



YORKSHIRE AMBULANCE SERVICE NHS TRUST
CQC Quality Improvement Action Plan
V 25.1 19.3.18 CLOSE DOWN

| CQC findings | Actions | Executive Director | Deputy/ Associate Director | Due date | CLOSE DOWN POSITION | Complete/ No/Partial | Measures/Evaluation | Responsibility to complete further work. | Assurance | | | |
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| TRUST WIDE | | | | | | | | | | | | |
| 1.1 | Ensure that at all times there are sufficient numbers of suitably skilled, qualified and experienced staff (including Clinical Supervision) | 1. Refresh workforce strategy and plan and monitor delivery a) Refresh strategy and plan b) Implement milestones/ quarterly review c) Review and refresh leadership and management training to align to Trust strategy | Director of Workforce and Organisational Development | Deputy Director of Human Resources/Associate Director of Education and Learning | 1a) Sept 2017 1b) Quarterly review 1c) Sept 2017 | 1. The workforce strategy continues to be developed aligned to the wider Trust strategy. The workstream will be taken to completion by the Workforce Directorate and the Strategy and Development | 1. partial | Publication of new workforce strategy and plan Staff in post/skillmix against plan Delivery against staff education and training plan Sickness absence rates Improved recruitment timelines Reduced agency usage | Workforce Directorate Service Transformation Programme | 1. Yes. Corporate enabling strategies in development. Corporate Strategy planned to be launched September/October 2018 | | |
| | | | Director of Workforce and Organisational Development | Deputy Director of HR | 2a) June 2017 2b) Sept 2017 2c) April 2017 2d) April 2017 2e) Dec 2017 | | 2. partial | | | | 2. Completed with the exception of the options appraisal for in-house bank. This will be progressed through the Director of Workforce and Organisational Development. | 2. Yes With exception of in house bank development. |
| | | | Executive Director of Quality, Governance and Performance Assurance | Deputy Director of Quality and Nursing | 3a) Sept 2017 | | 3. Complete | | | | 3. Complete. | 3. Yes YAS representative at LWABS. Now sits with Director of Workforce and Organisational Development |
| | | | | | | | 4. Complete | | | | 4. Complete. | 4. Yes Recruited |
| | Staff communication and engagement | 1. Continue to promote the expectation of visible leadership in all Executive and management roles. 2. Implement refreshed communication strategy including increased use of social media, YAS TV and improved website design. 3. Establish new behavioural framework following Trust-wide consultation exercise. | Chief Executive, Director of Planning and Development | Associate Director of Communications | 1. Ongoing 2. Ongoing - quarterly reviews 3. June 17/ March 18 | All actions complete. Ongoing work to sustain will be through Directorate of Workforce and Organisational Development. | 1. Complete 2. Complete 3. Complete | Staff survey results Staff feedback | Director of Workforce and Organisational Development | Yes | | |

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| 1.2 | | 4. Ensure at least 90% of staff receive an annual appraisal in accordance with new target | Director of Workforce and Organisational Development | Associate Director of Education and Learning | Sep-17 | Target not yet reached, focussed work will continue through Directorate of Workforce and Organisational Development. | Complete | PDR rates constant breaches Staff survey feedback Robust system in place | Director of Workforce and Organisational Development | Partial Ongoing work required |
| | | 5. Continue to develop partnership approach through Trust and service line JSG meetings. | Director of Workforce and Organisational Development | Deputy Director of Human Resources | March 2018 Quarterly reviews | Completed. Ongoing relationship management mainstreamed in HR function and operations. | Complete | Positive qualitative feedback on partnership | Director of Workforce and Organisational Development. Exec Director of Ops. | Yes |
| | | 6 Support dissemination of good practice highlighted in inspection across the Trust, with focus on learning and improvement, staff recognition and support. | Executive Director of Quality, Governance and Performance Assurance | Deputy Director of Quality and Nursing | March 2018 Quarterly reviews | Partial | Partial | Confirmed examples of good practice shared | Director of Workforce and Organisational Development. Exec Director of Ops. | Partial. Further work required in relation to staff recognition scheme |
| | | 7. Complete Datix refresh to include easier usage, automatic feedback and communications. | Executive Director of Quality, Governance | Deputy Director of Quality and Nursing | April 2018 | Complete. | Complete | incidents reported staff survey | | Yes |
| | | 8. Develop and launch a consistent approach to service quality improvement, rooted in active engagement of patients and staff | Executive Director of Quality, Governance and Performance | Associate Director of Risk and Performance Assurance, Deputy Director of Quality and Nursing | Dec-18 | Draft strategy has been developed and is due for consultation March and April 2018. Plan to launch at Trust Board May 2018 | Partial | Training delivered Feedback on staff and manager engagement Pilot initiatives in selected departments | Exec Director Quality Governance and Performance Assurance. | Yes |

