

CQC Registration Annual Assurance

Public Board 30 May 2024

Quality Assurance Committee - 18 April 2024

Presented for:	Information and assurance
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Previous Committees:	None

Our Annual Commitments for 2024/25 are:	
Reduce wait for patients	✓
Reduce Healthcare Acquired Infections by 15%	✓
Reduce our carbon footprint through greener care	✓
Use our existing digital systems to their full potential	✓
Strengthen participation and growth in research and innovation	✓
Deliver the financial plan	✓
Be in the top 25% performing Trusts for staff retention	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk				
Operational Risk				
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Towards
Financial Risk				
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

Key points	
1. This report provides an annual update on compliance with CQC standards and the outcomes of CQC visits, inspections and engagement during the year 2023/24.	Assurance
2. The Trust's current registration status is registered with the CQC without conditions (compliant).	Assurance
3. There has been three routine (planned) inspections and no responsive (unannounced) visits by the CQC in 2023/24.	Information
4. The Trust continues to engage with CQC through monthly engagement meetings and regular enquiries.	Information

1. Summary

This report provides an annual update on compliance with CQC standards, and the outcomes of CQC visits, inspections and engagement during the year 2023/24.

2. Background

Leeds Teaching Hospitals NHS Trust was required to register with the Care Quality Commission (CQC) under Section 10 of The Health and Social Care Act 2008 from 1 April 2010. The Trust is required to be compliant with the fundamental standards of quality and safety.

The new health and social care regulations came into force on 1 April 2015 setting out new fundamental standards for all care providers, to replace the previous standards and outcomes. Two new regulations came into place on 27 November 2014; a fit and proper person requirement for Directors, and Duty of Candour for NHS bodies.

2.1 CQC new approach to assessment

CQC have developed a new framework for providers, local authorities and systems. It focuses on what matters to people who use health and social care services and their families. It aims to allow CQC to provide an up-to-date view of quality. It covers all sectors, service types and levels – from registration, to how we look at local authorities and integrated care systems.

Within the new framework

- the ratings and the five key questions remain.
- quality statements focus on specific topic areas under key question. They set clear expectations of providers, based on people's experiences and the standards of care they expect. They replace key lines of enquiry (KLOEs), prompts and ratings characteristics.
- six new evidence categories have been introduced to organise information under the statements
- registration is also based on this framework. It is the first assessment activity for providers in an integrated process.

CQC will use the framework to:

- use a range of information to assess providers, assessment is not tied to set dates or driven by a previous rating

- collect evidence on an ongoing basis and can update ratings at any time. This helps us respond more flexibly to changes in risk
- tailor our assessment to different types of providers and services
- score evidence to make our judgements more structured and consistent
- use inspections (site visits) as a vital tool to gather evidence to assess quality
- use data and insight to decide which services to visit. When on site, we will observe care and talk to staff and people who use services
- produce shorter and simpler reports, showing the most up-to-date assessment

3. Trust position 2023/24

The Trust's current registration status is registered with the CQC without conditions (compliant).

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
St James's University Hospital	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019
Leeds General Infirmary	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019
Chapel Allerton Hospital	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Leeds Dental Institute	Good Feb 2019	Outstanding Feb 2019	Good Feb 2019	Good Feb 2019	Outstanding Feb 2019	Outstanding Feb 2019
Wharfedale Hospital	Good Sept 2016	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Sept 2016
Overall trust	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019

4. CQC Inspections/Visits 2023/24

There has been three routine (planned) or no responsive (unannounced) visits by the CQC in 2023/24.

Maternity Services Inspection Programme

The Trust were notified on Friday 26th May 2023 of CQC's intention to inspect the safe and well-led domains of Maternity Services at Leeds General Infirmary on 31 May 2023 and at St James' University Hospital on 1 June 2023. The inspection was part of CQC Maternity Services Inspection Programme which aimed to give an overview of the quality and safety of maternity care across England.

The inspection drew on sources of information and feedback on the service received via a maternity focused data request, interviews with key staff, site visits and through requesting patients that had used the service in the last year to share their experience.

The CQC published the inspection reports on 16 August 2023. The CQC have rated the service **good** for safe and **good** for well-led at both LGI and SJUH.

IR(ME)R Inspection – Radiotherapy

The Trust were notified on Wednesday 7 June 2023 of CQC's intention to inspect, as part of a proactive inspection programme. CQC inspectors conducted an announced inspection of compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) of the Radiotherapy Service at St James's University Hospital on 22 June 2023.

Prior to the inspection CQC requested and received copies of relevant documents, including the employer's procedures (EPs), equipment inventory, radiation protection governance documentation, clinical audit, as well as study of risk and radiation incident information. During the inspection, time was spent in discussion with the Senior Team and staff within Radiotherapy.

