



<b>MEETING TITLE</b> Trust Board in Public		<b>MEETING DATE</b> 30 July 2020	
<b>TITLE of PAPER</b>	CQC Continuous Quality Improvement Plan	<b>PAPER REF</b>	TB20.024
<b>KEY PRIORITIES</b>	Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart Create a safe and high performing organisation based on openness, ownership and accountability		
<b>PURPOSE OF THE PAPER</b>	The purpose of the paper is to update the Trust Board on the progress against the CQC Continuous Quality Improvement 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 type="checkbox"/>
<b>AUTHOR / LEAD</b>	Clare Ashby, Deputy Director Quality and Nursing	<b>ACCOUNTABLE DIRECTOR</b>	Steve Page Executive Director of Quality, Governance & Performance Assurance
<b>DISCUSSED AT / INFORMED BY</b> – The plan is discussed and updated at the bimonthly Quality Assurance Group meeting and monthly to the Trust Management Group.			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b> Not Applicable	<b>Date:</b>	
<b>RECOMMENDATION(S)</b>	It is recommended that the Trust Board: <ul style="list-style-type: none"> <li>Is assured that updates for the CQC Continuous Quality Improvement plan are progressing, in line with reviewed priorities as part of COVID19 response.</li> <li>Agrees the draft Infection Prevention and Control Board Assurance Framework</li> </ul>		
<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>Equality Impact Assessment</b> <i>If 'Yes' – expand in Section 2. / 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 type="checkbox"/>	<input checked="" 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>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission</b> Choose a DOMAIN(s)		All	
<b>NHSI Single Oversight Framework</b> Choose a THEME(s)		2. Quality of Care (safe, effective, caring, responsive) 6. Leadership & Improvement Capability (Well-Led)	

## **1. PURPOSE/AIM**

- 1.1 The purpose of the paper is to update the Trust Board on the progress against the CQC Continuous Quality Improvement Plan.

## **2. BACKGROUND/CONTEXT**

- 2.1 The CQC undertook an inspection of Yorkshire Ambulance Service, using pre-inspection review, unannounced visits, and scheduled interviews, from 28th May to 1st July 2019. This included the first Well-led review of the Trust. Both PTS and EOC service lines were rated as Good, and the Well-Led review was also rated as Good. At the point of publication we one of two ambulance services with a consistent good rating, across all service lines and key lines of enquiry, with no areas rated as 'Requires Improvement'.

- 2.2 The report found a number of areas of outstanding practice in the Trust, in particular within the PTS, and ten areas for improvement:

### Trust wide:

- The Trust should improve diversity at Board level, in senior roles and within the wider organisation.
- The Trust should become compliant with the accessible information standard and legislation, as it applies to ambulance providers.

### Emergency Operations Centre:

- The service should always ensure there are sufficient numbers of suitably skilled, qualified and experienced staff in the mental health nursing team.
- The service should improve sharing lessons learned from incidents in the wider service and with partner organisations.
- The service should ensure that it reviews and addresses gaps in staff knowledge and confidence to deal with people in mental health crisis.
- The service should improve appraisal rates to meet the trust target.
- The service should improve sharing learning from complaints and concerns with staff in the department

### Patient Transport Service:

- The service should ensure staff are confident in reporting and escalating safeguarding concerns.
- The service should ensure staff are supported appropriately in completing mandatory training

## **3. ACTIONS TAKEN FOLLOWING CQC INSPECTION**

- 3.1 The CQC Continuous Quality Improvement Plan was developed and sustains actions and recommendations from this and previous CQC reports across all service lines. It also combines findings from the internal Inspection for Improvement (I for I) process. This enables themes and trends from the I for I process to feed the continuous improvement cycle throughout the year, thereby focussing on developments between CQC inspection times and the maintenance of consistent compliance. This supports our ambition to achieve a rating of 'Outstanding' in our CQC inspection by 2023.

3.2 The action plan was agreed at Trust Management Group (TMG) with assurance that actions and quality improvement projects associated with Inspection for Improvement process and CQC inspection feedback are relevant and timely. The plan is monitored by the Quality Assurance Working Group (QAWG), and reported to Trust Management Group on a monthly basis.

