

Yorkshire Ambulance Service NHS Trust CQC Inspection Action Plan

DRAFT v22.7 2.11.15

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								
	1.1 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	CEO Rod Barnes	All Executive Directors		Sep-15	YES	
	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. Presented and approved at Private Board 20 October 2015. Structure now awaiting approval from NHS TDA. Projected time scale March 2016.	CEO Rod Barnes	ED People & Engagement Ian Brandwood	Mike Fairbotham Mark Squires Ian Hinit Kate Sims David Smithson Karen Warner	Oct-15	YES	
	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. Survey tool developed for fleet, estates & procurement, live on Trust intranet 7.10.15. Heads of functions approved content of survey. Survey closed 25.10.15, plan to report to TMG November 2015. AD Transformation has developed a project plan and timeline for the remaining corporate services. This will be presented to TMG for information.	CEO Rod Barnes	Support Service Associate Directors		Jan-16	YES	
	1.4a Review all procedures and protocols for station cleaning processes and ensure SOPs are in place	All cleaning SOPs have been revised and refreshed and are being embedded in practice. A TDA visit took place 22 October 2015. The report highlighted good practice in relation to IPC and acknowledged the challenges with estate for Bentley station. An audit of all the SOPs is planned for January 2016.	EDoF Robert Toole	AD Support Services Mark Squires	Dave Hill Clare Ashby	Sep-15	YES	
	1.4b Undertake robust audit of the SOPs to ensure embedded in practice	Audit to be reported to CGG January 2016	EDoF Robert Toole	AD Support Services Mark Squires	Dave Hill Clare Ashby	Jan-16		
	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.	EDoF Robert Toole	AD Support Services Mark Squires	Dave Hill Clare Ashby Vince Larvin	Sep-15	YES	

Yorkshire Ambulance Service NHS Trust CQC Inspection Action Plan

CQC Finding	Action	Action completed/Progress Update	Executive Lead	Responsible Manager	Key contributors	Completion Date	Evidence of completion received YES/NO	RAG
1. The Trust must ensure all ambulances and equipment are appropriately cleaned and infection procedures are followed	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.	ED S&C Steve Page	ED S&C Steve Page	Clare Ashby	Jul-15	Yes	Blue
	1.7 Review IPC policies and procedures	All IPC policies reviewed.	ED S&C Steve Page	Head of Safety Clare Ashby	Clinical Governance Group members	Jul-15	Yes	Blue
	1.8a Increase focus on implementation and monitoring of "Bare Below the Elbow" · Undertake routine Hand Hygiene Audits	ED audits continue to demonstrate improved compliance	ED S&C Steve Page	Head of Safety Clare Ashby	Clinical Governance Group members	Jul-15	Yes	Blue
	1.8b Review IPC training content within new round of clinical update sessions starting in October 2015, to ensure appropriate profile of bare below the elbows	IPC content review for Stat & Man workbook completed. Revised stat and man workbook now available on line, and available in hard copy from 18.11.15.	ED S&C Steve Page	Head of Safety Clare Ashby	Clinical Governance Group members	Oct-15	Yes	Blue
	1.8c 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. Delivery estimated December 2015. Fob watches ordered 28.9.15	ED S&C Steve Page	Head of Safety Clare Ashby	Clinical Governance Group members	Sep-15	Yes	Red
	1.8d Develop and introduce bare below the elbows communications campaign with active engagement of staff and service users	Communications all in place. Will continue to review and update all Corporate Communications and reissue December when fob watches distributed.	ED S&C Steve Page	Head of Safety Clare Ashby	Clinical Governance Group members	Oct-15	Yes	Blue
	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. Station level managers identified and shared with support services.	ED Ops Dave Macklin	AD Resilience and Sepecial Services Ian Walton	LDs	Sep-15	Yes	Blue
	1.9b Refresh Standard Operating Procedures for maintaining and managing consumables	SOPs in place and will be audited by LMs. Meeting held 6 November with ED S&C and Head of Safety, Procurement and AD Support Services to plan short and medium terms options for managing consumables. Actions: Procurement will add cleanliess into their standard assurance practices. MF to identify pathway for out of date consumables. Changes to SOP to include stock management on vehicles. Peak of activity now to manage immediate situation (5-7 weeks timescale). Assesssmernt on deep clean process being considered alongside deep cleaning resource requirements for longer term. Promotion of standard load list continues.	EDoF Robert Toole	Head of Procurement Mike Fairbotham	Vince Larvin Dave Hill	Sep-15		Yellow
1. The Trust must ensure all ambulances and equipment are appropriately cleaned and infection procedures are	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 Further estates work required in short term at Bentley to address issues identified through TDA visit.	CEO Rod Barnes	Head of Estates Ian Hinitt	Shelley Jackson	Jul-15	Yes	Blue
	1.11 a. Agree business case for longer term action for Bentley & Doncaster	To be reviewed in Estates Programme Board in November prior to Trust Board approval. All remedial actions related to Bentley have been completed. Options appraisal being presented to TEG December 2015.				Jan-16	Yes	Green

