

Care Quality Commission Inspection February/ March 2017 – Action Plan					
Issue	Action	Lead Director	Action Lead	Implementation Date	Monitoring Arrangements
Provider Report - Must do requirements					
PM1. The trust must ensure patients receive care and treatment in a safe way by meeting national and locally contracted response time targets for Red1, Red2 and A19 categorised calls.	PM1.1 Actions contained within Operational Improvement Plan (see attached) NB: Ambulance Response Programme pilot to start 19 July 2017 - Operational Improvement Plan and Ambulance Response Programme form one plan	Dave Whiting	Ben Holdaway	31 March 2018	Monitoring: Daily monitoring of Red1, Red 2 and Red 19 in place. Performance reported to Finance and Performance Committee and Trust Board through Integrated Board Report
PM2. The trust must take steps to improve EOC call taking response times therefore reducing the number of calls abandoned and the length of time callers are waiting on the phone.	PM2.1 Increase EMD establishment to 122 whole time equivalents to ensure sustained improvements in call answer performance and reduced BT call delays and call abandonments	Dave Whiting	Ben Holdaway	Complete Establishment increased and new staff in post	Monitoring: Call answer performance and call abandonment data collected. Will be reported to Improvement Plan Delivery Group.
PM3. The trust must ensure all staff know how to report incidents. The trust must ensure serious incidents are appropriately and consistently investigated with lessons learnt acted upon and shared widely.	PM3.1 Update induction training module to include information on how to report an incident, including a test to confirm competency	Judith Douglas	Judith Douglas	Complete	
	PM3.2 Clarify the incident reporting process through issuing posters and including articles in Enews		Judith Douglas	Complete	
	PM3.3 Introduce a check of understanding of the incident reporting process through performance appraisals		Judith Douglas	Complete	

Care Quality Commission Inspection February/ March 2017 – Action Plan

Issue	Action	Lead Director	Action Lead	Implementation Date	Monitoring Arrangements
	PM3.4 Introduce arrangement for completing incident report forms electronically through the new Electronic Patient Report Form system		Judith Douglas	31 January 2018	
	PM3.5 Consider the feasibility of co-locating the Quality Team in one area to ensure consistency of investigations		Judith Douglas	31 July 2017	
	PM3.6 Undertake benchmarking with other Ambulance Trusts to determine how they ensure lessons are learnt and disseminated and identify any actions required		Judith Douglas	31 October 2017	
	PM3.7 Carry out a staff survey to ascertain the mechanisms staff would prefer for receiving information on lessons learnt		Judith Douglas	31 July 2017	
PM4. The trust must ensure all staff understand the Duty of Candour Regulation and their responsibilities under it	PM4.1 Implement a Duty of Candour awareness week and staff booklet to discuss processes with staff and sign-post additional information	Judith Douglas	Paul Benton	31 October 2017	
	PM4.2 Introduce a family liaison officer role to take operational responsibility for Duty of Candour which will ensure liaison duties are clear and a consistent approach employed		Paul Benton	30 September 2017	
	PM4.3 Provide further training on Duty of Candour in conjunction with training on the Coronial process		Paul Benton	31 December 2017	

Care Quality Commission Inspection February/ March 2017 – Action Plan

Issue	Action	Lead Director	Action Lead	Implementation Date	Monitoring Arrangements
PM5. The trust must ensure all staff access and attend mandatory training with particular focus on compliance rates for equality and diversity and risk management training.	PM5.1 Book each member of staff on relevant training courses and identify dates for all staff to complete non-classroom based statutory and mandatory training	Kerry Gulliver	Ben Holdaway	31 August 2017	Monitoring: Progress to be checked at monthly Performance Review Meetings
	PM5.2 Produce a trajectory for each division to show when the annual training target will be achieved		Ben Holdaway	31 August 2017	Monitoring: Progress to be checked at monthly Performance Review Meetings
	PM5.3 Undertake monthly monitoring of training completion rates and report any concerns to Performance Review Meetings		Jackie Moore	In place and ongoing	Monitoring: Monthly monitoring of training completion rates reported to Workforce Committee and Performance Review Meetings
PM6. The trust must ensure all staff are fitted for and trained in the use of a filtered face piece mask to protect them from air borne infections.	PM6.1 Identify a training course date for all staff not yet trained	Judith Douglas	Ben Holdaway	30 September 2017	Monitoring: Progress to be checked at monthly Performance Review Meetings
	PM6.2 Produce a trajectory for each division to show when the annual training target will be achieved		Ben Holdaway	30 September 2017	Monitoring: Progress to be checked at monthly Performance Review Meetings
	PM6.3 Review current provision of Filtered Face Piece Masks (FFP3) and determine if there is a more appropriate solution to ensure masks are available to staff when required		Kirsty Morgan	30 September 2017	

