



YORKSHIRE AMBULANCE SERVICE NHS TRUST							
Quality Improvement Action Plan							
23/05/1017 FINAL							
	CQC findings	Actions	Executive Director	Deputy/ Associate Director	Due date	Current Position	Measures/Evaluation
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	1a) Sept 2017 1b) Quarterly review 1c) Sept 2017	1a) Refresh of Trust workforce strategy and plan in progress 1b) Milestones to be agreed	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
		2. Implement changes to streamline recruitment processes a) implement new recruitment policy b) implement the new track system. c) implement fast track for agency staff d) implement new temp to perm process. e) Complete options appraisal for in-house staff bank  3. Increase engagement with system partners to support workforce development via LWABs and other regional and local working groups.	Director of Workforce and Organisational Development  Executive Director of Quality, Governance and	Deputy Director of Quality and Nursing	2a) June 2017 2b) Sept 2017 2c) April 2017 2d) April 2017 2e) Dec 2017	2a) Development of trac system in progress 2b) Development of fast track for agency staff in progress 2c) Temp to perm process under review 2d) Options appraisal for staff bank now commenced  3a) Initial discussions and mapping of relevant meetings under way.	
1.2	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	Plan in place to refresh and consult on new vision and values. Speaking to minimum 10% staff for feedback on proposed vision/values. Following this there will be an organisation wide survey and a full engagement programme. Also a full launch at 2017 Management Conference.	Staff survey results Staff feedback
		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 Training and Organisational Development	Sep-17	Corporate target now set to 90% for PDR's. Monthly breach report discussed at Locality and Corporate Management meetings.	PDR rates constant breaches Staff survey feedback
		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	JSG meetings strengthened, with additional moperational meetings now in place for A&E, NHS 111 and PTS	Positive qualitative feedback on partnership
		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	Deputy Director fo Quality and Nursing	March 2018 Quarterly reviews	Feedback via newsletters and presentations on good practice highlighted. Successful Safety Huddle pilots in EOC being extended to PTS and NHS 111.	Confirmed examples of good practice shared
		7. Complete Datix refresh to include easier usage, automatic feedback and communications.	Executive Director of Quality, Governance	Deputy Director fo Quality and Nursing	April 2018	Launched 1 April 2017. Communications completed. Roadshows scheduled to support launch. <b>ACTION COMPLETE</b>	incidents reported staff survey
		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	Bright Ideas scheme re-launched. Critical Friends Network established to support patient engagement in service improvement. YAS Forum also supporting. Discussions with Healthwatch planned for Q1. Scoping work and pilot developments under way to inform options review by TEG.	Training delivered Feedback on staff and manager engagement Pilot initiatives in selected departments

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<b>A&amp;E OPERATIONS</b>							
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	1a) July 2017 1b) July 2017	Workforce survey conducted. Working with Transformation team to review potential rota changes. Consultation process underway, due to be complete by May/June 2017 1b) Clinical Supervision pilots currently in progress in 3 localities	Staff in post and skillmix vs plan ACQI indicators Mealbreak and shift overrun indicator Safe staffing indicator Staff survey feedback
2.2	Child seats/harnesses not always accessible on vehicles - Ensure secure seating for children is available on	1. Ensure all A&E transporting vehicles have a child harness available on board	Executive Director of Operations, Director of	Executive Director of Operations, Director of Estates, Fleet and Facilities	Jun-17	Harnesses in process of being distributed - 75% complete. Training video now available on YAS 24/7	I4I visit reports
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	Arrangements in place. Follow up audit to be completed.	I for I visit reports Staff feedback
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 <b>COMPLETED</b>	Regular medical equipment testing underway and recorded. Asset logging process underway on all equipment.	1. I4I visit reports 2. data capture and reporting
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 <b>COMPLETED</b>	The longer term aim is to have all Meds Man electronically. Audit forms have improved and there is now a database system as a live report. POMs process improved. SOP has been amended.	Controlled drug audit process I for I report Medicines Management Internal Audit report
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	Executive Director of Operations, Associate Director of Procurement	March 2017 <b>COMPLETED</b>		I4I report
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 <b>COMPLETED</b>	109 new vehicles and equipment rolled out across Trust. SOP completed and communicated. Ongoing monitoring of compliance to SOP and activity.	I for I report Staff feedback Activity of bariatric support vehicles
2.7	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, Governance 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	1. Key messages disseminated following inspection 2. All practice issues have been addressed through local feedback and training 3. Works completed on priority issues. Other actions included in routine estates maintenance plan. 4. Training commissioned and started in Q4 of 16/17 - Board and Trust Management Group training completed May 2017	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
2.8	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	1. Bright Ideas relaunched December 2016. Process working well, with improved feedback on ideas implemented. 2. Early discussions and pilots have started regarding embedding Quality Improvement methodology. 3. Recruitment to A&E management structure complete. 4. Freedom to Speak Up Guardian role in place - annual review due in July 2017	Bright Ideas introduced into practice Staff survey feedback Staff Feedback on staff and manager engagement