Yorkshire Ambulance Service NHS Trust CQC Inspection Action Plan

CQC Finding	Action	Action completed/Progress Update	Executive Lead	Responsible Manager	Key contributors	Completion Date	Evidence of completion received YES/NO	RAG
procedures are followed	.b. 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		CEO Rod Barnes		Shelley Jackson	Nov-15	Yes	
	. C. Agree and schedule short term actions required to maintain fit for purpose buildings pending implementation of capital plan	A paper has been written by Head of Estates, includes proposal to upgrade clinical areas on stations, including medicines storage, sluices, consumables, and O2 storage.	CEO Rod Barnes	Head of Estates Ian Hinitt		Sep-15		
1.12 Evaluate options for introduction of Vehicle Preparation Process (VPP) in 4 identified large sites, to test potential future solutions							Yes	
	Options Appraisal	The VPS Options Appraisal continues to be developed to determine a Trust wide VPS business case which will be brought forward once this work is complete and evidence is derived from the pilot				Dec-15		
	First pilot implementation	Business case for pilot approved 4 November. Planning is well underway, including recruitment for the VPS operatives and specifying the estate modifications required.	EDoF Robert Toole	AD Support Services Mark Squires	Martin Johnson Shelley Durant Deborah Ridley	Dec-15		
	Roll out	To be determined in the options appraisal and review of the pilot						
	Ensure process embedded by undertaking audit	Data collection curenly under construction closely aligned to the Make Ready pilot				Jan - Mar 16		
1.13 Deliver Make Ready pilot in Leeds to test future strategic solution aligned to hub and spoke estates model		On track - Go Live 11 November.	CEO Rod Barnes	Head of Estates Ian Hinitt	Martin Johnson Shelley Durant Deborah Ridley	Oct-15		
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	ED S&C Steve Page	Head of Estates Ian Hinitt	Shelley Jackson	Jun-15	Yes	
GH		Schedule progressing and being monitored by the Head of Safety.	ED S&C Steve Page	Head of Safety Clare Ashby	Shelley Jackson	Mar-16	No	
1.15a Implement updated Inspection for Improvement process and report findings . 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.	ED S&C Steve Page	AD Quality & Nursing Karen Warner	Clare Ashby	Jun-15	Yes	

Yorkshire Ambulance Service NHS Trust CQC Inspection Action Plan

CQC Finding	Action	Action completed/Progress Update	Executive Lead	Responsible Manager	Key contributors	Completion Date	Evidence of completion received YES/NO	RAG
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. The standard load list has been distributed to all vehicles and corporate communications have distributed visual posters to promote the standard load list.	ED Ops Dave Macklin	ADSupport Services Mark Squires	Lorna Thornley	Oct-15		
	2.2 Completion of medical devices options appraisal for future management and provision of service	Discussed at TEG 5.11.15. Interim DoF to progress				Sep-15		
	2.3 Implementation of existing workplan for review and implementation of policy and SOPs for key processes	Workplan completed.	EDoF Robert Toole	AD Support Services Mark Squires	Kevin Wynn Darren Liebman	Sep-15	Yes	
	2.4 Recruit Medical Devices Manager	Discussed at TEG 5.11.15. Interim DoF to progress.				Jan-16		
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 completed.	ED S&C Steve Page	LSMS Helen Carter		Sept-15 (initial) Mar-16 (full survey)	YES	
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.	Project manager appointed and will start November 2015.	ED S&C Steve Page	Head of Safety Clare Ashby		Mar-16		
	4.2 Review utilisation procedures of bariatric vehicles and equipment in EOC (including training provision for bariatric equipment utilisation).	Initial review complete, next stage will be to undertake options appraisal and make recommendations for service model.	ED Ops Dave Macklin	AD Resilience & Special Services Ian Walton		Oct-15	YES	
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. Full 6 facet survey report has been reported.	CEO Rod Barnes	Ian Hinitt	Paul Farrell Locality Directors	Sep-15	YES	
	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.	ED Ops Dave Macklin	AD Resilience & Special Services	Locality Directors	Jul-15	Yes	
	5.3 Monitor oxygen storage compliance via Inspections for Improvement Process	Oxygen storage forms part of Inspections for Improvement process	ED S&C Steve Page	Head of Safety Clare Ashby	Locality Managers	Jun-15	Yes	
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.	EMD Julian Mark	Dep MD Steven Dykes	Rebecca McLaren	Jul-15	Yes	

