

Yorkshire Ambulance Service NHS Trust CQC Inspection Action Plan

DRAFT v19 16.9.15

CQC Finding	Action	Action completed/Progress Update	Executive Lead	Responsible Manager	Key contributors	Completion Date	Evidence of completion received YES/NO	RAG
REGULATION 12: SAFE CARE & TREATMENT								
1. The Trust must ensure all ambulances and equipment are appropriately cleaned and infection procedures are followed	1.1 Undertake a structured review of Directors' and senior managers portfolios to ensure clarity of roles and responsibility relating to vehicle cleaning.	Senior HR Manager recruited to support progression of Executive portfolio and management review. Recommendations to be presented to Board for review in September	Rod Barnes	All Executive Directors		Sep-15		Yellow
	1.2 Undertake a review of management in operational and support directorates following the Director and Senior Management review, to strengthen and clarify management and improve alignment between support functions (fleet, estates, procurement, logistics and risk & quality) and front line operational managers.	Plans and structures for all functions to be presented in October TEG	Rod Barnes	Ian Brandwood	Mike Fairbotham Mark Squires Ian Hinitt Kate Sims David Smithson Karen Warner	Oct-15		Green
	1.3 Complete internal customer surveys for support functions	HR survey completed. Fleet, Estates and Procurement due for implementation. Head of Fleet, Head of Procurement and Head of Estates are developing the Fleet Estates and Procurement survey content for distributing Trust wide during October and November. This will reflect the standard format previously used within the Trust in other support functions.	Rod Barnes	Support Service Associate Directors		Jan-16		Yellow
	1.4 Review all procedures and protocols for station cleaning processes and ensure SOPS are in place	Station Cleaning procedures were ratified in February and Ancillary staff are working to the Policy and Standard Operating Procedures Trust wide. Existing Standard Operating Procedures have been updated, re-approved/signed and recirculated to all ancillary staff during September 2015	Robert Toole	Mark Squires	Dave Hill Clare Ashby	Sep-15		Green
	1.5 Review all procedures for deep cleaning vehicles and ensure SOPs are in place.	Vehicle and Medical Equipment Deep Cleaning procedures were ratified at the Health and Safety Committee in February and Ancillary staff are working to the Policy and Standard Operating Procedures Trust wide. Existing Standard Operating Procedures have been updated, re-approved/signed and recirculated to all ancillary staff during September 2015. Vince Larvin will ensure Operational Staff vehicle cleaning Standard Operating Procedures are appropriately cascaded throughout Operational staff throughout September 2015. A Fleet and Ancillary Standard Operating Procedure is written and will be in use by 18th September 2015 to ensure any vehicle which is VOR for any other reason will be deep cleaned as required before entering back into service following extended maintenance repairs.	Robert Toole	Mark Squires	Dave Hill Clare Ashby Vince Larvin	Sep-15		Green
	1.6 Implement DIPC review of weekly IPC/cleanliness KPI bundle including deep clean breaches · Identify vehicles to give notice to "About Better Care" group regarding VOR for cleaning breaches · Implement formal notice of VOR letters to Locality Directors · Intermittent cleaning checks to be undertaken as part of Hand Hygiene Audits	Weekly review in place and notifications from DIPC for VOR being actioned. Deep cleaning compliance improved since introduction of process.	Steve Page	Steve Page	Clare Ashby	Jul-15	Yes	Blue
	1.7 Review IPC policies and procedures	All IPC policies reviewed. Education and training packages review underway	Steve Page	Clare Ashby	Clinical Governance Group members	Jul-15	Yes	Blue
	1.8 Increase focus on implementation and monitoring of "Bare Below the Elbow" · Undertake routine Hand Hygiene Audits	ED audits are continuing throughout August, demonstrating improved compliance	Steve Page	Clare Ashby	Clinical Governance Group members	Jul-15	Yes	Blue
	· Review IPC training content within new round of clinical update sessions starting in October 2015, to ensure appropriate profile of bare below the elbows	Mandatory training currently under review to inform the next Statutory and Mandatory workbook. Content of new clinical refresher due to start in October 2015 also under review	Steve Page	Clare Ashby	Clinical Governance Group members	Oct-15		Green

