



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 29/09/2015	
TITLE of PAPER	YAS' Action Plan in Response to the Care Quality Commission Report (August 2015)	PAPER REF	5.3
STRATEGIC OBJECTIVE	Provide high quality, safe and clinically-effective services which exceed regulatory and legislative requirements		
PURPOSE OF THE PAPER	The purpose of the paper is to provide an update on the CQC inspection process and present the YAS CQC action plan.		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	Karen Warner, Associate Director of Quality & Nursing	ACCOUNTABLE DIRECTOR	Steve Page, Executive Director of Standards & Compliance.
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 this paper has been discussed, in the main, at Trust Management Group and trust Executive Group. Specific content has also been discussed at Medicines Management Group and the Patient Safety Steering Group.			
PREVIOUSLY AGREED AT:	Committee/Group Quality Committee	Date: 10 September 2015	
RECOMMENDATION	It is recommended that the Trust Board receive the report as assurance that the findings of the CQC inspection published in August 2015 are being addressed; and that progress against the CQC action plan is being made in a timely way.		
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal implications/Regulatory requirements		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality and Diversity Implications		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission		All	
Monitor Quality Governance Framework		All	

1. PURPOSE/AIM

- 1.1 The purpose of the paper is to provide an update on the CQC inspection process and present the YAS CQC action plan.

2. BACKGROUND/CONTEXT

- 2.1 The CQC conducted the planned inspection of YAS against the regulatory quality and safety standards between 13 and 16 January 2015. All service areas of YAS were inspected, with the exception of NHS 111. The Trust commented on the factual accuracy of the draft report and received a final draft ahead of the Quality Summit.

3. QUALITY SUMMIT

- 3.1 The Quality Summit was held on the 18 August 2015 and included representation from the YAS Chairman, Executive Directors and Associate Directors, the CQC and NHS TDA. A range of other stakeholders including A&E and PTS commissioners, Local Authorities and Health Overview and Scrutiny Committees also attended.
- 3.2 A presentation delivered by the CQC highlighted the key findings from the report. This was followed by a presentation by YAS Chief Executive detailing the progress which has been made against the recommendations of the report. The YAS action plan (Appendix I) which has been developed for both the immediate and longer term recommendations, was also described.

4. KEY FINDINGS AND RECOMMENDATIONS

- 4.1 The publication of the report included the ratings as below:

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	OVERALL
Emergency and urgent care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
PTS	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
EOC	Requires improvement	Requires improvement	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

Feedback in the Quality Summit indicated that CQC perceived YAS to be in the upper range of the 'Requires Improvement' category and not significantly distant from being in a position to achieve an overall 'Good' rating.

- 4.2 A number of recommendations have been made to the Trust and in summary these are:

The Trust must:

- Ensure all ambulances and equipment are appropriately cleaned and infection control procedures are followed;

- Ensure that equipment and medical supplies are checked and fit for purpose;
- All staff are up to date with their mandatory training.

The Trust should:

- Ensure all staff receives an appraisal and are supported in their professional development. This must include support to maintain the skills and knowledge required for their job role;
- Ensure risk management and incident reporting processes are effectively embedded across all regions and the quality of identifying, reporting and learning from risks is consistent. The trust should also ensure staff are supported and encouraged to report incidents and providing feedback to staff on the outcomes of investigations;
- Ensure all ambulance stations are secure at all times;
- Review the provision and availability of equipment for use with bariatric patients and staff are trained to use the equipment;
- Review the safe management of medication to ensure that there is clear system for the storage and disposal of out of date medication. The trust should also ensure oxygen cylinders are securely stored at all times;
- Ensure records are securely stored at all times;
- Ensure consistent processes are in place for the servicing and maintenance of equipment and vehicle fleet;
- Ensure all staff have received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards;
- Ensure performance targets in relation to patient journey times and access to booking systems continue to be monitored and improve;
- There are appropriate translation services available for staff to use to meet the needs of people who use services.

5. PUBLICATION OF THE CQC REPORT AND DISPLAY OF RATINGS

- 5.1 The CQC report was published 21 August 2015, and is available on the CQC's public website. A link will be activated from the Trust website to facilitate access.
- 5.2 The report attracted some local media on the day of publication. Television and radio interviews were given by the Chief Executive. Briefings for YAS managers and staff and external stakeholders were also provided by the Trust.
- 5.3 YAS are required to display the ratings from the CQC in Trust Headquarter buildings, and a communication plan has also been approved by the Trust Executive Group (TEG) to ensure ongoing communications with staff at all levels regarding progress against the plan.

6. CQC ACTION PLAN

- 6.1 An action plan (appendix I) has been approved by TEG to address the recommendations within the CQC report. This is being monitored on a weekly basis by TEG and evidence against the completion of each action is being stored and managed in preparation for the CQC.

6.2 The plan was presented to the Quality Committee in September as assurance that the issues identified within the CQC report are being addressed in a timely way.

6.2 The action plan was shared in draft with stakeholders prior to formal submission to the CQC on 15 September 2015. In addition it has also be shared with the commissioners and NHS TDA.

7. STAFF ENGAGEMENT

7.1 Staff engagement is an important element and a plan has been developed to ensure staff are briefed on the findings of the report and also on the ongoing progress. This will include the development of posters for stations which will be refreshed bi monthly.

8. NEXT STEPS

8.1 TEG will continue to monitor the delivery of the CQC action plan on a weekly basis.

9. SIGNIFICANT EXTERNAL COMMUNICATIONS

9.1 The action plan has been shared with the CQC, NHS TDA and commissioners on 15 September 2015.

9.2 YAS have been invited to attend a number of Health Overview and Scrutiny Committees (HOSC) to discuss the CQC report and the Trusts response to it. It was confirmed at the Quality Summit that YAS would maintain communications with HOSCs to ensure that the delivery of the action plan was shared.

10. RISK ASSESSMENT

10.1 No significant immediate concerns about safety or quality are identified as a result of the inspection. Action was taken at the time of the inspection in relation to the issues highlighted in the resilience service and other actions are progressing to plan.

10.2 The media publicity following the publication of the CQC was limited to local and regional news and generally presented a balanced view to the public.

10.3 The risk register has been updated to reflect the key findings and actions where appropriate.

11. RECOMMENDATIONS

11.1 It is recommended that the Trust Board receive the report as assurance that the findings of the CQC inspection published in August 2015 are being addressed; and that progress against the CQC action plan is being made in a timely way.

12. APPENDICES

12.1 Appendix 1 – YAS CQC action plan