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| A&E OPERATIONS | | | | | | | | | | |
| 2.1 | Ensuring that at all times there are sufficient numbers of suitably skilled, qualified and experienced staff (including Clinical Supervision) | 1a) Implement refreshed training and recruitment plan. Full establishment by July 2017 1b) Evaluate current Clinical Supervision pilots and implement learning across A&E service | Executive Director of Operations | Executive Director of Operations/ AD of Education and Learning/Associate Director Paramedic Practice | 1a) July 2017 1b) July 2017 | 1a) Complete. 1b) Agreement on direction of travel. Developing further at divisional level through Clinical and Operational Directorates. | 1a. Complete 1b. Partial | Staff in post and skillmix vs plan ACQI indicators Mealbreak and shift overrun indicator Safe staffing indicator Staff survey feedback | Exec Medical Director. Exec Director Operations | 1a. Yes 1b. Partial work ongoing to sustain effective clinical supervision |
| 2.2 | Child seats/harnesses not always accessible on vehicles - Ensure secure seating for children is available on vehicles | 1. Ensure all A&E transporting vehicles have a child harness available on board | Executive Director of Operations, Director of Estates, Fleet and Facilities | Executive Director of Operations, Director of Estates, Fleet and Facilities | Jun-17 | Complete | Complete | I4I visit reports - some inconsistencies. Being fed back locally to LM's | | Yes Ongoing monitoring through I4I |
| 2.3 | Review arrangements for start of shift vehicle check – staff should have sufficient time to complete checks | 1. Review and reinforce arrangements to ensure that they are implemented consistently across the Trust | Executive Director of Operations | Executive Director of Operations | July 2017 | A&E Operations Directorate to progress and implement. | Partial | | Exec Director of Operations | Partial Standardised approach not yet finalised |
| 2.4 | Ongoing processes to ensure that equipment and medical supplies are checked and fit for purpose | 1. Implement a regular testing programme for medical equipment. 2. Continue to follow consumable supply process | Executive Director of Finance | Director of Estates, Fleet and Facilities, Associate Director of Procurement | March 2017 | Complete | Complete | 1. I4I visit reports 2. data capture and reporting | | Yes Ongoing monitoring through I4I |
| 2.5 | Consistency of audit procedures for controlled drugs | 1. Review audit procedures for reviewing the recording of all medicines and present recommendations to CGG. | Executive Medical Director | Deputy Medical Director | March 2017 | Complete. Ongoing audit requirements as per medicines management policy | Complete | Controlled drug audit process I for I report Medicines Management Internal Audit report | Executive Medical Director | Yes Ongoing monitoring through I4I |
| 2.6 | Consistency in clinical waste and sharps disposal in stations and vehicles | 1. Continue to promote best practice through education and associated communications. 2. Reinforce consistent implementation through Clinical Supervision, IPC Nurse site visits and I for I process, with targeted interventions where necessary. | Executive Director of Operations/Director Fleet, Estates and Facilities | Deputy Director Quality and Nursing/ Deputy Director of Operations, Associate Director of Procurement | March 2017 | Complete | Complete | I4I report | | Yes Ongoing monitoring through I4I |