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1. The Trust must ensure all ambulances and equipment are appropriately cleaned and infection procedures are followed	. Trial fob watches prior to implementation to gain user feedback . Introduce fob watches to support "bare below the elbow"	Fob watch identified and tested. Procurement being progressed.	Steve Page	Clare Ashby	Clinical Governance Group members	Sep-15	Yes	Green
	. Develop and introduce bare below the elbows communications campaign with active engagement of staff and service users	Campaign planning underway	Steve Page	Clare Ashby	Clinical Governance Group members	Oct-15	Yes	Green
	1.9a Identify and implement station level management arrangements with clear responsibilities and accountability for Locality Directors, prior to wider review of Operational management arrangements	Director of Operations has identified designated managers with responsibility for each operational locality.	Dave Macklin	Ian Walton	LDs	Sep-15	Yes	Green
	1.9b Refresh Standard Operating Procedures for maintaining and managing consumables	Mike Fairbotham and Vince Larvin are producing Logistics and Operational SOPs for the consumable restocking in Ambulance Stations and vehicles. This will be in place by the end of September 2015.	Robert Toole	Mike Fairbotham	Vince Larvin	Sep-15		Green
	1.10 Bentley & Doncaster- conduct initial risk assessment for safety of premises and inform any immediate action	Risk assessment completed and reported to Health & Safety Committee. No immediate health and safety concerns identified.	Rod Barnes	Ian Hinitt	Shelley Jackson	Jul-15	Yes	Blue
	1.11 Agree business case for longer term action for Bentley & Doncaster	To be reviewed in Estates Programme Board in November prior to Trust Board approval. Action plan in place and on track				Jan-16	Yes	Green
	. Inspections 4 Improvement review to be undertaken . Full Health and Safety Risk Assessment to be undertaken and presented to Estates Programme Board to identify action required	Inspections for Improvement have been completed and reported.	Rod Barnes	Ian Hinitt	Shelley Jackson	Nov-15	Yes	Green
	. Agree and schedule short term actions required to maintain fit for purpose buildings pending implementation of capital plan	Paper presented to TMG 25.8.15 as part of update on estates strategy. Programme of works to be completed September	Rod Barnes	Ian Hinitt		Sep-15		Yellow
	1.12 Evaluate options for introduction of Vehicle Preparation Process (VPP) in 4 identified large sites, to test potential future solutions						Yes	Green
	Options Appraisal	The Options Appraisal is now completed including the analysis on where best to place the VPP's, the business case and proposal for the selected sites is going to the Hub and Spoke (H&S) Programme board 10.9.15. A paper proposing a pilot site for VPP is being put to the H&S Programme Board with plans to pilot in one location prior to Christmas.	Robert Toole	Mark Squires	Martin Johnson Shelley Durant Deborah Ridley	Dec-15		
	First pilot implementation					Dec-15		
	Roll out					Jan - Mar 16		
	1.13 Deliver Make Ready pilot in Leeds to test future strategic solution aligned to hub and spoke estates model	A contractor for the provision of the service has been appointed. The equipment for the Make Ready Area has been ordered, the fleet equipment is being installed currently. The tender for the Car Park is being assessed at present by Estates and an award of contract will be made in the next week. The re-marking of the rear pad area to facilitate better facilitate car parking and better organisation of vehicles in the yard area is scheduled to be discussed 11.9.15	Rod Barnes	Ian Hinitt	Martin Johnson Shelley Durant Deborah Ridley	Oct-15		Green
	1.14 Consult with TMG and implement new premises Health and Safety risk assessment process with recommendations and action plan to be formally sent to Locality Director	Initial report received and process agreed	Steve Page	Ian Hinitt	Shelley Jackson	Jun-15	Yes	Blue

