General Statement of Compliance

Introduction

The Health and Social Care Act 2008 introduced a new, single registration system that applies to both health and adult social care.

The new regulations are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009. When the regulations come into force, they will replace:

- National Minimum Standards;
- Standards for Better Health.

From April 2010, the Hillingdon Hospital NHS Trust, like all health and adult social care providers who provide regulated activities, will be required by law to be registered with the Care Quality Commission (CQC). To do so, the Trust must show it is meeting new essential standards of quality and safety across all of the regulated activities it provides. The new system is focused on outcomes, rather than systems and processes, and places the views and experience of people who use services at the centre.

Registration isn't just about the initial application for registration. The CQC in partnership with the Trust will:

- continuously monitor compliance with essential standards as part of a new more dynamic, responsive and robust system of regulation
- seek information from patients and public representative groups, and from organisations such as other regulators and the National Patient Safety Agency.

2009/10 is a transitional year between the previous system and the new system of registration and performance ratings. As part of the transitional process, the Trust was required to make a mid year declaration of compliance against the 24 core standards under the Standards for Better Health in December 2009, followed by an application to register by January 29th 2010. Compliance with the core standards continues to be measured through self-assessment, with Trusts being required to submit evidence to the CQC to support their self assessment declaration.

Hillingdon External Services Scrutiny View

Each Trust has a series of processes to collate the evidence and prepare the reports checking if the self evaluation finds any areas where compliance cannot be assured. The Hillingdon Hospital NHS Trust declared compliance for all 24 standards, as indicated in Appendix 1.

Internal Audit conducted an interim core Standards for Better Health review for 2009/10 (presented to the Audit and Assurance Committee 12 Jan 2010) and concluded that the Trust has taken appropriate steps to ensure compliance with the midyear declaration required by the CQC for 2009/10. Their review of the assurance arrangements over the compliance with the core standards showed that the Trust's Committee structure is adequate for implementing and monitoring compliance with the standards and that sound plans were in place for the collection and assessment of evidence under management control. This informed the declaration of 'Full Compliance' with C11b (Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes) where previously the Trust had indicated 'insufficient assurance'.

In January 2010 the Trust Board submitted its application to be registered with the CQC from 1 April 2010 for each of its Regulated Activities, and declared full compliance with the new 16 Core Outcomes.

The Trust's Regulated Activities are:
- personal care
- treatment of disease, disorder or injury
- surgical procedures
- diagnostic and screening procedures
- maternity and midwifery services
- termination of pregnancies
- nursing care

To demonstrate compliance with the new regulations the Trust's existing assurances (used to inform the declaration on compliance with Standards for Better Health) have been mapped against the 16 Core Regulated Activity Regulations and Outcomes, and documented (see Appendix 2). Some of the evidence that has been used to demonstrate compliance with the previous core standards can be used for the new standards. This process has been recognised by the CQC as an acceptable assessment method of compliance assurance for the first registration by NHS Trusts. Executive leads are allocated to each regulation and have confirmed that they are sufficiently assured through the evidence available, that the Trust is compliant with the regulations.

In February 2010, as part of the annual health check for 2009/10, all NHS Trust were requested by the CQC to inform them if there were any significant lapses/non compliance had occurred since the mid year declaration in December 2009. The Trust is able to confirm that there have not been any significant lapses or non compliance and therefore a return does not need to be made.

The Trust is expecting to be advised shortly of the CQC's registration decision.

