

H.M. Coroners Office

For the attention of:
Dr Karen Henderson, Assistant Coroner
Surrey Coroners Court

22 April 2024

Dear Dr Henderson,

Care Quality Commission:

Response to prevention of future death report following an inquest into the death of Sarah Louise Sutherland

Thank you for naming [REDACTED], Chief Executive of the Care Quality Commission (CQC) as a respondent in the Prevention of Future Death report issued following the death of Sarah Louise Sutherland on 17 December 2022.

We note that the concern raised in the Prevention of Future Deaths Report at part 5 are as follows:

1) Guidelines for regulation and management of private psychotherapists.

- a) The psychotherapist did not fulfil the UKCP (of which she is a member) Code of Ethics and Professional Practice by failing to keep any clinical records in the care she provided to Ms Sutherland, nor has her practiced changed since Ms Sutherland's death.**
- b) The psychotherapist did not at any time undertake risk assessments and blurred if not crossed the boundary of a therapeutic relationship between a therapist and a client.**

Unfortunately, the CQC is unable to provide reassurance required regarding this concern or to comment upon it. The private practice where Sarah Louise Sutherland received psychotherapy is not registered with CQC and therefore not regulated by the CQC. The psychotherapist would not be required to register with CQC unless she was providing a regulated activity as defined in section 8 of the Health and Social Care Act 2008 and Part 1 paragraph 2 of the Health and Social

Care Act 2008 (Regulated Activities) Regulation 2014. There is no evidence at this time that suggests she was providing a regulated activity requiring registration and regulation by the CQC.

██████████ appears to work alone as an 'individual' and offers a range of talking therapies for people with a range of mental health concerns.

Searches of the following registers find no additional registration information to indicate Ms Woodhall is a health care professional as defined in the health and social care act and associated regulations <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/legislation>

- General medical Council
- Nursing and midwifery Council
- Health and care professions Council
- Social Work England

The regulated activity considered in this case is the treatment of disease, disorder or injury. The HSCA 2008 defines this regulated activity as follows:

Treatment of a disease, disorder or injury covers a wide range of treatments. We don't provide a complete list here, but it includes examples such as:

- *emergency treatment*
- *ongoing treatment for long-term conditions*
- *treatment for a physical or mental health condition or learning disability*
- *giving vaccinations or immunisations*
- *palliative care.*

This regulated activity applies to the treatment of disease, disorder, or injury in any setting, for example hospitals, clinics, hospices, ambulances, GP and dental surgeries, community services, and care homes.

This activity covers a treatment that is:

- *provided by or under the supervision of a defined list of healthcare professionals (see what this means in our glossary of terms) or by a multi-disciplinary team that includes a listed healthcare professional, or*
- *provided by or under the supervision of a social worker where the treatment is for a mental disorder, or by a multi-disciplinary team that includes a social worker where the treatment is for a mental disorder, and is*
- *for a disease, disorder or injury.*

It is acknowledged that the deceased was in receipt of therapeutic interventions in the community from [REDACTED]. However, in order to meet the scope of registration, the treatment would need to be provided under the supervision of a listed healthcare professional.

At this time, and based on the information available to us, there is no evidence that [REDACTED] meets the definition of a healthcare professional, and therefore would not be required to register with CQC for the regulated activity treatment of disease, disorder or injury.

We do not consider any of the other regulated activities appropriate in this case.

We understand that [REDACTED] is registered with UK Council of Psychotherapy. UKCP are better placed than CQC to act in the regulation and management of private psychotherapists.

2.) Proactive need for co-ordination of NHS mental Health services and Private Psychotherapy

- a) Following Ms Sutherland's death, Surrey and Borders NHS Foundation Trust have, as long as client consent is obtained, introduced a 'standard process for communication with private providers of psychological therapies'. However, there is a national lack of co-ordination of treatment and communication between NHS and private providers of mental health care with no formal or informal mechanism or processes in place to liaise with each other to ensure the best mental health care and safety of their clients.**

CQC welcomes the action taken by Surrey and Borders Partnership NHS Foundation Trust to implement a process to standardise communication with private providers of psychological therapies.

While CQC share the Coroner's concerns in relation to the lack of a formalised mechanism for liaison and communication between NHS and private providers this is outside the scope of our regulatory powers. NHS England are better placed to act in setting requirements and expectations for improving this coordination of services.

We appreciate the Coroner raising these concerns with CQC, since receiving the Regulation 28 report we have reviewed the information relating to the death in line with our regulatory process and methodology. Whilst we don't consider there is any regulatory action that currently needs to be taken we will continue to monitor the trust and any new information that we receive in line with our internal process and methodology

If you have any further queries, please do not hesitate to contact us further.

Yours sincerely

[Redacted Signature]

[Redacted Name]
Deputy Director
South Network