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	1.15 Ensure Health & Safety inspections are on schedule	Plan on track and being monitored by the Head of Safety.	Steve Page	Clare Ashby	Shelley Jackson	Mar-16	Yes	Green
	1.15 Implement updated Inspection for Improvement process and report findings <ul style="list-style-type: none"> · Deliver Inspections against scheduled plan · Implement electronic reporting · Implement Commendation scoring for each premise · Escalate findings to functional head of department or Locality Director (Ops) and escalate findings to TMG · Report exceptions to Health and Safety Committee and TMG · Report exceptions to Quality Committee 	Revised process implemented, reporting to TMG now in place on monthly basis.	Steve Page	Karen Warner	Clare Ashby	Jun-15	Yes	Blue
2. The Trust must ensure that equipment and medical supplies are checked and are fit for purpose	2.1 Develop poster presentation of standard equipment list for for display on all stations. A&E	Standard Vehicle Equipment and Consumable lists have been approved and ratified at the Vehicle and Equipment Committee. Laminated sheets are being put onto every vehicle and station notice boards before the end of October 2015. Corporate Comms working with publisher date for completion yet to be confirmed	Dave Macklin	Mark Squires	Lorna Thornley	Oct-15		Green
	2.2 Completion of medical devices options appraisal for future management and provision of service	Initial review at TEG completed, final decision scheduled in 30 September TEG meeting				Sep-15		Yellow
	2.3 Implementation of existing workplan for review and implementation of policy and SOPs for key processes	Workplan on track. Final documents scheduled for final approval and implementation in September.	Robert Toole	Mark Squires	Kevin Wynn Darren Liebman	Sep-15		Green
	2.4 Recruit Medical Devices Manager	Job description currently under development. Final decision on recruitment to be made following completion of options appraisal (action 2.2)				Jan-16		Yellow
3. The Trust should ensure all ambulance stations are secure at all times	3.1 Undertake and report full security risk assessment for all stations and make recommendations for improvements with prioritisation plan. Engage with Staff side safety representatives in the process. Link to 6 facet survey.	Initial report from LSMS to be sent to Director of Standards and Compliance for review	Steve Page	Helen Carter		Sept-15 (initial) Mar-16 (full survey)		Green
4. The Trust should review the provision and availability of equipment for use with bariatric patients and staff are trained to use the equipment.	4.1 Implement Sign up to Safety Action plan for workstream of Moving Patients Safely.	Interviews for Project Manager scheduled for 17 September	Steve Page	Clare Ashby		Mar-16		Green
	4.2 Review utilisation procedures of bariatric vehicles and equipment in EOC (including training provision for bariatric equipment utilisation).	Review required of current service model for bariatric patients and recommendations for future model	Dave Macklin	Ian Walton		Oct-15		Green
5. The Trust should ensure oxygen cylinders are securely stored at all times	5.1 Complete Trust-wide inspection of facilities and signage/visual guidance for storage of oxygen cylinders	The survey is complete and reported to Estates Programme Board, with programme of improvements under way	Rod Barnes	Ian Hinitt	Paul Farrell Locality Directors	Sep-15		Green
	5.2 Clarify role of station level manager and station level responsibilities	Director of Operations has identified designated managers with responsibility for each operational locality.	Dave Macklin	Ian Walton	Locality Directors	Jul-15		Grey
	5.3 Monitor oxygen storage compliance via Inspections for Improvement Process	Oxygen storage forms part of Inspections for Improvement process	Steve Page	Clare Ashby	Locality Managers	Jun-15	Yes	Blue