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| 2.7 | Consistent availability of specialised equipment for bariatric patients | 1. Roll out new bariatric equipment as part of the introduction of new A&E vehicles. 2. Ensure full awareness of the new SOP for access to support and equipment for bariatric patients. | Executive Director of Operations | Executive Director of Operations | March 2017 | Complete | Complete | I for I report Staff feedback Activity of bariatric support vehicles | | 1. Yes 2. Bariatric vehicle utilisation will continue to be monitored through Moving Patients Safety Group |
| 2.8 | Consistency of implementation of station security and health and safety processes | 1. Actively promote good practice in station security via staff communications and line management processes. 2. Feed back on practice issues arising from fire risk assessments to local managers and staff 3. Implement programme of Estate works to address issues highlighted through fire risk assessments 4. Implement health and safety training for all managers | Executive Director of Quality, Governnace and Performance, Executive Director of Operations | Associate Director of Risk and Performance Assurance, Director of Estates, Fleet and Facilities | 1. Dec 2016 2. Dec 2016 3. March 2017 4. June 2017 | Complete. Estates improvement programme continues as part of estates annual plan | Complete | I for I reports Follow up fire risk assessments Fire safety and health and safety training delivery Feed back from staff Incidents and near misses | Director of Fleet Estates and Facilities. | Partial. I4I shows inconsistencies in station security |
| 2.9 | Staff ability to highlight concerns and to contribute to improvements in practice | 1. Continue to actively promote Bright Ideas scheme 2. Support and involve staff in team-based quality improvement activity 3. Ensure local staff meetings are in place to support discussion of ideas for improvement 4. Continue to promote Freedom to Speak Up Guardian role | Executive Director of Operations | Executive Director of Operations, Deputy Director of Quality and Nursing | Ongoing Quarterly review | Complete | Complete | Bright Ideas introduced into practice Staff survey feedback Staff Feedback on staff and manager engagement | | Yes |

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| PTS OPERATIONS | | | | | | | | | | |
| 3.1a | Ensuring that at all times there are sufficient numbers of suitably skilled, qualified and experienced staff | 1. Implement PTS Workforce Plan. | Director of Planned and Urgent Care | Managing Director PTS | Mar-18 | Complete | Complete | Staff in post and skill mix vs plan Performance indicators Patient and staff feedback | | Yes |
| 3.1b | | 1. Utilise Sub Contractor Framework and develop governance arrangements around an inspection framework | Director of Planned and Urgent, Director. | Managing Director PTS | Mar-18 | Complete. The ongoing compliance to the sub contractor framework will require regular audit. | Complete | PTS to conduct spot checks on contractors. Regular IPC audits required | Managing Director PTS | Partial Annual Governance checks completed. Ongoing audit required |
| 3.2 | Child seats/harnesses not always accessible on vehicles | 1. To provide PTS vehicles with suitable child harness when required. | Director of Planned and Urgent Care, Director of Estate, Fleet and Facilities | Managing Director PTS/ Director of Estate, Fleet and Facilities | Jun-17 | Complete. | Complete | I4I visit reports T/L ride along | Managing Director PTS | Yes |
| 3.3 | Consistency of cleaning and IPC, with daily monitoring for all PTS vehicles | 1. Ensure all staff complete start of shift checks on PDA. 2. Ensure all staff clean vehicle after every journey 3. Continue with deep cleaning regime. 4. Implement a system for T/L's to routinely monitor cleanliness of all PTS vehicles | Director of Planned and Urgent Care, Director of Estate, Fleet and Facilities | Managing Director PTS/ Director of Estate, Fleet and Facilities | July 2017 Monthly monitoring | Complete. A continuing programme of IPC audits will be required. | Complete | KPIS monitored through PTS Governance Group I4I visit reports | Managing Director PTS. Head of Safety. | Yes. Monthly IPC audits conducted. 141audits |
| 3.4 | Arrangements and staff time for start of shift vehicle check | 1. Ensure all PTS staff complete the 1st user check on PDA | Director of Planned and Urgent Care | Managing Director PTS | 01/03/2017 | Complete | Complete | Vehicle check completion data Staff feedback | Managing Director PTS. | Partial PDA's have functionality to record first check. Assurance is required |

