

Board of Directors meeting: Thursday 16 July 2009

BD2009.62

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| Subject | Registration with Care Quality Commission | | | |
| Purpose of paper | <p>All providers of health and adult social care services are required to register with the Care Quality Commission with respect to their activities. Registration will come into effect from 1 April 2010 for all NHS Trusts including Foundation Trusts.</p> <p>This paper briefs the Board on the requirements for registration, how compliance with the relevant regulations will be measured, and the process for registration.</p> | | | |
| Board Lead(s) | Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership | | | |
| Background papers (if any) | Care Quality Commission: Guidance about compliance with the Health and Social Care Act 2008 (Registration Requirements) Regulations 2009 | | | |
| Action/decision required | To note the requirements with respect to the registration of regulated activities carried out by the Trust; to note the outcomes by which compliance with registration and law will be demonstrated; to note the timetable for the registration process; and to consider other ways in which greater understanding of the whole process might be achieved. | | | |
| Key purpose | Strategy | Assurance | <u>Policy</u> | <u>Performance</u> |
| Strategic Goal(s) | All and in particular SG1: to be hospitals of choice | | | |
| Strategic Objective(s) | <p>All and in particular:</p> <p>SO7: To provide demonstrably excellent clinical outcomes and indicators of patient safety</p> <p>SO8: To improve the overall patient experience by offering excellent customer care.</p> | | | |
| Links to Board Assurance Framework/ Trust Risk Register/Annual Health Check element(s) | Compliance with the required regulations is included within the BAF and Trust Risk Register. Regulation will replace compliance with core standards. | | | |
| Also considered by | - | | | |

Oxford Radcliffe Hospitals

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| Resource and financial impact | No fee is payable for the initial registration, but there is likely to be a recurrent annual fee to bring NHS in line with bodies currently registered under the Care Standards Act. Fees are not yet known, but should be announced towards the end of 2009, when final arrangements on regulations will be published. |
| Consideration of legal/equality/diversity/engagement/risk issues | Registration is a legal requirement under the Health and Social Care Act 2008 (Registration Requirements) Regulations 2009 |
| Acronyms and abbreviations used | CQC: Care Quality Commission |
| Author | Mrs Megan Turmezei, Associate Director of Governance |

Registration with the Care Quality Commission (CQC)

Introduction

1. The legal framework for the regulation of health and adult social care is changing. From 1 April 2010, all providers are required to register with the CQC in order to be able to operate. Providers will need to show that they are meeting a wide range of essential standards of safety and quality set out under the Health and Social Care Act 2008 (Registration Requirements) Regulations 2009.
2. Registration is intended to ensure that regulated providers meet the essential standards and build on firm foundations for the delivery of care. The CQC will expect providers to make improvements, where they are needed, to meet these standards. Registration will be at the corporate body level; that is, the Trust will be the registered body, and it will not be necessary for each hospital to be registered. NHS providers do not require a registered manager unless the CQC mandates it as a condition of registration.

The approach of CQC

3. Guidance has been produced for each of the Regulations being taken through the Parliamentary process, and due to come into effect from 1 April 2010. Definitions on terms used throughout the Regulations have been included in the guidance as Appendix A: Glossary, together with Appendix B Schedule of Applicable Guidance for a number of the Regulations.
4. Currently, 30 Regulations apply across six Sections which cover 23 Outcomes although it is anticipated that some of these Regulations will not apply to acute hospitals¹. A further five are still in draft. The final version of all Regulations will be submitted for Parliamentary approval later in 2009. (Further information on the Regulations and the Outcomes is given in Appendix A).
5. Registration applies to providers that carry out regulated activities in providing health or adult social care. As an acute trust, the ORH has these regulated activities:
 - 5.1. accommodation for persons who require nursing or personal care
 - 5.2. (to be confirmed²) accommodation for persons who require treatment for substance abuse
 - 5.3. treatment of disease, disorder or injury
 - 5.4. (to be confirmed²) assessment or medical treatment for persons detained under the 1983 Act
 - 5.5. surgical procedures
 - 5.6. diagnostic procedures
 - 5.7. (to be confirmed²) transport services, triage and medical advice provided remotely

¹ R3: Fitness of service provider; R5: Fitness of Registered Manager, R6 Registered Person: general requirements and training R24: Financial position; R26: Notice of absence; R27: Notice of changes; R 28: Notification of incidents and R30: Fees etc. BUT to be confirmed

² To be confirmed indicates that the service type might be registered under this regulated activity

