

Quality Summit**18 August 2015**

Overview

The purpose of the Quality Summit is to develop a plan of action and recommendations based on the inspection team's findings as set out in the inspection report. This plan is developed by partners from within the health economy and the local authority.

The Quality Summit considered:

- The findings of the inspection
- Whether the high level action plan proposed by the provider to improve quality is adequate and whether additional steps should be taken
- Whether support should be made available to the Trust from other stakeholders to help them improve.

The recommendations for action will be captured in a high level action plan(s) by the provider. Further work will be required by the Trust and its partners following the Quality Summit to develop the detail beneath the high level actions before moving onto implementation. This will be completed within 28 days of the Quality Summit. Action plans are owned by the Trust and the CQC will expect to be consulted on the adequacy of the action plan before it is agreed. The Trust Development Authority (TDA) will hold the Trust to account for the delivery of the action plan.

Introduction

The CQC provided an overview of the inspection process and the outcome. The considerable delay from inspection to publication was acknowledged (seven months). It was suggested this was primarily due to 'process issues'. There was a sense of frustration from the Trust at the delay in publicising the inspection report.

The CQC set the inspection process and the outcomes within the context of the revised inspection model indicating that so far only two organisations had been rated outstanding, few rated inadequate with most in the middle, highlighting that the bar had been set high. In terms of the Trust it was suggested they "are only a short walk away from being good". It was acknowledged that the Trust had made progress since the inspection and that it was important to focus on the positives. It was suggested that the momentum of improvement would require the continued support of the wider health economy.

Presentation of inspection team key findings

The CQC provided a summary presentation of the report's findings. (Inspection report previously circulated) including an overview of ratings. It was emphasised that the only area rated inadequate was resilience.

CQC ratings for Yorkshire Ambulance Service

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

Overall Trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Outstanding practice and areas for improvement

The CQC summarised the outstanding practice and areas for improvement (see inspection report previously circulated).

There were no specific questions arising from the presentation.

Trust presentation – response to inspection findings

The focus of this session provided an overview of the Trust, key challenges and the response to the inspection findings.

The Trust began by providing a positive context to their presentation by outlining the following initiatives:

- Successful introduction of NHS 111 service
- Integrated patient pathways – end of life care, mental health, Vanguard bid, community paramedics
- Clinical Quality Strategy – improved patient outcomes – e.g. cardiac arrest
- Accreditation for Emergency Operations Centres and business continuity
- Patient experience award winners
- Valued based recruitment
- Delivering financial plan and cost improvements
- Positive community and staff engagement
- Strengthening of Corporate Governance

It was emphasised that prior to the inspection there was a number of known challenges including meeting the increased ‘Red’ demand – major logistical and workforce transformation; management and leadership capacity and capability; the embedding of a professional culture; staff engagement and communication; commissioner engagement and strategic direction; and the scale of transformation.

The next part of the presentation focused on action following the CQC inspection with particular emphasis on the ‘must do’ outcomes.

Cleaning and Infection Prevention and Control

The Trust indicated that they had introduced a weekly review of deep clean and increased IPC audits. The Trust had clarified local management and staff responsibilities for standards at station premises and had also increased staffing cover for the cleaning team.

A new initiative ‘Make Ready’ vehicle preparation would be introduced in Leeds in September 2015. The Make Ready system provides specialist teams of staff who are employed to clean, restock and maintain vehicles which means that staff, who routinely undertake these tasks, can spend more time treating patients. Under the make ready system vehicles are regularly deep-cleaned and swabbed for the presence of micro-organisms including MRSA and CDifficile. Each vehicle is fully stocked to a standardised specification with equipment checked and serviced regularly. To reduce vehicle breakdowns, on-site vehicle maintenance experts will be on-hand to undertake routine maintenance.

The Trust have reinforced the bare below elbows policy with a Trust-wide campaign planned for autumn and implementing fob watches for staff.

Equipment and Medical Supplies

The Trust had taken immediate action on the HART issues raised in the inspection report, together with an immediate review of consumables. In addition, out of date stock processes had been strengthened at station level and health and safety risk assessments of all premises had been undertaken.

Mandatory Training

The development of 2015/16 training plan to ensure delivery meets compliance requirements had been completed. The Trust had increased management monitoring of compliance which currently stood at 92% overall. New processes had been introduced to ensure staff don't 'slip through the net' of mandatory training and a full review of Trust training needs analysis was to be completed by October 2015 to drive the future training plan.

Action following the CQC inspection – What the Trust should do

The inspection report had highlighted a number of 'should do' actions including emphasis on personal development and staff appraisal. The Trust indicated that they were maintaining focus on PDR completion – current Trust compliance stood at 77%. Additional courses were being rolled out to ensure all appraisers have received appropriate training.

The Trust should ensure that all staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. It was indicated that the Trust would maintain e-learning and paper-based workbook delivery and that 92% of staff had now completed this. Training would also be included in the face-to-face clinical refresher course from October.

The Trust should ensure all ambulance stations are secure at all times. Immediate action had been taken during the inspection visit in relation to specific locations and the importance of station security had been reinforced, including an updated security risk assessment for all premises.

The Trust should ensure records are securely stored at all times. The Trust had implemented a records management action plan with a key focus on medical records.