Yorkshire Ambulance Service NHS Trust CQC Inspection Action Plan

CQC Finding	Action	Action completed/Progress Update	Executive Lead	Responsible Manager	Key contributors	Completion Date	Evidence of completion received YES/NO	RAG
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.	ED Ops Dave Macklin	LD EOC Carrie Whitham Head of Quality Assurance & Nursing 111 Michela Littlewood-Prince AD ICT 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. Need to review evidence.		LD EOC Carrie Whitham	Ola Zahran, Michela Littlewood-Prince	Sep-15	Yes	
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.	CEO 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	Head of Investigations and Learning in post.	ED S&C Steve Page	AD Quality & Nursing Karen Warner	Karen Warner	Oct-15	Yes	
	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	ED S&C Steve Page	AD Quality & Nursing 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	ED S&C Steve Page	AD Quality & Nursing 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. Freedom to Speak Up Working Group established. 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.	ED S&C Steve Page	AD Quality & Nursing 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	ED S&C Steve Page	AD Quality & Nursing Karen Warner	Maxine Travis	Aug-15	Yes	
	8.7 Review and refresh risk management training and guidance for managers and staff	Training materials and provision for managers and staff will also be reviewed and developed as part of the Freedom to Speak Up developments	ED S&C Steve Page	AD Quality & Nursing Karen Warner	Clare Ashby	Oct-15	Yes	
	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. New material currently being tested in training school.	ED S&C Steve Page	AD Quality & Nursing Karen Warner		Mar-16	Yes	
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	ED S&C Steve Page	AD Quality & Nursing Karen Warner		Mar-16			

Yorkshire Ambulance Service NHS Trust CQC Inspection Action Plan

CQC Finding	Action	Action completed/Progress Update	Executive Lead	Responsible Manager	Key contributors	Completion Date	Evidence of completion received YES/NO	RAG
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	Monthly Learning Lessons bulletin developed nad distributed since August 2015.	ED S&C Steve Page	AD Quality & Nursing 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	ED S&C Steve Page	AD Quality & Nursing Karen Warner	Gareth Flanders	Jul-15	Yes	
	9.4 Implement revised feedback mechanisms based on survey results	See 9.3	ED S&C Steve Page	AD Quality & Nursing Karen Warner	Gareth Flanders	Sep-15	Yes	
	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	ED S&C Steve Page	AD Quality & Nursing 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	ED S&C Steve Page	LD EOC 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	ED S&C Steve Page	AD Quality & 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	EDoF Robert Toole	AD ICT 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	ED S&C Steve Page	IG Manager 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)		EDoF Robert Toole					
	11.2 Implement capital plan for replacement of older vehicles	40 new A&E vehicles now in operation,26 of the 47 PTS vehicles delivered and operational, remaining 21 to be delivered and operational by Mid November, further orders for 18 PTS vehicles been placed to be delivered and operational by end of Nov, and 46 PTS vehicles to be delivered and operational before end FY 15/16.		AD Support Services Mark Squires	Lawrence Harvey	Mar-16	Yes	
	11.3 Review arrangement for monitoring vehicle and equipment servicing schedule including breach monitoring	Process for monitoring, reporting and escalating overdue servicing is now in place with Fleet Management.	EDoF Robert Toole	AD Support Services Mark Squires	Lawrence Harvey	Sep-15	Yes	
	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. New stickers that will be ordered next batch will include space to record "next service due" date.		AD Support Services Mark Squires	Lawrence Harvey	Oct-15	YES	
	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 presented at Trust Board in September	CEO Rod Barnes	AD PTS 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.	CEO Rod Barnes	AD PTS Alan Baranowski		Mar-16		