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6. The Trust should review the safe management of medication to ensure that there is clear system for the storage and disposal of out of date medication.	6.1 Review and update SOP for disposal of medicines including CDs	Action completed. Audit of compliance will be undertaken via regular medicines audit process and Inspections for Improvement.	Julian Mark	Steven Dykes	Rebecca McLaren	Jul-15	Yes	
7. The Trust should ensure there are appropriate translation services available for staff to use to meet the needs of people who use services	7.1 Develop a SOP for the use of interpreting services across the service lines and escalation process in case of issues arising	SOP is in place and awareness raising has taken place within EOC regarding using it in practice.	Dave Macklin	Carrie Whitham Michela Littlewood-Prince Ola Zahran	Carrie Whitham Ola Zahran	Jul-15	Yes	
	7.2 Confirm monitoring process for use of interpreting services	Contract monitoring to transfer from ICT to operational management, to facilitate a more direct interface between users and service provider	Dave Macklin	Carrie Whitham	Ola Zahran, Michela Littlewood-Prince	Sep-15	No	
REGULATION 17: GOOD GOVERNANCE								
8. 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.	8.1 Reinforce requirement for all managers to complete visits to all sites within their remit through managers PDRs and 1-2-1s	Implemented via Executive Director discussions with their direct reports.	Rod Barnes	Executive Directors, Associate Directors	All operational managers	Jul-15	Yes	
	8.2 Recruit Head of Investigations and Learning post and review staff feedback	Shortlisting and interview scheduled for September	Steve Page	Karen Warner	Karen Warner	Oct-15		
	8.3 Continue to monitor on weekly basis complaints responses and quality of responses	Weekly monitoring and review of sample files by the Associate Director of Quality and Nursing	Steve Page	Karen Warner	Jacqueline Taylor	Jun-15	Yes	
	8.4 Implement revised Inspections for Improvement process	Inspection process refined and improved with use of technology to provide immediate feedback for local managers	Steve Page	Karen Warner	Clare Ashby	Jun-15	Yes	
	8.5 Reinforce Risk identification processes and feedback mechanisms to staff and link wider development to Freedom to Speak Up	Staff consultation exercise relating to feedback on learning complete and initial findings have been shared. Initial meeting of the Freedom to Speak Up Working Group held 1.9.15. This group will take forward a broad programme of improvement relating to culture to support expression of concern, training for managers and staff, processes to facilitate identification and management of concerns and Trust response to ensure concerns and risks are appropriately acted on.	Steve Page	Karen Warner	Karen Warner	Jul-15	Yes	
	8.6 Review risk escalation processes to increase executive and senior management scrutiny of significant and newly emerging risks	Corporate risk register formally reviewed at monthly TMG from August 2015	Steve Page	Karen Warner	Maxine Travis	Aug-15	Yes	
	8.7 Review and refresh risk management training and guidance for managers and staff	Review of core management training under way. Training materials and provision for managers and staff will also be reviewed and developed as part of the Freedom to Speak Up developments	Steve Page	Karen Warner	Clare Ashby	Oct-15		
	8.8 Strengthen processes for review of risk registers in all departments and gain assurance through the performance management review process	This will be influenced by revised operational and corporate department structures which will strengthen working relationships with corporate services	Steve Page	Karen Warner		Mar-16		
9.1 Complete and implement Freedom to Speak Up recommendations (including Duty of Candour reference for staff), engaging staff forum and union representatives in working group	See 8.5	Steve Page	Karen Warner		Mar-16			