#### 4. ACTION PLAN PROGRESS UPDATE

4.1 The plan has been updated in May and June 2020, however due to the current COVID-19 priorities, the Quality Assurance Working Group meetings have been on hold during the first quarter of the year.

4.2 The first QAWG was held on 22 June and well attended, however due to COVID-19 several actions remain on hold until business as usual is re-established.

4.3 The following actions have been completed and closed:

- *Campaign to increase the uptake of staff survey – ‘You Said, we did’ campaign initiated for 2019 NSS to encourage more staff to participate. This resulted in a 50% uptake compared to 38% in 2018.*
- *Improve the overall Trust engagement score - YAS's NSS2019 Staff Engagement score was 6.6 out of 10. This is a significant improvement putting YAS at the top of the ambulance sector (2019 sector average is 6.3).*
- *Implement EOC recruitment and training plan for mental health nursing team - there are now 10 established mental health nurses.*
- *Agree training materials for mental health awareness - rolling out the MIND course to all emergency call handlers, we have also engaged with WYFRS and rolling out their Mental Health course for emergency call handlers which is specifically designed for them. Further developments on hold due to COVID-19.*
- *Agree timeline allocated for staff abstraction within training plan - all abstraction agreed through TMG.*
- *Undertake focussed risk management sessions with middle and senior management staff in EOC – monthly meetings with Head of Risk now in place.*
- *Ensure effective use of risk management module within EOC, linking risks to learning from incidents – all appropriate staff now trained.*
- *Define career progression pathway – stage 1 of the workforce career framework signed off by TEG.*
- *Consistency in clinical waste and sharps disposal in stations and vehicles - change of sub-contractor through Mitie has increased consistency. Monthly safety updates continues to promote good practice.*
- *Relaunch the refreshed PIC process in line with Datix IQ cloud system refresh – awaiting sign off at TMG. This should be rolled out within the next few weeks.*

4.4 The following are noted as key areas within the plan which have been affected by the shift of focus to the covid-19 response over recent months. The following elements of the plan will be amongst the key areas of focus as part of the wider Covid-19 Recovery/Restoration programme:

- Co-ordinated activity to support continued development of organisational culture. Including the focus on diversity and inclusion and promotion of ‘Just Culture’.
- Continued development of the Personal Development Review process.

- Further development of clinical supervision processes.
- Implementation of new electronic safeguarding referral process.
- Implementation of the Moving Patients Safely QI initiative.
- Restoration of the Trust QI Fellowship scheme and Rapid Process Improvement Workshop Programme.

4.5 Mock CQC inspections of our services are a key element of our assurance against the plan. However, the plans for the current year remain postponed due to COVID-19 priorities. The timing and proposed approach will need to be considered within the context of Recovery.

## **5. CQC UPDATE**

5.1 The following section summarises key recent developments in CQC processes and the implications for the Trust:

- CQC are no longer conducting routine inspection, this is under review at present
- They are continuing with focussed inspections where needed, utilising their Emergency Support Framework (ESF).
- They are holding virtual visits if required.
- NHS England/Improvement has published new IPC guidance based on Covid19 evidence, with an assurance framework to support this. In the context of the ESF, the CQC will be in touch with each provider to confirm our level of assurance. A draft self-assessment has been completed and reviewed in TEG for consideration by the Board (see Appendix 2).
- One of the top priorities for CQC is registrations for new services emerging as part of the Covid19 pandemic response i.e. Nightingale hospitals.
- Relationship owners will continue to be in regular contact. (2 weekly meetings have been held with the Executive Director of Quality, Governance and Performance Assurance)
- The Trust must continue to send regular contractual requirements.
- Insight reports will continue, the June iteration has now been published and there will be an opportunity for review and discussion in the next Quality Committee.
- CQC will also be looking at best practice around the guidance.

## **6. RECOMMENDATIONS**

6.1 It is recommended that the Trust Board:

- Is assured that updates for the CQC Continuous Quality Improvement plan are progressing, in line with reviewed priorities as part of COVID19 response.
- Agrees the draft Infection Prevention and Control Board Assurance Framework.

## **7. APPENDIX**

7.1 Appendix 1 - CQC Continuous Quality Improvement Plan

7.2 Appendix 2 – Draft Infection Prevention and Control Board Assurance Framework