitment to transparency.
29. A number of key HR policies are now in the final stages of review in accordance with our new procedures for engaging staff. This includes the draft policies for Grievances, Disciplinary Proceedings, Performance Improvement, Maximising Attendance and Whistleblowing. This was a key commitment resulting from the last staff survey.
30. Other actions that have been progressed include further development of the EDI network groups, an ongoing programme of wellbeing activities, further training sessions for both staff and managers and we have commenced a review of flexible working practice across the GOC.

Strategy

31. Since Council's last meeting we have left the European Union and entered a transition period up to 31 December 2020. We have updated our website and communications accordingly. Thus far we have not identified any significant operational impact and no issues have been raised by partner organisations. Our attention will now shift to preparing for the end of the transition period.
32. The DHSC is continuing to develop proposals for regulatory reform in relation to FTP and governance, the latter giving Council more say over rules in all areas of the business. We have prioritised and cross-checked our requirements for legislative change in these areas, prioritising those with the greatest public safety, customer service and efficiency benefits, and are satisfied that the vast majority will be enabled through the proposals.
33. Business regulation is unlikely to be tackled in the same timeframe, but we will continue to develop our thinking as set out in our Corporate Strategy, which we have consulted on over the past few weeks. This is covered in a separate agenda item, but we were pleased with the engagement we received and have been able to reflect a number of suggestions in the amended draft before Council.

External Developments

34. Two recent failures in the medical world (Paterson and Shah) have once again highlighted issues regarding the effectiveness of healthcare regulation.

(i) Paterson Inquiry report publication – 7 February 2020

This Inquiry focussed on the practice of former surgeon, Ian Paterson, following his conviction in 2017 for multiple counts of wounding against patients on whom he had operated. The Government commissioned the inquiry to investigate the impact of his malpractice and make recommendations to improve patient safety.

Headline findings which may be more widely applicable to professional and systems regulators are as follows:

- Culture of complicity within the healthcare team – many healthcare professionals working directly with Paterson either did not notice, or did notice but failed to act, that inappropriate tests and treatment had taken place
- Inappropriate and insufficient checks and balances within the systems in which he worked (he was able to bypass these freely and with no consequence – lack of proper consent from patients was specifically mentioned as an issue). This was particularly the case within the private sector (Paterson worked across NHS and private hospitals)
- Inappropriate and insufficient checks and balances further up the food

chain (i.e. in systems and professional regulators) to mitigate prospect of harm by a 'rogue surgeon'

- Further detail can be found here: <https://www.patersoninquiry.org.uk/>

(ii) Dr Manis Shah conviction

Like Paterson and coming shortly after, the recent conviction of Dr Manish Shah for numerous sexual offences related to vulnerable patients and in the guise of patient care, poses serious questions for the public's trust in the current system of healthcare and its regulation.

35. We will be reviewing the reports in some detail through our Policy Review Group and extracting learning and relevant actions for the GOC arising from the reports.

External stakeholder engagement

36. Since the last council session, I have had meetings with Alan Clamp, Chief Executive of the Professional Standards Authority, Duncan Rudkin CEO of the General Pharmaceutical Council and Matthew Redford, Acting CEO of the General Osteopathic Council. I attended a farewell reception for Marc Seale, CEO of the Health and Care Professions Council.
37. I have met twice with other regulatory colleagues as part of the Chief Executives of Regulatory Bodies (CEORB) group and attended the Health and Social Care Regulators Forum. All these meetings focussed on cross-cutting regulatory issues.
38. I had an introductory meeting with Debbie McGill, who was appointed Head of Policy and Public Affairs for ABDO where we discussed the organisation's objectives and vision for the profession in the future. The Chair and I also met with the CEO, Tony Garret and Clive Marchant. I was also very pleased to attend the 2019 ABDO Graduation & Dinner.
39. 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. I also met with Mike Ockenden and Christian French of the Association of Independent Optometrists (AIO) and was pleased to attend the festive lunch for the Worshipful Company of Spectacle Makers.
40. I have continued to attend meetings of the NHS People Plan Advisory Group and met with Keith Ridge (NHS Improvement and NHS England) to discuss developments in pharmacy and possible parallels with optometry.
41. A range of other engagements by Directors are listed in Annex 1.

Finance

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

Risks

43. There are no risks arising from this update not already captured in the Strategic Risk Register, which has been reviewed in this period.