On 28 June 2023 the Trust received an Improvement Notice issued under the Health and Safety at Work etc. Act 1974 and the Ionising Radiation (Medical Exposure) Regulations 2017 ('IR(ME)R') for breach of Regulation 8, Employer's duties: accidental or unintended exposure as statutory notifications to the enforcing authority were not submitted or fully completed in accordance with the significant accidental and unintended exposure (SAUE) guidance as mandated by for breach of Regulation 8(4)(a)(II), 8(4)(a)(III) and 8(4)(a)(IV) Employer's duties.

The Trust received the final inspection report on 18 July 2023. The report found the Radiotherapy department had some examples of good practice, for example equipment maintenance records and training records. However, there were some areas that required improvements to maintain compliance with the regulations.

The Trust submitted a post inspection action plan to the CQC which addressed the breach in regulations and areas for improvement noted in the inspection report. CQC confirmed they were satisfied with the action taken and closed the file on the inspection on 15 August 2023.

IR(ME)R Inspection – Nuclear Medicine Service

The Trust were notified on Tuesday 2 January 2024 of CQC's intention to inspect, as part of a proactive inspection programme. CQC inspectors conducted an announced inspection of compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) of the Nuclear Medicine Service at St James's University Hospital on 17 January 2024.

Prior to the inspection CQC requested and received copies of relevant documents, including the employer's procedures (EPs), equipment inventory, radiation protection governance documentation, clinical audit, as well as study of risk and radiation incident information.

During the inspection, time was spent in discussion with Senior Leaders within the team. They also visited the department and spoke with clinical staff and collected both verbal and written evidence. They requested further evidence which was emailed to us shortly afterwards.

On 31 January 2024 the Trust received the inspection report. The report found nuclear medicine department had some examples of good practice, for example, licence management, carers and comforters and clinical audit. However, there were some areas that required actions to maintain compliance with the regulations and the Trust are required to submit an action plan to CQC by 13 March 2024.

The Trust submitted a post inspection action plan to the CQC which addressed the breach in regulations and areas for improvement noted in the inspection report. CQC confirmed they were satisfied with the action taken and closed the file on the inspection on 26 March 2024.

5. CQC Engagement

The Trust continues to engage with the CQC through monthly meetings to discuss a range of topics and themes identified by the Trust CQC Inspector. These have included, but not limited to, Infection Prevention and Control, Learning from Incidents, Exception Surge Area Plan, Maternity Services, Freedom to Speak Up annual survey. The meetings are attended by the Trust Deputy Chief Nurse, Director of Quality and Head of Quality Governance, others are invited to attend as required.

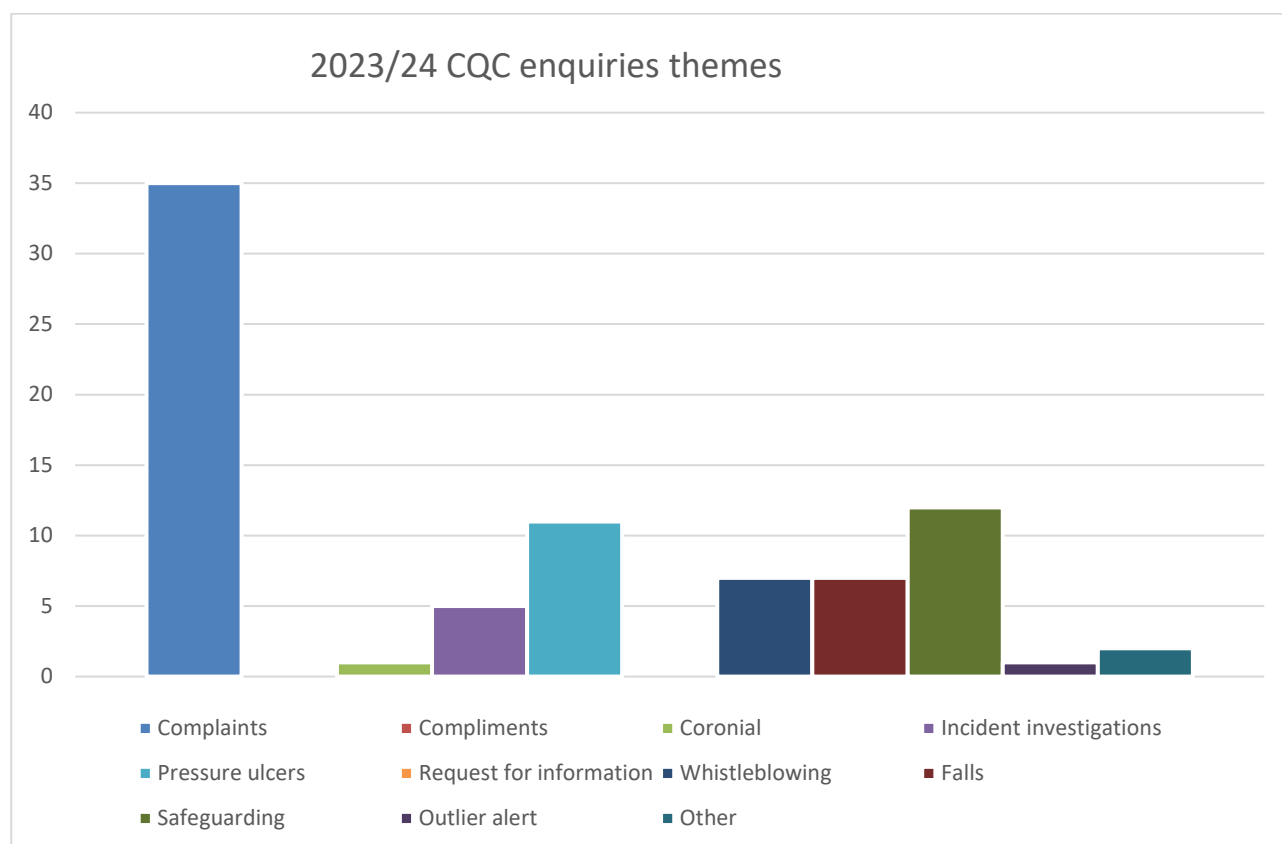
In September 2023 CQC conducted an in-person engagement meeting and visited the Emergency Department and Wards L17, L27 and L21 at Leeds General Infirmary to follow up on previous enquiries and see the improvements made to date. CQC also talked to staff in these areas, no areas of concern were raised.