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<b>PTS OPERATIONS</b>							
3.1	Ensuring that at all times there are sufficient numbers of suitably skilled , qualified and experienced staff	1. Implement PTS Workforce Plan. 2. Utilise Sub Contractor Framework and develop governance arrangements around an inspection framework.	Director of Planned and Urgent Care	Managing Director PTS	Mar-18	Working up timescales for delivery. 12 month forecast on track. Consultation underway, due to be complete by May/June 2017	Staff in post and skill mix vs plan Performance indicators Patient and staff feedback
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	Managing Director PTS/ Director of Estate, Fleet and Facilities	Jun-17	PTS vehicles to be issued with ACR systems when reclaimed from A&E. Harnesses to be kept on station.	I4I visit reports T/L ride along
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	Vehicle cleanliness reminder on the PDA device. Local TLs carrying out spot checks of vehicles throughout the day. Audit plan developed by Lead Nurse for IPC. New Team Leader job descriptions will include compliance monitoring. Team huddles will be used raise awareness - pilots in 3 areas under way.	KPIS monitored through PTS Governance Group I for I visit reports
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 <b>COMPLETED</b>	All staff have 15 minutes to complete vehicle check pre start of shift. Data collection needs to be improved.	Vehicle check completion data Staff feedback
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	Managing Director PTS, Associate Director of Training and Organisational Development	Jun-17	Work has started on PTS training needs analysis	New training curriculum in place Attendance rates, staff feedback
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 Estate, Fleet and Facilities	Director of Estate, Fleet and Facilities	March 2017 <b>COMPLETED</b>	Benchmarking with other services in progress. Communication and education of staff underway. Regular safety testing taking place.	I4I report
		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 <b>COMPLETED</b>	Process reviewed and revised guidance in operation	I for I report
		4. Review and implement a standard loadlist for PTS vehicles	Executive Director of Finance	Director of Estate, Fleet and Facilities, Associate Director of Procurement	April 2017 <b>COMPLETED</b>	The list has been agreed through PTS Governance Group and is now in operation	I for I report
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 <b>COMPLETED</b>	Following problems experienced as a result of service changes introduced during 2016, the quality of service has been restored and processes for ensuring effective engagement with renal patients have been improved.	Arrival and collection KPIs for renal patients Patient feedback

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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. 5. Implement PTS staff communications plan 6. 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	1. Restructure plans in place, currently at consultation stage. 2. Guidance issued to staff. Further work on communication and escalation to be aligned to new PTS and A&E structures. 3. Development programmes will be informed by the new structure and an analysis of individual requirements within the team. 4. PTS staff involved in new safety huddle pilots. 5. Critical Friends Network established and programme to be agreed. Discussions with Healthwatch planned for Q1.	Delivery of management restructure Delivery of targeted management/leadership development support Feedback from PTS managers Staff feedback
		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,	Managing Director PTS, Deputy Director of Quality and Nursing	April 2017 <b>COMPLETED</b>	PTS Governance group in place with ToRs and standing agenda covering key aspects of safety, quality and workforce. Quality team representation. Renal Coordinator now in place. Focus on patient and hospital relations	PTS Governance Group agenda. Assurance reports to CGG and Quality Committee Monthly Ops performance review
		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	Managing Director PTS, deputy Director of Human Resources, Deputy Director of Quality and Nursing	Apr-17	2017/18 CQUIN includes staff wellbeing. Deep dive to investigate the root causes completed March 2017	Reduction in MSK injuries and associated sickness absence Flu vaccination rate
		9. Review Business Continuity plans and test	Director of Planned and Urgent Care,	Managing Director PTS	Sep-17	BC ISO has been re accredited. To be reassessed in September focussing on sub-contractors. Due 01/09/2017	Successful ISO reassessment
		10. Improve rigour of process for capturing and monitoring risks and mitigations	Director of Planned and Urgent Care, Executive Director of Quality,	Managing Director PTS, Associate Director of Risk and Performance Assurance	March 2017 <b>COMPLETED</b>	Support provided by Risk Manager. Risks reviewed at monthly Governance Group meeting	Independent review of comprehensiveness of risk register

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<b>EOC</b>							
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	1. Recruitment and training plan updated during Q4 2016/17. 2. Accelerated recruitment for Call handlers in progress	Staff in post and skillmix against plan EOC performance indicators Staff feedback
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 <b>COMPLETED</b> 2. <b>COMPLETE</b> - quarterly review	1. Recruitment to new senior management roles in progress 2. Senior Managers spend 20% of working week at York call centre. SDM role based in York.	Staff feedback
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 <b>COMPLETED</b>	1. Training needs reviewed and updated. 2. BLS has been delivered on the EOC away days and the action plan was completed in December 2017.	Training delivery against plan
<b>NHS 111</b>							
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	Sep-17	1. Recruitment project in place since Sept 2016. Increased uptake of advertising in early 2017. 'Home working' introduced. YAS will be an early adopter of NHS111/Urgent Care National Career FW. 2. Trust wide group now established to address recruitment challenge.	Improved clinical staffing against establishment Proportion of cases referred to clinician Staff feedback on access to clinicians
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	Apr-17	Successful in obtaining NHS England Investment Fund money for a 4 month trial - Optimal Supervision Model (additional Team Leaders).	External evaluation will be undertaken once trial concludes
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	Associate Director NHS 111/Urgent Care	1. 01/03/2017 2. Oct 2017	1. Freedom to Speak Up comms in NHS 111 completed. Freedom to Speak Up advocate taken up position. Datix refresh training planned.	Issues highlighted via FTSU Staff survey
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	1. April 2017 <b>COMPLETED</b> 2. October 2017	ACAS involvement, plan in place. Professional Leadership analysis completed with management team. New leadership structure in place for NHS111 to lead on implementation of YAS Behavioural Framework. Most reported cases have been investigated and closed. Most of the management team have completed <u>internal EQ training</u>	Staff survey Staff feedback via engagement exercise
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 <b>COMPLETED</b>	SOP in place. Additional communications delivered to staff. Relevant information included in corporate training	Training delivery against plan Staff survey and other staff feedback
<b>Resilience</b>							
6.1	Maintain and develop good practice in command and control	Review command and escalation process	Executive Director of Operations	Head of Resilience	Jul-17	Work progressing in line with plan.	Completed review Implementation of actions arising

**KEY**  
  **Must Do**  
  **Should do**  
  **Other issues highlighted**