



MEETING TITLE Trust Board in Public		MEETING DATE 24/11/2015	
TITLE of PAPER	Update on the Improvement Plan to Address Care Quality Commission (CQC) Recommendations	PAPER REF	5.4
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"/>
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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 Clinical Governance Group and Vehicle and Equipment Group.			
PREVIOUSLY AGREED AT:	Committee/Group: Quality Committee	Date: 10.9.15	
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 checked="" type="checkbox"/>	<input 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 in May 2015.

3. KEY FINDINGS AND RECOMMENDATIONS

- 3.1 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

- 3.2 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 has been activated from the Trust internal and public websites to facilitate access.

6. CQC ACTION PLAN

- 6.1 The CQC action plan (appendix I) 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 action plan has also been shared with the CQC and other external stakeholders including commissioners, NHS TDA and Health Overview and Scrutiny Committees.

7. PROGRESS TO DATE

- 7.1 The action plan details the progress made against the deliverables in the CQC action plan. In summary this includes:

7.2 Fleet, estates and operations

- revised procedures and monitoring for cleaning, consumables, equipment
- premises assessment and programme of estates works
- Make Ready System pilot now live and Vehicle Preparation System pilot in development.
- Strong campaign focus on "Bare Below the Elbow" implementation and Infection Prevention and Control. Fob watches have been ordered for a programme of improvement work on all staff.
- A programme of station improvement works has been agreed during 2015/16, focussed on storage for clinical equipment and consumables.

7.3 Learning and development

- Staff consultation completed on learning lessons
- Improved compliance reporting and breach monitoring for training and PDR.

7.4 Risk Management

- Lessons learned feedback improved and progress on Freedom to Speak Up
- Strengthened department level risk management and escalation.
- Strengthened internal Inspections for Improvement programme

7.5 Management, leadership and staff engagement

- Clarified roles and responsibilities on key compliance issues
- Executive Directors and Senior Manager portfolio review
- Improved staff communications through visual easy to read posters and greater use of social media

8. NEXT STEPS

8.1 Trust Executive Group (TEG) will continue to monitor the delivery of the CQC action plan on a weekly basis. A number of audits will take place from January 2016 to monitor compliance to a number of revised SOPs, specifically those in relation to IPC, storage, management and maintenance of consumables and fleet management.

8.2 TEG are considering the possibility of inviting CQC re-inspection on specific areas of improvement. A full re-inspection is not likely before June 2016.

8.3 YAS continue to engage in additional CQC activity and reviews, most recently this has included Information Governance (13 November 2015) and a forthcoming review of Urgent and Emergency Care based on the footprint of Bradford and Airedale System Resilience Group.

9. SIGNIFICANT EXTERNAL COMMUNICATIONS

9.1 The updated action plan will be shared with the CQC, NHS TDA and commissioners on 15 September 2015.

9.2 YAS have attended a number of Health Overview and Scrutiny Committees (HOSC) to discuss the CQC report and the Trust's response to it.

10. RISK ASSESSMENT

10.1 The media publicity following the publication of the CQC was limited to local and regional news and there has been no further media interest in the CQC report.

10.2 The risk in relation to medical devices remains on the Corporate Risk register.

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