

# **Statutory notification**

Regulation 15, Care Quality Commission (Registration) Regulations 2009

**Changes affecting a provider or manager**

**Statutory and other notifications about changes affecting  
the provider or manager of a regulated activity**

Care Quality Commission (Registration) Regulations 2009, Regulation 15  
Health and Social Care Act 2008, section 94

Please read our **guidance for providers about making statutory notifications** and our **Guidance about compliance: Essential standards of quality and safety** for detailed advice on how and when to make statutory notifications, available at [www.cqc.org.uk](http://www.cqc.org.uk).

**You must complete section 1** for all notifications of changes, and then (as needed):

- Section 2** for changes of service provider
- Section 3** for changes of registered manager
- Section 4** for changes to a registered individual's name
- Section 5** for changes to the membership of a partnership
- Section 6** for changes to an organisation's name or address
- Section 7** to notify the appointment of a new nominated individual
- Section 8** for changes to an organisation's officers or directors
- Section 9** to notify the appointment of a trustee in bankruptcy, a receiver, or liquidator
- Section 10** to notify the sequestration of a registered person's estate
- Section 11** to provide any other relevant information

**Non-statutory notifications**

**NHS bodies** should use **section 8** to tell us about changes of **chief executive**.

**All providers** can use this form to tell us about changes to your main contact telephone number.

**Please enter dates in** the format dd/mm/yyyy

Please email the completed form back to: [HSCA\\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk)

## 1. Provider and relevant location details

Provider:	Brighton & Sussex University Hospital NHS Trust		
CQC provider number:	RXH		
Form filled in by:	Elma Still	Date submitted	
Contact for more information (where different):			
Telephone number:	01273664740		
Email address:	elma.still@bsuh.nhs.uk		

### Where the change affects just one location:

Location name and address:	
Location postcode:	
CQC location number:	

### Where the change affects regulated activities carried on at more than one location:

The change affects <b>all</b> locations where regulated activities are carried on	<input checked="" type="checkbox"/>
The change affects <b>some</b> locations where regulated activities are carried on	<input type="checkbox"/>
<b>List the affected locations and their CQC location numbers in section 11</b>	

## 2. Change of service provider

A new provider will carry on, or is carrying on, regulated activity(ies) previously carried on by the provider shown in section 1	<input type="checkbox"/>
The provider shown in section 1 plans to stop, or has stopped, carrying on regulated activity(ies)	<input type="checkbox"/>

## 3. Changes involving a registered manager

A new manager will manage, or is managing, regulated activity(ies) carried on by the provider shown in section 1	<input checked="" type="checkbox"/>
A registered manager plans to stop, or has stopped, managing regulated activity(ies) carried on by the provider shown in section 1	<input type="checkbox"/>

#### 4. Change of name of a registered person who is an individual

<b>I am:</b>	
A service provider who is an individual	<input type="checkbox"/>
A member of a partnership	<input type="checkbox"/>
A registered manager	<input type="checkbox"/>
My date of birth:	
My previous name:	
My new name:	
My title (e.g. Mr, Mrs, Ms, Dr):	

#### 5. Changes to a registered provider that is a partnership

A new partner is joining the partnership	<input type="checkbox"/>
The new partner's name	
A partner is leaving the partnership	<input type="checkbox"/>
The leaving partner's name	

#### 6. Changes of name and address of a registered provider that is an organisation

The organisation is changing or has changed its <b>name</b>	<input type="checkbox"/>
The organisation's new name:	
The <b>business address</b> of the organisation is changing or has changed	<input type="checkbox"/>
The new address:	
The new postcode:	

## 7 An organisation appoints a new nominated individual

The organisation is appointing or has appointed a new <b>nominated individual (NI)</b>	x <input type="checkbox"/>
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New NI's name:	Amanda Fadero
New NI's Title (e.g. Dr/Ms):	Mrs
The NI's date of birth:	
The NI's business address:	St Marys Hall Eastern Road Brighton
The NI's postcode:	BN2 5BE
The NI's job title:	Chief Executive
The NI's email address:	amanda.fadero@bsuh.nhs.uk
The NI's telephone number:	01273664902
The regulated activity or activities they act as NI for:	Treatment of disease, disorder or injury Assessment of medical treatment for persons detained under the Mental Health Act 1983 Surgical procedures Diagnostic and screening procedures Maternity and midwifery services Termination of pregnancies

**8 Changes to an organisation's directors or similar officers**  
(NHS bodies can use this section to tell us about a new chief executive)

*A new director, secretary or other officer is joining or has joined the organisation				x <input type="checkbox"/>
*Personal details	Title Mrs	First Amanda	Middle [REDACTED]	Last Fadero
Date of birth	[REDACTED]	Telephone	01273696955 x 4902	
Email address	amanda.fadero@bsuh.nhs.uk			
Roles and responsibilities	Interim Chief Executive			
Please check if this person is now the organisation's primary contact for CQC				x <input type="checkbox"/>
<p><b>Declaration on meeting the 'Fit and proper person requirement'</b></p> <p><b>The Chair (or equivalent) of the service provider should fill in this section of the form</b></p> <p>I declare that all relevant checks and enquiries have been carried out in the appointment of the person whose details are shown above. I confirm that they are fit and do not meet any of the unfitness criteria specified in Schedule 4, Part 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>				
Chair's full name	Julian Lee			
Chair's signature	[REDACTED]			
Date of signing (dd/mm/yyyy)	[REDACTED]			

(CQC will accept a typed in signature for notifications submitted electronically)

**Where the new person is the primary contact for CQC**

The primary contact's business address:	
The primary contact's postcode:	
The primary contact's email address:	

**Where a director or similar officer leaves an organisation**

A director, secretary or other similar officer is leaving or has left an organisation		x <input type="checkbox"/>
The leaving person's name:	Matthew Kershaw	
The leaving person's role:	Chief Executive	

**9 The appointment of a trustee in bankruptcy, a receiver, liquidator or provisional liquidator**

A trustee in bankruptcy has been appointed for an individual who is a registered service provider	<input type="checkbox"/>
A trustee in bankruptcy has been appointed for a member of the partnership	<input type="checkbox"/>
The affected partner's name:	
A receiver, liquidator or provisional liquidator has been appointed for a partnership or organisation	<input type="checkbox"/>

**10 The sequestration of an individual's estate**

The estate of a registered provider who is an individual has been sequestrated	<input type="checkbox"/>
The estate of a member of a partnership has been sequestrated	<input type="checkbox"/>
The affected partner's name:	

**11 Any further relevant information**

Amanda Fadero will start her interim arrangement as Chief Executive from 24 <sup>th</sup> December 2015.
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Continue on additional numbered sheets if necessary. Box will expand if used on a computer.

Email back to: [HSCA\\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk)

For CQC use **only**, please leave blank

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