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9. The Trust should ensure staff are supported and encouraged to report incidents and provides feedback on the outcomes of investigations	9.2 Implement new lessons learned bulletin for all staff to feed back on key lessons/changes arising from incidents, complaints and other feedback	Initial Learning Lessons bulletin distributed w/c 17.8.15 and monthly bulletin now scheduled	Steve Page	Karen Warner	Gareth Flanders	Aug-15	Yes	
	9.3 Undertake a consultation exercise with staff to develop effective communication mechanisms	Consultation complete and findings have been shared and are being utilised to inform sharing lessons	Steve Page	Karen Warner	Gareth Flanders	Jul-15	Yes	
	9.4 Implement revised feedback mechanisms based on survey results	Formal report being prepared and specific developments will be agreed based on this.	Steve Page	Karen Warner	Gareth Flanders	Sep-15		
	9.5 Improve call answering on 24/7 Datix line particularly in overlap times 8am and 6pm	Quality audits will continue to monitor call answering		Karen Warner	Richard Harrington	Jun-15	Yes	
	9.6 Revisit processes in EOC regarding the identification of incidents and reporting onto Datix	Awareness raising sessions have been held with EOC staff to ensure awareness of Trust processes		Carrie Whitham	Maxine Travis	Jul-15	Yes	
	9.7 Implement the updated complaints management policy and procedures	Policy implemented and compliance is being monitored through the IPR and regular quality checks by the Associate Director of Quality and Nursing		Karen Warner	Gareth Flanders	Jul-15	Yes	
10. The Trust should ensure records are securely stored at all times	10.1 Continue and complete roll out of ePRF	Roll out plan in place and continuing	Robert Toole	Ola Zahran	Andrew Varley	Mar-16	Yes	
	10.2 Implement records management action plan	Existing plan on track for delivery. This includes regular staff updates, reminders and feedback on lessons learned from records management issues	Steve Page	Caroline Squires	All Department and Locality Managers	Mar-16		
11. The Trust should ensure consistent processes are in place for the servicing and maintenance of equipment and vehicle fleet.	11.1 Implement medical devices work plan (section 2.3 above)		Robert Toole					
	11.2 Implement capital plan for replacement of older vehicles	40 new A&E vehicles have been received in August and will all be operational by end Sept. 47 new PTS vehicles will be delivered and operational by the end of September	Robert Toole	Mark Squires	Lawrence Harvey	Mar-16	Yes	
	11.3 Review arrangement for monitoring vehicle and equipment servicing schedule including breach monitoring	Development of process on track. Fleet and Equipment overdue servicing reporting process will be in place by the end of September 2015 similar to recently implemented Vehicle cleaning Breach process.		Mark Squires	Lawrence Harvey	Sep-15		
	11.4 Review and update vehicle servicing policy and requirements for specific vehicles, including implementation of a vehicle based service record	Vehicle based sticker with last service date has been implemented, with reference to central log of comprehensive service schedule for each vehicle. Each vehicle now has a sticker fitted to the Top Right hand of windscreen following each service.		Mark Squires	Lawrence Harvey	Oct-15		
	11.4 Develop and introduce Vehicle Preparation Process (Action 1.11 above)	As above 1.12						
12. The Trust should ensure performance targets in relation to patient journey times and access to booking systems continued to be monitored and improved	12.1 Development of PTS dashboard for reporting as part of IPR development	Revised IPR will be presented at Trust Board in September	Rod Barnes	Alan Baranowski		Sep-15	Yes	
	12.2 Implement milestones in PTS transformation programme	PTS Transformation programme ongoing, with regular progress reports to TEG and Board Committees.	Rod Barnes	Alan Baranowski		Mar-16		
REGULATION 18: STAFFING								
13. The Trust must	13.1 Improve compliance on safeguarding children Level 2 to 75% with monthly monitoring and reporting and follow up on non-compliance	Safeguarding training compliance has improved over the last four months	Steve Page	Karen Warner		Jun-15	Yes	

