



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 6 SEPTEMBER 2017

REPORT OF EAST MIDLANDS AMBULANCE SERVICE NHS TRUST

CARE QUALITY COMMISSION UPDATE

Purpose

1. The purpose of this report is to present the Care Quality Commission (CQC) inspection action plan for East Midlands Ambulance Service (EMAS) and to outline the changes to the CQC inspection regime.

Background

2. The CQC undertook an announced inspection of EMAS in February and March 2017. EMAS was given an overall rating of Requires Improvement. Two functions within the Trust were inspected:
 - Urgent and Emergency Care;
 - Emergency Operations Centre.
3. The Patient Transport Services (PTS) function was not inspected as the Derbyshire services was not in existence at the time of the last inspection and EMAS no longer provided PTS in parts of Lincolnshire and parts of Nottinghamshire which had been inspected in 2015.
4. The CQC published the report of the inspection of EMAS undertaken in February and March 2017 on its website on 13 June 2017. The Trust submitted an action plan to the CQC to respond to the issues identified in the report. This is presented to the HOSC committee for information.
5. The CQC has recently issued guidance on changes to its inspection regime. The changes relate mainly to the timing and scope of inspections. The new approach will involve announced and unannounced elements and there will be more of a focus on ongoing monitoring which will allow the CQC to undertake a risk-based approach in determining the timing of inspections.

CQC Action Plan

6. The CQC Action Plan has now been finalised and was submitted to the CQC within the required timescales. The action plan addresses the matters identified in the report where a Trust must take action. These are the matters which have prevented the Trust from meeting the relevant Regulations. It also addresses the matters which the CQC believes should be addressed. Although they do not impact on the Trust's

ability to meet the Regulations they are nevertheless important. There were a number of other concerns in the report which the CQC did not consider to be as significant and which did not impact on the Trust's rating. These have not been included in the attached action plan but will be considered and addressed by the Trust, as appropriate through the wider Quality Improvement Plan which is currently in development.

7. The Trust has received feedback from the CQC on the content of the action plan. Monthly meetings have been arranged with the CQC and progress against the action plan will be monitored at these meetings.

Changes to Inspection Regime

8. In June 2017 the CQC issued its response to the recent consultation into the next phase for regulating NHS trusts and also issued updated guidance on how it will monitor, regulate and inspect trusts. The new arrangements were implemented from mid-June 2017 and the first phase of this new type of inspection will take place between September and November 2017 with publication of the ratings early in 2018. Those trusts to be inspected in the first phase will be identified on a risk basis and/or will be those not inspected in the previous 12 months.
9. Trusts will be inspected approximately once a year but this will not be at the same time each year. The CQC has stated that it will aim to inspect each Trust once between June 2017 and Spring 2019 and approximately annually after that. Inspections will consist of an announced well-led inspection and at least one core service inspection which is likely to be unannounced. The core services for EMAS are Urgent and Emergency Care (Accident and Emergency), Patient Transport Services and the Emergency Operations Centre. The well-led inspection will usually take place about four months after the core inspection. As EMAS has three core services it may be some time before all services are inspected again.
10. Going forward the frequency of inspections of core services will be determined by the trust's previous rating. A well-led inspection will be undertaken annually but re-inspections of core services will be undertaken after:
 - one year for core services rated as inadequate;
 - two years for core services rated as requires improvement;
 - three and a half years for core services rated as good;
 - five years for core services rated as outstanding.

This is only a guide and other factors will influence the timing of inspections.
11. Under the new arrangements there will be more frequent contact with Trusts as the CQC gathers intelligence which will inform its risk assessment to determine when an inspection is appropriate. Each Trust will receive a Provider Information Request annually which will request particular information and documents. A trust will have three weeks in which to supply the information requested. This information will then be used by the CQC to plan its inspections.