Sue Manthorpe
Assistant Director, Corporate Governance

David Searle
Executive Director of Corporate Development

22 March 2010

Trust Mid year Core Standards Declaration

Core Standard	Level of Compliance
C1a Incidents – reporting and learning	Fully compliant
C1b Safety alerts	Fully compliant
C2 Safeguarding children	Fully compliant
C3 NICE interventional procedures	Fully compliant
C4a Infection control	Fully compliant
C4b Safe use of medical devices	Fully compliant
C4c Decontamination	Fully compliant
C4d Medicines management	Fully compliant
C4e Clinical waste	Fully compliant
C5a NICE technology appraisals	Fully compliant
C5b Clinical supervision	Fully compliant
C5c Updating clinical skills and techniques	Fully compliant
C5d Clinical audit and review	Fully compliant
C6 Partnership	Fully compliant
C7 a & c Corporate and clinical governance	Fully compliant
C7b Honesty, probity	Fully compliant
C7e Discrimination	Fully compliant
C8a Whistle blowing	Fully compliant
C8b Personal development	Fully compliant
C9 Records management	Fully compliant
C10a Employment checks	Fully compliant
C10b Professional code of conduct	Fully compliant
C11a Recruitment, training & skill mix	Fully compliant
C11b Mandatory training	Fully compliant
C11c Professional development	Fully compliant
C12 Research governance	Fully compliant
C13a Dignity and respect	Fully compliant
C13b Consent	Fully compliant
C13c Confidentiality of patient information	Fully compliant
C14a Accessible complaints procedure	Fully compliant
C14b Complaints and discrimination	Fully compliant
C14c Complaints response	Fully compliant
C15a Food provision	Fully compliant
C15b Food – individual needs	Fully compliant
C16 Accessible information	Fully compliant
C17 Patient and public involvement	Fully compliant
C18 Equality, choice	Fully compliant

C20a Safe, secure environment	Fully compliant
C20b Privacy and confidentiality	Fully compliant
C21 Clean and well designed environment	Fully Compliant
C22 a & c Public health partnerships	Fully Compliant
C23 Public Health Cycle	Fully Compliant
C24 Emergency Preparedness	Fully Compliant

The Mapping process of the Core Standards for Better Health with the new 16 Regulatory Outcome Measures

Outcome	Standards for Better Health Mapping
Section 1: Involvement and information	
1.1 Respecting and involving people who use services (Regulation 17)	Strong links - C13a C16 Some links C7e, C17, C18, C23
1.2 Consent to care and treatment (Regulation 16)	Strong links C13b Some links C12
1.3 Fees etc. (Regulation 30)	No links with St4BH
Section 2: Personalised care, treatment and support	
2.1 Care and welfare of people who use services (Regulation 7)	Strong links C5a Some links C1a, C1b, C3, C7a&c, C23, C24
2.2 Meeting nutritional needs (Regulation 14)	Strong links C15 a & b
2.3 Cooperating with other providers (Regulation 22)	Strong links C6 Some links C13c, C22a&c, C24
Section 3: Safeguarding and safety	
3.1 Safeguarding vulnerable people who use services (Regulation 9)	Strong Links C2, C7e
3.2 Cleanliness and infection control (Regulation 12)	Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.
3.3 Management of Medicines (Regulation 13)	Strong links C4d Some links C1a, C1b, C12
3.4 Safety and suitability of premises (Regulation 15).	Strong links C20a, C20b Some links C1a, C1b, C4e, C21
3.5 Safety, availability and suitability of equipment	Strong links C4b Some links C1a, C1b, C21
Section 4: Suitability of staffing	

4.1 Requirements relating to workers (Regulation 21)	Strong Links C10a C10b C11a
4.2 Staffing	Strong links C5b, C5c, C11a, C11c Some links C8b, C11b
4.3 Supporting workers (Regulation 23)	Strong links C5b, C5c, C8b, C11b, C11c
Section 5: Quality and management	
5.1 Statement of purpose (Regulation 12 – Schedule 3)	No links with St4BH
5.2 Assessing and monitoring the quality of service provision (Regulation 10)	Strong links C1a, C5d, C7a&c Some links C8a,C14a, C17, C23
5.3 Complaints (Regulation 19)	Strong links C14 a, b & c Some links C1a
5.4 Notification of death of a person who uses services (Regulation 16)	No links with St4BH
5.6 Notification of other incidents (Regulation 18)	Strong link C1b, C4b
5.7 Records (Regulation 20)	Strong links C9, C13c