6. Routine CQC Enquiries

The Trust has continued to receive routine enquiries from the CQC when they have been contacted by patients or their families, or members of staff to raise concerns about treatment and care. The enquiries also include when the Trust notifies the CQC of a patient safety incident investigation or a never event. All these enquiries have been discussed with the local CQC engagement lead and have been resolved in conjunction with CSU's. These enquiries continue to be monitored and tracked by the Trust Quality Team in conjunction with the CQC engagement lead.

In 2023/24 there have been 81 enquiries received from the Trust CQC Inspector, which is a reduction of 33% from the previous year. A response and evidence has been provided

to the CQC and the majority of enquiries have been closed. The Quality and Safety Assurance group receives a quarterly report on CQC activity.



7. Preparation for Future Inspection Visits

Quality Framework Review process - The Trust has continued to support CSU's in preparation for future inspections. The revised specialty and CSU governance framework has been implemented, set out within the framework of the 5 key domains (lines of enquiry): Safe, Effective, Caring, Responsive and Well-led. This framework has also been applied to the quality and performance ward-level metrics (perfect ward).

A quality and safety framework has been developed and embedded to support CSUs in their preparations for the next CQC visits. This is reviewed twice yearly with each CSU in a Quality Framework Review meeting led by the Medical Director (Quality and Risk), the Director of Quality and Deputy Chief Nurse with the CSU Tri-Team. The reviews include a self-assessment against each of the 5 quality domains (Safe, Effective, Caring, Responsive and Well-led) undertaken by CSUs together with a review of performance against a range of quality metrics.

CQC inspection and Domain presentations at Quality Governance Forum

As part of the Quality Teams standard work programme a series of presentations have been delivered to the Quality Governance Forum which has membership from all CSU's Quality Leads. An overview of each domain's key lines of enquiry and common points of note for CQC reports have been shared along with presentations of preparing staff for inspection and inspection processes.

CQC New inspection framework

Whilst the Trust awaits the release of the new inspection framework and evidence submission the Quality Team have delivered presentations to a number of Forums on the new quality statements. This work is being expanded with the development of a self-assessment tool that will be used across all CSUs as well as Trust wide.

8. Financial Implications

There are no financial implications detailed within this paper.

9. Risk

The Quality Assurance Committee (QAC) provides assurance oversight of the Trust's most significant risks, which cover the Level 1 risk categories (see summary on front sheet). Following discussion at the QAC meeting there were no material changes to the risk appetite statements related to the Level 2 risk categories and the Trust continues to operate within the risk appetite for the Level 1 risk categories set by the Board.

10. Communication and Involvement

Not applicable.

11. Equality Analysis

Not applicable.

12. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000

13. Recommendation

The Quality Assurance Committee is asked to note the annual report on CQC registration, and the assurance provided.

Lucy Atkin
Head of Quality Governance
April 2024