12. Inspections will be based on the five key questions used previously: safe, effective, responsive, caring and well-led. The CQC has also reissued its key lines of enquiry which shows the areas to be inspected under each of the five questions. The Trust will use these in assessing itself against the CQC's requirements and they will be used to inform the development of the Quality Improvement Plan to determine how the Trust will move from requires improvement to a good rating.
13. The CQC will continue to rate trusts as either outstanding, good, requires improvement, or inadequate. As previously, ambulance trusts will receive a rating for each of the core services against each of the five questions, an aggregated rating for each key question, an aggregated rating for each core service and a rating for the provider as a whole. The CQC has stated that inspection reports will be shorter and more-focused but will contain an evidence appendix.
14. The CQC will start to assess a trust's use of resources in conjunction with NHS Improvement. These assessments will be introduced initially for non-specialist acute trusts only.
15. At the last inspection the ratings for the Trust were as set out below:

	Safe	Effective	Caring	Responsive	Well-Led	Overall
Emergency and Urgent Care	Inadequate	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Patient Transport Services	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Emergency Operations Centre	Requires Improvement	Good	Good	Good	Good	Good
Overall Trust Rating	Inadequate	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

16. The CQC rating following the latest inspection are as follow:

	Safe	Effective	Well-Led	Overall
Emergency and Urgent Care	Requires Improvement	Requires Improvement	not inspected	Not rated overall
Emergency Operations Centre	Requires Improvement	Requires Improvement	not inspected	Not rated overall

Overall Trust Rating	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
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17. The overall rating for the Trust therefore remains the same. The inadequate rating for both Emergency and Urgent Care and the Trust overall has improved from inadequate to requires improvement. The effective rating for the Emergency Operations Centre has however deteriorated from good at the last inspection to require improvement following the recent inspection.
18. The CQC inspection report is attached at Appendix 2.

Issues raised by CQC

19. In inspection reports the CQC set out the matters where a Trust must take action. These are the matters which have prevented the Trust from meeting the relevant Regulations. The CQC also highlights other issues which, although they do not impact on the Trust's ability to meet the Regulations, the CQC believes should be addressed.
20. The issues identified within the report fall into a number of key areas:
- response times including call taking and front-line;
 - equipment checks and servicing;
 - incident reporting, investigation and learning;
 - training particularly equality and diversity and risk management;
 - waste management;
 - fitting of face masks for front line staff;
 - systems for ensuring staff read and understand information;
 - training for Hospital Ambulance Liaison Officers;
 - access to controlled drugs;
 - clinical mentorship for new staff;
 - Fit and Proper Persons checks;
 - assistance for frequent callers.
21. Appendix 1 sets out the list of matters which the Trust must address in order to comply with the Regulations and also those which it feels the Trust should address.

Next Steps

22. A Quality Summit took place on 20 June. At this event the CQC presented the findings of the inspection and the Trust will respond to these, outlining its plans for improvement. Partners from across the region have been invited to the summit to explain how they could assist with addressing the issues identified within the inspection report.

23. The Trust has compiled an action plan to address the issues identified within the inspection report and the Warning Notice. The Trust was required to submit the action plan to the CQC by 14 July 2017(which was submitted on time)
24. The EMAS Quality and Governance Committee will continue to be responsible for ensuring compliance with the CQC standards and therefore will continue to receive regular reports on compliance which will include progress against the actions arising from the inspection.

Implications

25. The report identifies a number of issues which impact on quality, workforce and operational performance but none of these are new issues which the Trust was unaware of. The action plan referred to above will determine how these matters will be resolved. There may be financial implications attached to implementing some of the actions arising from the report. The extent of the financial implications will be identified in producing the action plan.
26. CQC inspection reports are made public and therefore the Trust's inspection report has resulted in media attention, which in general has been balanced and positive. Partner organisations such as commissioners and NHS Improvement will also take an interest in the outcome of the inspection and are likely to monitor progress against the implementation of the action plan.

Circulation under the Local Issues Alert Procedure

None

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List of Appendices

- 1 - Trust Action plan
- 2 – CQC Inspection Report 13 June 2017

Equality and Human Rights Implications

Consideration has been given:

- Under the Human Rights Act 1998 to respect, protect and fulfil people's human rights.
- Under the Equality Act 2010 to have due regard, when delivering our functions, to the need to:
 - eliminate discrimination
 - advance equality of opportunity, and
 - foster good relations between groups
 - In relation to the 'protected characteristics'

(age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation.)