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| 3.5 | Training requirements for PTS operational staff relating to vulnerable groups | 1. Review and implement new PTS training plan 2017-18 | Director of Planned and Urgent Care, Director of Workforce and Organisational Development | Managing Director PTS, Associate Director of Education and Learning | Jun-17 | Complete. Ongoing training compliance will be monitored and reported. | Partial | New training curriculum in place Attendance rates, staff feedback | Managing Director PTS. Head of Safety. | Yes |
| 3.6 | Management of vehicles and equipment | 1. Continue with the regular safety check regime 2. Implement and monitor a robust process from vehicle being reported with defect to repair | Director of Planned and Urgent Care, Director of Estate, Fleet and Facilities | Managing Director PTS, Director of Estate, Fleet and Facilities | March 2017 | Complete. Ongoing reporting embedded in business as usual. | Complete | I4I report | | Yes |
| | | 3. Ensure robust process for securing and monitoring the storage of oxygen cylinders on PTS vehicles. | Director of Estate, Fleet and Facilities | Director of Estate, Fleet and Facilities | March 2017 | Complete | Partial | I4I report | | Partial All oxygen cylinders have been secured however procurement of new supplier has changed cylinder size QI team to audit w/c 19 March |
| | | 4. Review and implement a standard loadlist for PTS vehicles | Director Planned and Urgent Care, Executive Director of Finance | Managing Director PTS, Associate Director of Procurement | April 2017 | Complete | Complete | I4I report | | Partial |
| 3.7 | Consistency of service quality for renal patients | 1. Continue to implement revised operational processes 2. Maintain improved engagement with renal patients and processes to ensure timely feedback on any quality issues | Director Planned and Urgent Care | Managing Director PTS | March 2017 | Complete | Complete | Arrival and collection KPIs for renal patients Patient feedback | | Yes |

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| 3.8 | Consistency and clarity of management processes | 1. Implement management restructure 2. Develop SOP to strengthen understanding of line management and escalation processes 3. Implement leadership and management development aligned to transformation prog. 4. Implement programme to support development of service improvement skills and active engagement of patients and staff in service improvement 5. Active programme of engagement with Critical Friends Network, YAS Forum, Healthwatch and other patient representative groups to support service improvement. 6. Implement PTS staff communications plan 7. Implement accessible sharepoint site for staff | Director of Planned and Urgent Care, Director of Workforce and Organisational Development, Executive Director of Quality, Governance and Performance | Managing Director PTS, Associate Director of Communications | 1. June 2017 2. July 2017 3. July 2017 4. Sept 2017 5. Sept 2017 6. June 2017 7. Sept 2017 | Complete | Complete | Delivery of management restructure Delivery of targeted management/leadership development support Feedback from PTS managers Staff feedback | | Yes |
| | 7. Ensure governance systems are fully embedded to support delivery of a safe, high quality service | Director of Planned and Urgent Care, Executive Director of Quality, Governance and Performance | Managing Director PTS, Deputy Director of Quality and Nursing | April 2017 | Complete | Complete | PTS Governance Group agenda. Assurance reports to CGG and Quality Committee Monthly Ops performance review | | Yes | |
| | 8. Implement updated plan to support wellbeing of PTS staff, including focus on musculo-skeletal injury | Director of Planned and Urgent Care, Director of Workforce and Organisational Development, Executive Director of Quality, Governance and Performance | Managing Director PTS, deputy Director of Human Resources, Deputy Director of Quality and Nursing | Apr-17 | Complete. Wider Occupational Health provision under review as part of contracting arrangements. | Complete | Reduction in MSK injuries and associated sickness absence Flu vaccination rate | | Yes | |
| | 9. Review Business Continuity plans and test | Director of Planned and Urgent Care, | Managing Director PTS | Sep-17 | Complete | Complete | Successful ISO reassessment | | Yes | |
| | 10. Improve rigour of process for capturing and monitoring risks and mitigations | Director of Planned and Urgent Care, Executive | Managing Director PTS, Associate Director of Risk | March 2017 | Complete | Complete | Independent review of comprehensiveness of risk register | | Yes | |

