BrisDoc Patient care by people who care

NHS

CQC Notification Process – Governance Team SOP

Version:	Owner:	Created:
1.0	Traci Clutterbuck	01/09/2027
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08/09/2026	Rhys Hancock	01/09/2027

Contents

CQC Notification Process – Governance Team V1.0

Purpose

To provide a clear process for the **identification, preparation, approval, and submission of statutory notifications** to the **Care Quality Commission (CQC)**, ensuring compliance with regulatory requirements and effective governance oversight.

To deliver a robust governance process to ensure all statutory notifications are identified, reviewed, and submitted appropriately, with clear, timely, accurate and transparent oversight and audit trail.

Scope

This SOP applies to:

- Governance Team (Gov Team)
- Registered Manager(s)
- Nominated Manager
- All services and incidents requiring CQC notification

Process

Identification of a Potentially Notifiable Event

An event is identified which may require CQC notification, for example:

- Learning event, complaint, safeguarding concern
- Serious incident or adverse outcome
- Police involvement
- Service disruption

This could be identified by the governance team or a registered manager.

Information Gathering

The Governance team will pull and collate all relevant information e.g.:

- Case records
- Voice recording
- Information/evidence compiled for the LE

Ensuring information is **factually accurate and complete**

Notification Preparation

The Governance Team must:

1. Access the latest CQC notification guidance via: https://www.cqc.org.uk (search “CQC notifications”)
2. Download the correct and most up-to-date notification form
3. Use internal appendix/reference material to confirm:
    a. Organisation ID

   b. Service ID
   c. Location ID
4. Complete Draft Notification ensuring:
   a. Information from Case(s), VR, or information within LE folders is used
   b. There is a clear and factual description of events
   c. No patient or GP identifiable information unless specifically requested
   d. No speculation or opinion
   e. All required fields completed

Internal Review & Approval

The Governance Team will share the draft notification with:

- Registered Manager(s) for the relevant service
- Nominated Manager

This will include:

- Completed draft notification form
- Supporting information to aid CQC Notification – Rationale (Case(s), VR, or information within LE folders)

Approval Process

The Registered Manager for the relevant service, or in their absence, the Nominated Manager will provide confirmation to proceed and approve the draft version of the notification.

Notifications must not be submitted without Registered Manager/Nominated Manager approval.

Submission of Notification

Using the approved notification the Governance team will submit via CQC Provider Portal (where applicable) or, if not possible submit via email (Notification Form).

Record Keeping and Filing

Once submitted, the Governance team will save the completed notification and confirmation email / portal receipt in:

S:\GOVERNANCE TEAM\CONFIDENTIAL - DAC\7. CQC\Notifications

Ensuring the correct folder is selected and the file naming is clear and consistent.

Communication and Governance Oversight

The Governance Team must confirm completion with the relevant Registered Manager and Nominated Manager and add the notification to the Governance Team weekly meeting agenda. This is to share updates, ensure oversight and to identify themes and learning.

Appendices

Appendix 1 - Services

Name of service provider:
Brisdoc Healthcare Services Limited
Address of service provider: 21 Osprey Court
Hawkfield Way, Hawkfield Business Park
Bristol
Avon
BS14 0BB
Provider ID 1-199760373
Nominated Manager Mr Rhys Hancock Director of Nursing, Allied Health Professionals and Governance

For Severnside notification see below (Our individual bases are not locations)
BrisDoc Healthcare Services - Osprey Court
21 Osprey Court
Hawkfield Way, Hawkfield Business Park
Bristol
Avon
BS14 0BB
Location ID 1-374490480
Registered Manager Renuka Suriyaarachchi IUC Head of Nursing & AHPs & Dr Rebecca Cooke IUC Deputy Medical Director

Broadmead Medical Centre
59 Broadmead
Bristol
BS1 3EA
Location ID 1-374490463
Registered Manager Dr Rachael Hardaker Lead GP

Charlotte Keel Medical Practice
Seymour Road
Easton
Bristol
BS5 0UA
Location ID 1-5051788184
Registered Manager Dr Andrea Priestley Lead GP

Homeless Health Service
Compass Centre
Jamaica Street
Bristol
Avon
BS2 8JP
Location ID 1-2921768476
Registered Manager Dr Lucy Pope Lead GP

Appendix 2 – Notification Form

CQC Notification – Rationale

Incident Overview

☐ Clinical
☐ Safeguarding
☐ Operational
☐ Staff-related
☐ Environmental
☐ Other: _____

Summary of Incident
Provide a clear, factual summary (no opinion or blame):
(Brief description of what happened, who was involved, and immediate context)
…..

Information Sources Reviewed
Tick all that apply:
☐ Incident report
☐ Clinical records
☐ Call recordings / triage logs
☐ Learning Event information
☐ Safeguarding referral
☐ Police information
☐ Staff statements
☐ Other: _____

CQC Notification Decision Framework
Did the incident involve a service user?
☐ Yes
☐ No
If No → Not notifiable (unless service delivery impacted)

Did harm occur or could harm have occurred?
☐ Death
☐ Serious injury
☐ Deterioration in condition
☐ Delay impacting outcome
☐ No harm / low risk

Is there a safeguarding concern?
☐ Yes
☐ No
- Abuse suspected/alleged/confirmed

- Vulnerable patient at risk
- Staff implicated

Was there police involvement?
☐ Yes
☐ No
If yes:
☐ Related to safeguarding
☐ Related to harm/risk
☐ Not related to patient safety

Rationale:
…..

Did this affect service delivery?
☐ Yes
☐ No
Examples:
- Service disruption
- Staffing issues
- System failure

Did a staff member's actions impact patient safety?
☐ Yes
☐ No

Did environment/equipment pose a risk?
☐ Yes
☐ No

Decision Outcome
☐ NOTIFIABLE TO CQC
☐ NOT NOTIFIABLE TO CQC

Rationale for Decision
Provide a clear explanation:
…..

Additional Actions Taken
Tick all that apply:
☐ CQC notification submitted
☐ Safeguarding referral made
☐ Duty of Candour applied
☐ Serious Incident process initiated
☐ Internal investigation
☐ No further action required
☐ Other: _____

Approval & Oversight

- **Completed by (Governance Team):**
- **Date:**
- **Reviewed by Registered Manager:**
- **Date:**
- **Nominated Individual (if required):**
- **Date:**

Version Control

Date	Version	Author	Change Details
20.03.26	1.0 draft	TC	Draft document for review
01.09.26	1.0	TC	Version 1 for publication