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ensure there are suitable arrangements in place for staff to receive appropriate training, supervision and appraisal, including the completion of mandatory training. This must include support to maintain the skills and knowledge required for their job role	13.2 Improve compliance on PDR compliance with monthly monitoring and reporting and follow-up of non-compliance	This is monitored monthly and includes review of both the level of PDR completion quality of the process	Ian Brandwood	Shelagh O'Leary		Jun-15		
	13.3 Implement mandatory training breach monitoring process	Develop enhanced monitoring dashboard for use by locality and department managers	Ian Brandwood	Shelagh O'Leary	Chris Sharp	Aug-15	Yes	
		Agree tolerance thresholds and escalation for overdue training compliance and introduce new guidance for managers and staff into practice.	Ian Brandwood	Shelagh O'Leary	Chris Sharp	Sep-15		
	13.4 Undertake an updated training needs analysis for all Trust positions by function	An interim Training and Education plan has been agreed at TEG which includes an updated TNA against Statutory and Mandatory requirements. A more detailed TNA is being progressed.	Ian Brandwood	Shelagh O'Leary	Chris Sharp	Oct-15		
	13.5 Review Health & Safety mandatory training requirements for corporate functions	This process has been completed with input from the Associate Director of Risk and Safety and actions are being addressed in current year's training plan	Steve Page	Becky Monaghan	Shelagh O'Leary, Shelley Jackson	Aug-15	Yes	
14. The Trust should ensure all staff have received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.	14.1 Provide DoLS training as part of Clinical Refresher from October 2015 to supplement the mandatory training workbook	DoLS scheduled to be an element of Clinical Refresher from October	Ian Brandwood	Shelagh O'Leary	Chris Sharp	Oct-15		
15. MANAGEMENT, LEADERSHIP & STAFF ENGAGEMENT								
. Impact of continuous change at Executive level . Visibility of senior leadership . Management and leadership capacity and capability – including deficit in middle management	15.1 Complete Executive and Associate Director/Senior management portfolio review	See 1.1	Rod Barnes	All EDs		Sep-15		
	15.2 Undertake a review of management in operational and support directorates following the Director and Senior Management review, to strengthen and clarify management and improve alignment between support functions (fleet, estates, procurement, logistics and risk & quality) and front line operational managers.	See 1.2	Rod Barnes	All EDs		Oct-15		
	15.3 Continue engagement with commissioners, manager and staff to refresh the organisational strategy within the Integrated Business Plan, providing clear direction on the Trust role in delivery of urgent and emergency care	Interim Strategy lead now in post to support strategy and business plan development. Further joint workshop with commissioners is planned	Rod Barnes	Claire Gelder	All Executive Directors	Complete engagement by November 2015 Publish refreshed strategy March 2016		

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capability . Ongoing work to fully embed clinical leadership framework . Lack of staff awareness of vision and strategy, variable local team meetings . Staff not feeling valued or listened to, variable support for new starters . Inconsistent messages	15.4 Revise Team Brief, maintain revised Listening Watch, manager site visits	Team Brief being revised currently with clear differentiation being made between team brief and staff engagement activity.	Ian Brandwood	Lorna Thornley	All Executive Directors	Sep-15		Green
	15.5 Review Clinical Supervision as part of A&E management structure	Currently under review aligned to action 1.2	Dave Macklin	Kate Sims	Dave Macklin Kate Sims	Dec-15		Green
	15.6 Review email communication and social media opportunities	Board discussion and examples of good practice reviewed to inform Trust developments. Paper being presented to TEG 16.9.15	Ian Brandwood	Lorna Thornley	Lorna Thornley	Sep-15		Yellow
	15.7 Refresh uniforms including grade recognition (subject to confirmation of award of national tender)	Grade recognition guide refreshed to ensure all staff are wearing appropriate uniform markings. New national uniform contract award expected 11 September 2015. Phased implementation in the Trust will follow.	Dave Macklin	Ian Walton	Mike Fairbotham	Sept-15 (subject to award of national tender)		Yellow
CORPORATE COMMUNICATIONS								
Internal communication	Brief monthly update to TMG and Trust Board of progress against action plan		Steve Page	Karen Warner		monthly		Green
	Formal assurance reports on progress in Quality Committee		Steve Page	Karen Warner		2-monthly		Green
	Provide regular staff briefings and poster presentations to provide a regular update for staff on progress		Steve Page	Karen Warner		monthly		Green
External communication	Provide briefing to commissioners via Contract Management Board and TDA monthly		Steve Page	Karen Warner		monthly		Green
External communication	Provide monthly briefing to stakeholders including YAS members, HOSCs, Healthwatch		Ian Brandwood	Lorna Thornley		monthly		Green

KEY

	Action complete evidence on completion not yet submitted
	On track to achieve agreed date
	Actions delayed but mitigation will ensure delivery of agreed date
	Actions delayed and mitigation will not achieve agreed date.
	Action complete and evidence submitted