



CUMBRIA HEALTH SCRUTINY COMMITTEE

Date:	26 February 2018
Subject:	Care Quality Commission Improvement Plan and Use of Other Agencies Report
Purpose of Paper: Information	
Report of: Matthew House, Consultant Paramedic	
Executive Summary	This Committee received a report outlining the CQC improvement plan by the trust in 2017 and it was agreed that a further report would be presented in 12 months' time to update the Committee on progress. A request has also been made for information and figures on the trust's use of other agencies.
Recommendation	The Health Scrutiny Committee is asked to note the trust's progress on implementing the Care Quality Commission Improvement Plan and information provided on usage of other agencies to support trust operations.
Attachments	None

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1. PURPOSE

The purpose of this report is to update the Health Scrutiny Committee on progress implementing the Care Quality Commission Improvement Plan and usage of other agencies. For the purpose of this report other agencies are deemed to be private ambulance providers.

2. CARE QUALITY COMMISSION IMPROVEMENT PLAN UPDATE

2.1 In May 2017, ratings were provided for each of the trust's core functions following the Care Quality Inspection. Overall these found that the Trust's NHS 111, patient transport service and emergency operations centres were 'good'; however, the emergency and urgent care services were described as 'requires improvement'.

	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)	Good	Good	Good	Good	Requires improvement	Good
Emergency operations centre (EOC)	Requires improvement	Good	Good	Good	Good	Good
NHS 111 service	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

2.2 In summary the actions required within each service area could be broken down as follows:

- Emergency and Urgent Care:
 - 23 must do, 14 should do
- Emergency Operation Centre (EOC):
 - 5 must do, 9 should do
- Patient Transport Service (PTS):
 - 3 must do, 11 should do

2.3 The trust produced a robust action plan and has worked with the NHS Improvement and the Advancing Quality Alliance to focus on delivery of the required actions to move from 'requires improvement' to 'good'. All actions are either complete or are permanent work in progress and the action plan has now been incorporated into the trust's normal business. The trust expects its next Care Quality Committee inspection to take place this year.

2.4 Improvements

Improvements made include:

- Strengthened Risk Management
- Improved Duty of Candour
- PTS Management team strengthened
- Revised Medicines Management procedures
- Enhanced Mental Capacity Act training
- Community First Responder training records have been improved.
- Increased numbers of staff have had their annual appraisal.
- Enhanced Learning from Incidents structure in place
- Investigations training for all managers in 2018

2.5 Actions Still Ongoing

We are continually working on a number of issues. These are areas that we will keep trying to improve and reinforce, even though they have improved since the inspection. These areas include:

- Safeguarding
- Incident Reporting
- Performance figures
- Staff Morale
- Recruitment of paramedics

3. USE OF PRIVATE AMBULANCE PROVIDERS

3.1 The trust uses private ambulance providers to support operations for both the Paramedic Emergency Service (999) and the Patient Transport Service (non-emergency service). This may be during times of high operational demand as well as short term gaps in resources due to sickness or other unplanned absences.

For the Paramedic Emergency Service, private providers are used to provide transport to low acuity calls which have been triaged by a clinician on scene or within the trust's Urgent Care Desk to free up paramedic resources to attend higher acuity calls. In Patient Transport they are used to support the on the day unplanned element of the contract whilst supporting the core NAWAS resources to provide improved flexibility, resilience and responsiveness at a local level.

3.2 Due to the large footprint of the North West Ambulance Service use of private ambulance providers agencies can be extensive so in order to comply with procurement legislation and ensure the effective deployment of private ambulance providers, the trust uses a procurement framework. Ambulance providers are managed through a contract with a separate company, 365 Solutions who act as a broker and operate an online portal for providers to bid for the shifts – individual and block, to be covered.

3.3 All ambulance providers will be assessed by 365 Solutions prior to their acceptance onto the 365 framework with a further inspection by the trust prior to their use. Providers are assessed annually against the same inspection checklist as applied to trust resources which includes:

- Organisation – licensing, HSE, complaint handling, insurance, information governance
- Vehicles – condition, infection prevention and control, communications, procedures in event of damage
- Staff – training, confidentiality, DBS checks, ID, customer care
- Reporting – incident / accident reporting,
- Quality Reporting - patient pick up / set down

3.4 Private providers are accountable to the trust through application of robust contract and performance management processes and defined goals and objectives.

The contract and performance management process overseen by the trust's procurement team prescribes how those objectives are to be achieved, including the responsibilities of the private provider to provide the capacity and capability, support and information flows to enable effective monitoring and reporting against the Key Performance Indicators (KPIs) as detailed in the trust's service specification. Providers are subject to service review and contract performance meetings.

3.5 Current Private Ambulance Providers

Current private ambulance providers used for the Paramedic Emergency Service are:

- Emergency Medical Services/Medipro
- St John's Ambulance
- Jigsaw
- Manone
- Trust Medical (no longer trading)

3.6 Current private ambulance provider used for the Patient Transport Service are:

- ERS Medical
- Emergency Medical Services
- North West PALS
- Private Ambulance Service
- Jigsaw

At present PTS uses 15 resources per day across the trust's footprint, 3 of which are deployed in the Cumbria area in addition to ad hoc daily usage of circa 20 additional vehicles per day.

3.7 Private Ambulance Provider Costs

Private ambulance provider costs for the Paramedic Emergency Service in *Cumbria and Lancashire between 1st April 2017 and 31st December 2017 were £1,159,928. Across the whole of the trust's footprint for the same period this was £3,542,521.

*Regretfully a further county breakdown is not possible due to how private provider invoices are submitted.

Private ambulance provider costs for the Patient Transport Service in Cumbria between 1st April 2017 and 31st December 2017 were £361,193. Across the whole of the trust's footprint for the same period this was £2,976,656.

4. RECOMMENDATIONS

The Health Scrutiny Committee is asked to note the trust's progress on implementing the Care Quality Commission Improvement Plan and information provided on usage of private ambulance providers to support trust operations