Yorkshire Ambulance Service NHS Trust CQC Inspection Action Plan

CQC Finding	Action	Action completed/Progress Update	Executive Lead	Responsible Manager	Key contributors	Completion Date	Evidence of completion received YES/NO	RAG
REGULATION 18: STAFFING								
13. The Trust must 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	13.1 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	ED S&C Steve Page	AD Quality & Nursing Karen Warner		Jun-15	Yes	
	13.2 Improve compliance on PDR compliance with monthly monitoring and reporting and follow-up of non-compliance	This is monitored monthly, and reported at operational locality meetings.	HR People & Engagement Ian Brandwood	AD Education & Learning Shelagh O'Leary		Jun-15		
	13.3 Implement mandatory training breach monitoring process	Enhanced monitoring dashboard now in place for use by locality and department managers	HR People & Engagement Ian Brandwood	AD Education & Learning Shelagh O'Leary	Chris Sharp	Aug-15	Yes	
		Updated dashboard now live with a process for follow up with non compliance.	HR People & Engagement Ian Brandwood	AD Education & Learning Shelagh O'Leary	Chris Sharp	Sep-15	YES	
	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. Training needs analysis was reported to TEG 11 Nov 2015	HR People & Engagement Ian Brandwood	AD Education & Learning Shelagh O'Leary	Chris Sharp	Oct-15	Yes	
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	ED S&C Steve Page	AD Risk & Safety 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	HR People & Engagement Ian Brandwood	AD Education & Learning Shelagh O'Leary	Chris Sharp	Oct-15	Yes	
15. MANAGEMENT, LEADERSHIP & STAFF ENGAGEMENT								
	15.1 Complete Executive and Associate Director/Senior management portfolio review	Plans and structures for all functions to be presented in October TEG. Presented and approved at Private Board 20 October 2015. Structure now awaiting approval from NHS TDA. Projected time scale March 2016.	CEO Rod Barnes	All EDs		Sep-15	Yes	

Yorkshire Ambulance Service NHS Trust CQC Inspection Action Plan

CQC Finding	Action	Action completed/Progress Update	Executive Lead	Responsible Manager	Key contributors	Completion Date	Evidence of completion received YES/NO	RAG
. Impact of continuous change at Executive level . Visibility of senior leadership	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 15.1	CEO Rod Barnes	All EDs		Oct-15	Yes	
. Management and leadership capacity and capability – including deficit in middle management capability	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	CEO Rod Barnes	Interim Dir Strategy Claire Gelder	All Executive Directors	Complete engagement by November 2015 Publish refreshed strategy March 2016		
. Ongoing work to fully embed clinical leadership framework	15.4 Revise Team Brief, maintain revised Listening Watch, manager site visits	Team Brief revised with clear differentiation made between team brief and staff engagement activity.	HR People & Engagement Ian Brandwood	AD Comms Lorna Thornley	All Executive Directors	Sep-15	Yes	
. Lack of staff awareness of vision and strategy, variable local team meetings	15.5 Review Clinical Supervision as part of A&E management structure	Currently under review aligned to action 1.2 A&E operations structure to be presented to Trust Board November 2015	Dave Macklin	AD HR Kate Sims	Dave Macklin Kate Sims	Dec-15		
. Staff not feeling valued or listened to, variable support for new starters	15.6 Review email communication and social media opportunities	Comms strategy coming to TEG 11.11.15.	HR People & Engagement Ian Brandwood	AD Comms Lorna Thornley	Lorna Thornley	Sep-15	Yes	
. Inconsistent messages	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. Paper coming to TEG re national procurement. Timeline determined by national agreement and procurement.	Dave Macklin	AD Resilience & Special Services Ian Walton	Mike Fairbotham	Sept-15 (subject to award of national tender)		
CORPORATE COMMUNICATIONS								
Internal communication	Brief monthly update to TMG and Trust Board of progress against action plan		ED S&C Steve Page	AD Quality & Nursing		monthly		
	Formal assurance reports on progress in Quality Committee		ED S&C Steve Page	AD Quality & Nursing		2-monthly		
	Provide regular staff briefings and poster presentations to provide a regular update for staff on progress		ED S&C Steve Page	AD Quality & Nursing Karen Warner		monthly		
External communication	Provide briefing to commissioners via Contract Management Board and TDA monthly		ED S&C Steve Page	AD Quality & Nursing Karen Warner		monthly		
External communication	Provide monthly briefing to stakeholders including YAS members, HOSCs, Healthwatch	Wakefield HOSC acting as lead HOSC. YAS have attended HOSCs in Hull, Calderdale, York and Wakefield.	HR People & Engagement Ian Brandwood	AD Comms Lorna Thornley		monthly		

KEY

CONFIDENTIAL

Yorkshire Ambulance Service NHS Trust CQC Inspection Action Plan

CQC Finding	Action	Action completed/Progress Update	Executive Lead	Responsible Manager	Key contributors	Completion Date	Evidence of completion received YES/NO	RAG
	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							