



MEETING TITLE Trust Board in Public		MEETING DATE 27/03/2018	
TITLE of PAPER	Care Quality Commission (CQC) Improvement Plan Update	PAPER REF	3.2
STRATEGIC OBJECTIVE(S)	All		
PURPOSE OF THE PAPER	The purpose of the paper is to provide an update on the delivery of the CQC Improvement plan, and the preparation and readiness for the next CQC inspection.		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input type="checkbox"/>
AUTHOR / LEAD	Karen Owens, Deputy Director of Quality & Nursing	ACCOUNTABLE DIRECTOR	Steve Page, Executive Director of Quality, Governance & Performance Assurance
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper): The content of the paper has been discussed, in the main, at Clinical Governance Group, Trust Management Group and the Trust Executive Group. Specific content has also been discussed at service line management and governance groups.			
PREVIOUSLY AGREED AT:	Committee/Group: Not Applicable	Date:	
RECOMMENDATION(S)	It is recommended that the Trust Board receive the report as assurance that: <ul style="list-style-type: none"> ▪ The CQC improvement plan has been delivered and can be closed. ▪ Additional identified workstreams have been allocated to the relevant service line ▪ The Trust has begun preparation for the next CQC inspection. 		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion Implications <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)		All	
NHSI Single Oversight Framework Choose a THEME(s)		1. All	

1. PURPOSE/AIM

- 1.1 The purpose of the paper is to provide an update on the delivery of the CQC Improvement plan, and the preparation and readiness for the next CQC inspection.

2. BACKGROUND/CONTEXT

- 2.1 The CQC inspections took place during September and October 2016. The reports were published on 1 February 2017 and reflected an improved position for YAS across all service lines with the Trust overall rating as “good”.
- 2.2 The CQC Quality Improvement Action Plan was approved at Trust Board in Public in May 2017. This included actions to address the “must” and “should do’s” from the CQC reports. The delivery of the plan has been managed through the CQC Quality Improvement Action plan steering group, with monthly reporting to the Trust Management Group (TMG). This has meant that that actions and progress has been tracked and escalated when necessary in a timely way.
- 2.3 The CQC findings are summarised in table 1 below:

Table 1 Overview of CQC ratings August 2015 and February 2017.

Overview of ratings published 21 August 2015:

Outcomes	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Patient transport services (PTS)	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Emergency operations centre (EOC)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Resilience	Inadequate	Not rated	Not rated	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings published 01 February 2017:

Outcomes	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	N/A	Good	Good	Good
Patient transport services (PTS)	Requires improvement	Good	N/A	Requires improvement	Requires improvement	Requires improvement
Emergency operations centre (EOC)	Good	N/A	N/A	N/A	Good	Good
Resilience planning	Good	Outstanding	N/A	N/A	Good	Good
NHS 111	Good	Good	Good	Good	Good	Good
Overall	N/A	N/A	N/A	N/A	N/A	Good

3. CURRENT POSITION

- 3.1 A strong focus of the plan have been predominantly on two main areas, leadership and effective management; and specifically in PTS, on Infection Prevention and Control.

The 2017 CQC report confirmed progress within IPC for the A&E service but highlighted remaining inconsistencies within the Patient Transport Service (PTS) and these issues have been addressed through collaboration between the PTS management team, fleet and the Head of Safety. Work has been undertaken with PTS Senior Management and Team Leaders to ensure the standards for IPC are understood and complied with. Validation audits have been completed by the Patient Safety and Nursing manager and PTS rates for hand hygiene compliance are within acceptable levels. Staff engagement has increased as a result of awareness raising.

- 3.2 In the main, the delivery of the plan is now complete. In summary, completed actions include:
- Completion of the focussed programme of work in PTS, including IPC, development of Standard Operating Procedures, standard load lists, cleanliness compliance audit, awareness raising with management team and ownership of issues.
 - Review of senior management structures Trust wide with an emphasis on strengthening the leadership capacity within service lines
 - Launch of the Trust Behaviours Framework December 2018
 - Refresh and implementation of Trust wide Statutory and Mandatory training.
 - Compliance monitoring of statutory and mandatory training moving to a measurement of competency basis.
 - Management restructures across operational service lines complete, with successful recruitment to key leadership positions
 - Refresh of the Personal Development Review monitoring and breach compliance process.
 - Plans to strengthen the leadership training and development are progressing with pace with two key strategic leadership events being planned for May and October 2018.
- 3.3 The proposal is now to close down the current CQC Quality Improvement plan. Monitoring and audit of all completed actions will continue and become the responsibility of the relevant service line. Any outstanding or emerging issues will be handed over to the relevant service line for ongoing implementation. Examples include the Training Needs Analysis for leadership training, and the sustained programmes for the culture agenda, which will remain the responsibility of the the Director of Workforce and Organisational Development.
- 3.4 The Inspection for Improvement programme will continue and findings from this will provide feedback to the operational service lines in relation to the embedding of good practice and acceptable standards. The findings from the programme will also inform the future focus for the next CQC inspection. The Inspections for Improvement form part of the substantive reporting to TMG on a monthly basis.
- 3.5 In addition, the routine IPC audits and IPC training will support sustaining the practice which has been achieved through the actions taken to date.