- 5.8. maternity and midwifery services
- 5.9. termination of pregnancy
6. All relevant Regulations will apply to all the above activities. The provider will be required to declare compliance with the regulatory requirements. The exact nature of the registration process has not been finalised. However, it is likely to be similar to the procedure used for registration relating to healthcare associated infections, with the Board expected to declare its state of full-, part- or non-compliance with the applicable Regulations for all its regulated activities. It is expected that the nature of any part- or non-compliance with Regulations, and the action plan to address it, would be included in the declaration form, and that the CQC would take account of its contents when checking applications for registration.
7. Both generic and specific guidance has been prepared on the Regulations and the related outcomes. The generic guidance is broken down into six sections which cover all Regulations as below. Each section contains at least one subsection, and in most cases at least three subsections:
 - 7.1. Section 1: Involvement and information
 - 7.2. Section 2: Personalised care, treatment and support
 - 7.3. Section 3: Safeguarding and safety
 - 7.4. Section 4: Suitability of staffing
 - 7.5. Section 5: Quality and management
 - 7.6. Section 6: Suitability of management
8. The specific guidance for acute hospitals provides more detail in relation to a number of outcomes. For example, it will be a requirement of Outcome 2 (Regulation 16: consent to care and treatment) that staff understand the specific arrangements for seeking consent when a person is taking part in clinical research. With respect to Outcome 11 (Regulations 19, 20 and 21: making sure that people who use services are supported by arrangements for the fitness of workers, staffing and supporting staff) people who use services know that they are treated by staff who carry out sufficient levels of activity to maintain their competence, including in relation to specific anaesthetic and surgical procedures, taking account of guidance from relevant expert or professional bodies.
9. The Applicable Guidance lists applicable publications relating to a number of Regulations. Eight Regulations specifically require the provider to take account of published research and guidance, including R7: care and welfare of service users; R16: consent to care and treatment and R22: cooperating with other providers. This means that the provider must consider the guidance listed in the Schedule that is relevant to their services as the CQC will look at this when making decisions about compliance. For example, for Regulation 7: Care and Welfare of service users, publications include the NHS Constitution, National Service Frameworks including Mental Health and Older People, and Being Open – communicating patient safety incidents with patients and their carers.
10. The timetable for 2009/10 is as follows:

- 10.1. October 2009: Annual Health Check for 2008/09 published (includes a rating for quality and for the quality of financial management)
- 10.2. November 2009: Trusts submit declarations on core standards for the seven months to the end of October 2009.
- 10.3. January 2010: CQC selects trusts for checking AND trusts submit applications (on line) for 2010 registration
- 10.4. February and March 2010: CQC – follows up trusts to check applications for registration (including checks of declarations on 2009/10 core standards)

Regulations and Outcomes

11. In order to explain how the Regulations will work, and how organisations might be expected to achieve and demonstrate compliance, two examples illustrate the approach and range and how existing processes that assure the Board on compliance across core standards can be translated.
12. It is intended to show how detailed many Regulations are, and the specifics in relation to the stated outcomes and depth of expectation being placed on the provider to meet the outcome. The examples cover Regulation 15 and Regulation 11 from (respectively) Sections 1 and 3 and are included in Appendix B.

Process to be followed

13. Over the coming weeks, there will be further preparations for registration, to ensure that the detail of the Regulations and the outcomes is understood across the organisations. Individual Board leads will be identified for each Regulation, so that they can take the necessary steps within these areas to prepare for registration.
14. The Director of Nursing and Clinical Leadership will coordinate the process, supported by the Associate Director of Governance who will act as the link with the CQC and deal with the on-line registration process due to start in mid-January 2010. Both have attended a CQC consultation event on registration and were able to speak directly with CQC staff and colleagues from health and social care.
15. Clarification is being sought of the exact declarations to be made within the registration process. It is anticipated that it will be similar to the process followed for the healthcare-acquired infections registration earlier in 2009. Further guidance from the CQC is expected over the coming weeks.
16. It will be important to maintain compliance with core standards, and to meet other requirements placed on the Trust, as the CQC has stated that NHS trusts must do more to meet Government core standards. It regards the declarations as a key indicator of whether a trust will meet its new registration requirements. NHS trusts risk strict conditions on their licence to operate in future if they do not improve. Compliance reports will continue to be made to the Care Quality Board and the Board of Directors.

Conclusions

17. The requirements for registration, with the number of regulations, outcomes and regulated activities, are complex. A great of information must be understood,

absorbed and shared with staff across the Trust. It is proposed that the Care Quality Board oversees the preparation for registration, paying particular attention to the sharing of knowledge across the whole Trust. Registration and the regulations will be highlighted during the Autumn Leaders' Briefings and key documents will be placed on the ORHi, the new intranet. The Care Quality Board will report to the Board of Directors' Governance Committee in September 2009 on the current position and on the outcome of the current CQC consultation.