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| EOC | | | | | | | | | | |
| 4.1 | Ensuring that at all times there are sufficient numbers of suitably skilled, qualified and experienced staff (including Clinical Supervision) | 1. Implement EOC recruitment and training plan | Executive Director of Operations | Head of Central Delivery | Quarterly milestones | Training compliance will continue to be monitored. | Partial | Staff in post and skillmix against plan EOC performance indicators Staff feedback | | Yes |
| 4.2 | Staff communication and engagement | 1. Complete appointment of senior management team 2. Ensure sustained management presence in York control room. | Executive Director of Operations | Head of Central Delivery | 1. May 2017 | Complete | Complete | Staff feedback | | Yes |
| 4.3 | Delivery of key training to all relevant staff | 1. Refresh training needs analysis for all staff 2. Implement revised training plan to ensure delivery of key requirements including BLS training for all staff. | Executive Director of Operations | Head of Central Delivery | 01/03/2017 | Complete | Complete | Training delivery against plan | | Yes |
| NHS 111 | | | | | | | | | | |
| 5.1 | Ensure consistent access to clinical advisors for call handlers | 1. Review clinical staffing levels and clinical staff structure 2. Implement Trust clinical recruitment and retention project | Director of Planned and Urgent Care, Director of Workforce and Organisational Development | Associate Director NHS 111/Urgent Care, Deputy Director of Human Resources/ Associate Director of Education and Learning | 01/09/2017 | Partial | Partial | Improved clinical staffing against establishment Proportion of cases referred to clinician Staff feedback on access to clinicians | | Partial Ongoing monitoring of training and retention required. |

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| 5.2 | Management and leadership support for call handlers. | 1. Undergo review of structure. 2. Review face to face feedback on performance/1-2-1's | Director of Planned and Urgent Care | Associate Director NHS 111/Urgent Care | 01/04/2017 | Complete | Complete | External evaluation will be undertaken once trial concludes | | Yes |
| 5.3 | Maintain processes and systems which enable staff to safely raise concerns | 1. Implement ways to help staff to safely raise concerns | Director of Planned and Urgent Care, Executive Director of Quality, Governance and Performance | Associate Director NHS 111/Urgent Care | 1. 01/03/2017 2. Oct 2017 | Partial | Partial | Issues highlighted via FTSU Staff survey | | Partial Freedom to speak up process to be monitored |
| 5.4 | Ensure staff are protected from bullying or harassment | 1. Review management structure and management training. 2. Conduct direct staff engagement exercise to review staff experiences following improvements implemented in 2016/17 | Director of Planned and Urgent Care, Director of Workforce and Organisational Development | Associate Director NHS 111/Urgent Care, Deputy Director of Human Resources/Associate Director of Education and Learning | 1. April 2017 2. October 2017 | Complete | Complete | Staff survey Staff feedback via engagement exercise | Director of Urgent Care and Integration | Partial Ongoing staff engagement activities planned |
| 5.6 | Support staff in accessing relevant information | 1. Review staff training and work with Corporate communications to disseminate information | Director of Planned and Urgent Care | Associate Director NHS 111/Urgent Care | 01/03/2017 | Complete. | Complete | Training delivery against plan Staff survey and other staff feedback | | Partial Ongoing monitoring of training compliance will be required. |
| Resilience | | | | | | | | | | |
| 6.1 | Maintain and develop good practice in command and control | Review 1. command 2. escalation process | Executive Director of Operations | Head of Resilience | Jul-17 | Complete | 1. Complete 2. Partial | Completed review Implementation of actions arising | Execute Director of Operations | 1. Yes 2. Partial Escalation process in development |

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KEY

- Must Do
- Should do
- Other issues highlighted