



<b>MEETING</b> Trust Board in Public		<b>MEETING DATE</b> 28/11/2017	
<b>TITLE of PAPER</b>		CQC Quality Improvement Update	<b>PAPER REF</b> 3.3
<b>STRATEGIC OBJECTIVE(S)</b>		All	
<b>PURPOSE OF THE PAPER</b>		The purpose of the paper is to provide the Trust Board with an update on the progress of the delivery of the CQC Quality Improvement Action Plan.	
<b>For Approval</b>		<input type="checkbox"/>	<b>For Assurance</b> <input checked="" type="checkbox"/>
<b>For Decision</b>		<input type="checkbox"/>	<b>Discussion/Information</b> <input checked="" type="checkbox"/>
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<b>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):</b>			
<b>PREVIOUSLY AGREED AT:</b>		<b>Committee/Group:</b> Quality Committee	<b>Date:</b> 14/09/2017
<b>RECOMMENDATION(S)</b>		It is recommended that the Trust Board note the progress against the CQC action plan and support the continued focus on Quality Improvement as outlined.	
<b>RISK ASSESSMENT</b>			<b>Yes</b> <b>No</b>
<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>			<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>Diversity and Inclusion Implications</b> <i>If 'Yes' – please attach to the back of this paper</i>			<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission</b> Choose a DOMAIN(s)		All	
<b>NHSI Single Oversight Framework</b> Choose a THEME(s)		All	

## 1. PURPOSE/AIM

- 1.1 The purpose of the paper is to provide the Trust Board with an update on the progress of the delivery of the CQC Quality Improvement Action Plan.

## 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”.

Overview of ratings published 1 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 operational centre (EOC)	Good	N/A	N/A	N/A	Good	Good
Resilience	Good	★ Outstanding	N/A	N/A	Good	Good
Overall	Good	Good	Good	Good	Good	Good

- 2.2 The “*must do’s*” in the report were:

### A&E, PTS, EOC & Resilience

- Ensure there are sufficient numbers of suitably skilled, qualified and experienced staff
- Ensure all PTS ambulances and equipment are appropriately cleaned and IPC procedures followed
- Ensure seating for children is routinely available in ambulance vehicles

### NHS 111

- None

The “*should do’s*” were:

### A&E, PTS, EOC & Resilience

- Review the training requirements for operational staff in the PTS service for vulnerable groups such as patients living with dementia and patients experiencing mental health concerns
- Review the arrangements for operational staff to check their vehicle and equipment at the start of the shift to ensure they have sufficient time to complete the checks
- Review the audit procedures for reviewing the recording of controlled medicines
- Continue to ensure that equipment and medical supplies are checked and fit for purpose

- Regularly review the changes implemented in the management and leadership structure for call handlers, in order to ensure that all staff receive regular face to face feedback on their performance and call audits via the 1:1 process
- Continue with steps to improve the access for call handlers to clinical advisors through an active recruitment programme
- Maintain processes and systems which enable staff to safely raise concerns in relation to working relationships

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 is managed through the CQC Quality Improvement Action plan steering group, with monthly reporting to the Trust Management Group (TMG) so that actions and progress can be tracked and escalated when necessary in a timely way.

- 2.3 A strong focus of the plan is on PTS, and additional support to PTS has been provided specifically from the Head of Safety and Infection Prevention and Control and the Head of Quality Improvement.

### **3. PROGRESS AGAINST THE PLAN.**

#### **Patient Transport Service**

- 3.1 The delivery of the plan is on track overall, although challenges arising from management review and a high level of tender activity have affected the pace of implementation for some of the PTS actions. Further support has been provided to PTS to enable additional focus and pace on the outstanding actions.
- 3.2 A key focus is on completion of actions relating to transport of portable oxygen, cleaning and IPC and stock control using a new standard load list. Implementation is now progressing well.
- 3.3 The Quality team has delivered a bespoke time out session for PTS team leaders in relation to the “must and should do” elements of the CQC report. This workshop was well attended by PTS operational managers and provided an opportunity to reduce the burden and barriers of implementation.
- 3.4 A further workshop for all PTS Locality Managers is planned for November 2017, led by the PTS management team and supported by the corporate quality leads. This will focus on the local management role in embedding good quality and supporting staff throughout PTS operations.

#### **Training and education**

- 3.5 The Training Needs Analysis (TNA) is now complete for A&E and PTS. The revised content of face to face mandatory training is also complete and delivery has begun for A&E staff, with PTS being introduced in the new year.

- 3.6 In addition the Training and Education team are exploring the procurement of a Learning Management System which will enable more robust monitoring and reporting.

### **Workforce**

- 3.7 The Trust Executive Group have now held a number of strategy sessions and one element of this has been the consideration of the future workforce. A number of service lines have undergone or are in the process of restructure and it is anticipated these will be completed by quarter 4. In addition, a focus has been on the development of a more integrated workforce with a multiprofessional workforce.
- 3.8 A working group has been established to work through the opportunities which are beginning to emerge in terms of the impact of the Ambulance Response Programme, Specialist and Advanced Clinical Practitioners and the role of specialist experts. This will continue to progress in all service lines as the urgent care agenda progresses both at a local and system level.

### **NHS 111**

- 3.9 Clinical recruitment has improved since the CQC inspection, with a specific project group in place to add additional focus to the recruitment and retention challenges. Work is ongoing to support both recruitment and retention of call handlers. This includes focussed work on staff wellbeing, improvements to line management arrangements and implementation of “hello my name is....”.

### **Monitoring and assurance.**

- 3.10 The Integrated Performance Report provides a high level overview on performance and quality. This information is triangulated through the embedded “Inspections for Improvement” process which is managed through the Quality team and reports to TMG on a monthly basis. The Inspections for Improvement process has been very effective in engaging local managers in improving their local areas and being empowered to problem solve.
- 3.11 All the YAS estate will have been inspected at least once by the end of November 2017. Further inspections will be undertaken in preparation for the CQC inspection and these will be planned on a risk basis to ensure highlighted actions required have been followed up and completed.

## **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 to the improvement plan and wider Trust; and also to keep abreast of changes within the CQC. These have recently increased in frequency over recent months in anticipation of the next phase of inspection.
- 4.2 The CQC are making a significant number of enquires 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

4.3 A date for the next inspection is not yet confirmed.

## **5. NEXT STEPS**

5.1 The support to PTS will continue to ensure completion of all remaining actions.

5.2 The focus on implementation of a Trust wide approach to Quality Improvement is continuing as a key element of the journey towards becoming an 'outstanding' Trust.

## **6. RISK ASSESSMENT**

6.1 The ability to successfully deliver the CQC Quality Improvement Plan is reliant on effective multi professional working across Directorates.

## **7. RECOMMENDATIONS**

7.1 It is recommended that the Trust Board note the progress against the CQC action plan and support the continued focus on Quality Improvement as outlined.