4. CQC FUTURE INSPECTION

- 4.1 The Executive Director of Quality Governance and Performance Assurance and the Deputy Director of Quality and Nursing hold regular engagement meetings with the CQC inspector to highlight key issues in relation the plan and wider Trust; and also to keep abreast of changes within the CQC.
- 4.2 The CQC are aiming to reduce the burden of inspection and also reduce the financial impact on the CQC. The approach to the next inspection will be on a “risk based” model and future inspections will focus on a provider’s key risks. It will also include the annual well led review and some element of core service review. A “regulatory plan” will be developed for each provider organisation based on already held intelligence, including previous CQC reports. The regulatory plan will also include increased engagement meetings, with greater emphasis on the detail specifically in relation to new areas of regulatory enforcement rights, for example Prevention of Future Deaths notices. There will be more CQC observation of Trust Board and sub-committee meetings as well as visits, “walk throughs” and focus groups.
- 4.3 The well led domain will be assessed and rated independently of the core ratings and it is anticipated that the CQC will begin inspection using the updated Well Led Framework from Autumn 2017. Recruitment of Executive peer reviewers as part of this process has commenced, with scheduled induction taking place currently.
- 4.4 The Well-Led Framework requires Trusts to conduct an internal self-assessment of its’ Leadership and Governance, as described in the “Developmental reviews of leadership and governance using the Well-led Framework: guidance for NHS Trusts and NHS foundation trusts” published by NHS Improvement June 2017 NHSI. This self-assessment has been completed through Board, Trusts Executive Group and Trust Management Group. The next step in the process is to use this Board Level self-assessment to feed into an externally facilitated review to assess the leadership and governance of the Trust and to identify developmental actions in response.
- 4.5 This review will inform further targeted development work to secure and sustain the Trust’s future performance in line with the Guidance and as part of our continuous improvement approach.
- 4.6 Key areas of focus for the review have been agreed as follows:-
- Leadership and OD, including team development
 - Staff Engagement and Empowerment
 - Performance Reporting and Culture
 - Collaboration/Relationships
- 4.7 An organisation has now been selected to conduct the review. The anticipated commencement date for the external review is in March 2018, with material elements of the work having been completed within the month.

- 4.8 The engagement meetings with the CQC have increased in frequency over the last quarter and the CQC are now making a significant number of enquiries into specific incidents and complaints for which they are seeking detailed information. The Quality and Safety team are maintaining a log of all these requests and managing the process for response to the CQC. The CQC have also requested to attend a number of Trust governance meetings, as well as visiting a number of ambulance stations to meet PTS staff to inform the scope of the future inspection. A date for the next inspection is not yet confirmed but it is now expected to take place in quarter two of 2018/19.

5. PREPARATION FOR NEXT INSPECTION

- 5.1 The preparation for the next CQC inspection has begun. Learning from Inspections for Improvement is being utilised to inform areas of focus and shared widely. In addition, through delivery of the current plan, engagement with locality managers with A&E, PTS and NHS 111 has been strengthened.
- 5.2 The Quality and Safety team will once again, co-ordinate the Pre- Inspection Request (PIR) once this is received from the CQC; and the inspection itself.
- 5.3 Audit of the actions completed in relation to the current CQC improvement plan will form a part of the preparation specifically in relation to IPC and subcontractor governance.
- 5.4 Once again, the aim is to embed and sustain best practice against the CQC standards, as opposed to generate additional workload in the lead in time to the next inspection. This will be balanced with timely and appropriate corporate communications and sharing learning.

6. RISK ASSESSMENT

- 6.1 No new risks have been identified .

7. RECOMMENDATIONS

- 7.1 It is recommended that the Trust Board receive the report as assurance that:
- The CQC improvement plan has been delivered and can be closed
 - Additional identified workstreams have been allocated to the relevant service line.
 - The Trust has begun preparation for the next CQC inspection.

8. APPENDICES

- 8.1 Appendix 1 - The CQC improvement plan (close down).