The Trust should 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 had introduced revised inspections for improvement process together with increased executive scrutiny of risks and updated training. Improved call answering on 24/7 Datix line had been introduced and the Trust had implemented the Freedom to Speak Up recommendations. There had also been a lessons learned bulletin for staff and consultation to inform feedback.

The Trust should ensure there are appropriate translation services available for staff to meet the needs of people who use services. The Trust had updated the standard operating procedure, with improved contract monitoring and reporting through the Clinical Governance Group.

The Trust should review the provision and availability of equipment for use with bariatric patients and that staff are trained to use equipment. The Trust indicated that they had reviewed the utilisation procedures for bariatric vehicles.

The Trust should review the safe management of medication to ensure that there is a clear system for the storage and disposal of out of date medication. The Trust adhered to the Standard Operating Procedure for the safe disposal of medicines and a review of oxygen storage facilities had been undertaken.

The Trust should ensure consistent processes are in place for the service and maintenance of equipment and vehicle fleet. The standard equipment list had been reviewed and re-issued. A Vehicle Preparation Programme would be introduced – first site live in December and a hub and spoke/make ready strategy would commence with a pilot in Leeds in September. The Trust had purchased 110 new PTS vehicles in 2015.

The Trust should ensure performance targets in relation to patient journey times and access to booking systems continue to be monitored and improve. The Trust had increased PTS call centre staff which had resulted in improved response times. Improved scheduling had resulted in better service efficiency. The Trust had implemented SMS messaging and calls to patients and was working with commissioners on PTS service development. The variance in performance of Patient Transport Services across different areas was noted and that a regional review of PTS was underway. It was also noted that improvement work in relation to patient transport services for renal patients extended across the service.

The final part of the presentation focused on broader action to support the Trust's longer-term goals which included an executive director and associate director/senior management portfolio review; the service transformation programme – major work programmes in A&E, estates and fleet; together with Patient Transport Services. There was a planned increase in the clinical workforce with a revised recruitment and training plan. There was a renewed focus on staff engagement and communication together with improved trade union relationships, including a framework agreement and recognition rights, to include Unite, RCN and GMB, who had previously been derecognised or not recognised for collective bargaining purposes. There was continued engagement with commissioners on the joint urgent and emergency care strategy.

There were no specific questions at this stage.

Development of next steps plan – to agree key actions to issues identified in quality report

This session was chaired by the Trust Development Authority (TDA) and focused on agreeing a high level action plan in response to the findings of the inspection.

It was reported that many areas of the report had been acted upon since the inspection but there was more to be done. It was suggested and agreed that the back bone of the action plan would focus on the 'must do' requirements. The TDA were confident of delivery within timescales. The TDA acknowledged that YAS was different to an acute trust, and that some of the actions would require different approaches. The Trust employed 4,700 staff across a diverse and geographical area which presented particular problems in relation to infection control, for example, when trying to implement and monitor a Trust wide policy.

It was suggested (Cllr Rhodes) that the action plan should have a sharp focus on strengthening Board assurance and independent audit, to ensure better more effective monitoring of performance. Some of the issues identified in the report in relation to patient safety were at the level of basic care and it was concerning that the Trust had not picked up and acted upon these prior to the inspection.

There was a suggestion (from the Chair of the Trust) that the inspection placed little emphasis on the extent and scale of the problem facing the Trust, particularly with regard to demand pressures, recruitment and mandatory training. Resource issues needed to be recognised, particularly in relation to training where staff had to be withdrawn from front line service and that commissioners needed to recognise this and invest in staff cover, as appropriate. Commissioners responded by saying that it was the responsibility of the Trust to ensure the provision of a high quality service and to fulfil the requirements of mandatory training. The Commissioners recognised the workforce challenges together with increased demand and suggested that the Trust could consider a different offer in relation to training. There was a need to revisit planning assumptions and the commissioning strategy was looking towards transformational care. Alternative providers could be considered for the delivery of training.

External support – agree key areas which external support may be required to enable improvements and implementation of action plan

The TDA were providing support to the Trust specifically in relation to governance, risk management and quality measurement. This was also being facilitated through peer support in relation to medical devices and medicines management. It was suggested that Mid Yorkshire Hospitals NHS Trust had undertaken some useful work in relation training on the Mental Capacity Act and would be able to offer support. All stakeholders will provide support and challenge together with wider system support.

Next Steps

The timescale for the development of a detailed action plan in relation to the 'must do' requirements is 28 days from the date of the Quality Summit. The development of the 'should do' improvement plan is 6 weeks. The action plan(s) will be shared with all stakeholders present at the Quality Summit. The inspection report will be published on the 21 August and should remain confidential until that time. Media statements will be agreed between the CQC, YAS and the TDA for release on the 21 August. The TDA will hold the Trust to account for the delivery of the Action Plan. Wider stakeholders will be kept informed of progress and delivery.

Summary

There is clearly an issue in relation to the effectiveness of a Quality Summit so late after the initial inspection and this to some extent muted discussion on the development of an action plan where many areas identified in the report had been addressed. A satisfactory explanation as to why the publication of the report had been delayed was not provided other than to say that it was the result of 'process issues' The Trust were clearly frustrated at the delay in publicising the report.

I spoke with commissioners and the Trust after the Quality Summit regarding on-going monitoring arrangements of the Action Plan and it was agreed that Wakefield Overview and Scrutiny would arrange appropriate meetings with invitations to Y&H scrutiny Chairs and support officers to attend, as agreed.

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