Equality Impacts

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

Devolved nations

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

Other Impacts

46. No other impacts have been identified.

Communications

External communications

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

Internal communications

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

Next steps

49. There are no further steps required.

Annexes

Annex 1 – Organisation Chart

Annex 2 - Director Stakeholder Meetings

Subo Shanmuganathan / Leonie Milliner Director of Education / Senior Education Advisor:	Alistair Bridge / Marcus Dye Director of Strategy:	Dionne Spence Director of Casework & Resolutions	Mark Webster Director of Resources:
NHSE- Manda Copage & Celia Hutton	GDC- Matthew Hill	National Optometric Advisors Association – Sue Leighter	Celerity; Craig Aston & Maggie Bramwell
Verily- Florence Thng	HMRC Project meeting; John Milburn, Russell Kirk, Anthony Simpson	Scottish Optical Conference	Mazars; Gary Stewart
OSCI Observation at Royal College of Emergency Medicine	Eye Health Forum at the DHSC	NMC Council Meeting <i>Matthew McLelland, Emma Broadbent, Clare Strickland</i>	Brewin Dolphin: Philip Payne
HEE- Beverley Harden	School of Healthcare Sciences; David Whitaker	AOP - Ella Franci and Sam Hatt	haysmcintyre; Adam Halsey
Institute for Apprenticeships and Technical Education- Bhavena Patel	Guide Dogs; Carl Freeman	Birmingham Optical CET Event – Peter Charlesworth	E B Partnership; Charlie McCall
GPHC- Mark Voce	BCLA; Cheryl Donnelly	OCCS; Jennie Jones & Richard Edwards	
Health & Social Care Information Centre; Ophthalmology Round Table	PSA; Dan Scott & Christine Braithwaite	Panel Firm meeting; Kingsley Napley, Capsticks & CMS	
UCLAN visit- Rupal Patel	PSA; Daisy Blench	Defence Stakeholder meeting	
Post Reg & Advanced Nurse Regulation Discussion; NMC-Anne Trotter GOsC- Fiona Browne HCPC- Katherine Timms GCC- Penny Bance	Prison Opticians; Tanjit Dosanjh	Regulatory Reform meeting at the NMC	
Huddersfield University- John Siderov	Mazars; Abbie Francis-Pike, Thu Nguyen, Melita Fearnley	Essilor Symposium	
Welsh Government- David O’Sullivan	Business Standards Conference; Vicky Vine (AOP), John White (Optometry UK), Peter Hampson (AOP)	ABDO; Miranda Richardson	
Barry Mitchell? 12 AUG	PSA; Policy and research Forum		
NHS England & NHS Improvement- David Geddes & Ben Dyson	Optometry Scotland; David Quigley		
GDC- Manjula Das	My Optique; David Hutchfield		

NHS- Melanie Hingorani	Specsavers; Paul Carrol		
GMC- Tim Aldrich	Telecon- JOCEU; Henrietta Alderman (AOP), Ian Humphreys (College of Optometrists), Harjit Sandhu (FODO)		
UoP- SMT	NHS England & NHS Improvement; Carole Reece & Richard Everitt		
BCLA- Cheryl Donnelly	Regulatory Reform meeting at the NMC		
NHSE- Kate Branchett	FODO; Harjot Sandhu, David Hewlett, Alan Tinger		
HEE- Wendy Reid	AOP; Tony Stafford & Jacqueline May		
Council of Deans of Health- Fleur Nielson & Josh Niderost	AOP; Tony Stafford & Christopher Stean		
College of Optometrists- Sally Gosling	Mazars; Gary Stewart		
4 Nations meeting re-funding; Welsh Government- Janet Pooley & David O'Sullivan, HSCNI-Raymond Curran, NHS England & NHS Improvement- Poonam Sharma	College of Optometrists – Sally Gosling		
OCCCF & RCOphth- Imran Jawaid	FODO – David Hewlett		
Gatenby Sanderson research event	Optometry Wales – Sali Davies (CEO), Lisa Gerson (Chair)		
GMC- Phil Martin			
RCGP Chair - Professor Martin Marshall			
ABDO – Tony Garret, Alicia Thompson			
OSC – Will Holmes & Phil Morgan			
MREH/BIOS Victoria Greenwood			
Bev Harden & Richard Collier HEE Advanced Practice			
NHS England & NHS Improvement- Kate Branchett.			