Care Quality Commission Inspection February/ March 2017 – Action Plan

Issue	Action	Lead Director	Action Lead	Implementation Date	Monitoring Arrangements
	PM6.4 Undertake monthly monitoring of FFP3 training completion rates and report any concerns to Performance Review Meetings		Jackie Moore	In place and ongoing	Monitoring: Monthly monitoring of training completion rates reported to Workforce Committee and Infection Prevention and Control Group and Performance Review Meetings
	PM6.5 Identify a solution for those staff unable to use existing filtered face piece masks		Kirsty Morgan	Complete	
	PM6.6 Consider the most efficient and cost-effective way of providing the alternative solution to staff and make available to all staff requiring this		Kirsty Morgan	31 December 2017	
PM7. The trust must increase the percentage of frequent callers who have a specific plan of care.	PM7.1 Undertake a feasibility and scoping exercise to determine alternative ways of working within the Emergency Operations Centre and the Frequent Callers Team to improve access to patients for care planning	Judith Douglas	Paul Benton	31 October 2017	Monitoring: Percentage of frequent callers with a care plan reported to Mental Health Steering Group
	PM7.2 Develop a business case with commissioners to increase funding for frequent callers	Judith Douglas	Terry Simpson	31 December 2017	
PM8. The trust should ensure there are systems in place to ensure staff have received, read and understand information when there are updates to	PM8.1 Undertake benchmarking across all ambulance trusts to identify best practice in providing updates to staff	Bob Winter	Bob Winter	Complete	

Care Quality Commission Inspection February/ March 2017 – Action Plan

Issue	Action	Lead Director	Action Lead	Implementation Date	Monitoring Arrangements
trust policies, procedures or clinical practice.	PM8.2 Explore feasibility of implementing mobile application used by East of England Ambulance Service to pass on information to staff and record that it has been viewed	Bob Winter	Steve Bowyer	30 September 2017	
	PM8.3 Explore the feasibility of using the new Electronic Patient Report Form system to provide an electronic solution to ensure staff have received, read and understood information	Bob Winter	Steve Bowyer	31 October 2017	
	PM8.4 Using the implementation of the changes to the Patient Group Direction, test the new process for recording receipt of information where responsibility rests with the new Operational management structure	Bob Winter	Bob Winer	31 July 2017	
PM9. The trust must ensure they comply with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014).	PM9.1 Review and strengthen checklist and procedures for undertaking checks against the Regulations	Kerry Gulliver	Kerry Gulliver	Complete	
	PM9.2 Check all director files, complete checklist and obtain missing documentation		Simon Behan	Complete	
	PM9.3 Present director files to Chairman for signature to confirm satisfaction with Fit and Proper Persons check		Simon Behan	Complete	
	PM9.4 Arrange for all Trust Board members to complete an annual declaration confirming they continue to meet the Fit and Proper Persons Requirement and for this to be reviewed at the annual appraisals		Kerry Gulliver	31 March 2018	

Care Quality Commission Inspection February/ March 2017 – Action Plan

Issue	Action	Lead Director	Action Lead	Implementation Date	Monitoring Arrangements
Provider Report - Should do Requirements					
None					
Location Report – Must do Requirements					
LM1. The trust must ensure all incidents are managed in line with the trust policy and that learning from incidents is effectively shared to ensure learning and improvements take place across the trust.	See PM3	Judith Douglas			
LM2. The trust must ensure all staff are fitted for and trained in the use of a filtered face piece mask to protect them from air borne infections.	See PM6	Judith Douglas			
LM3. The trust must ensure all staff are provided with the opportunity to complete statutory and mandatory training.	See PM5	Kerry Gulliver			
LM4. The trust must ensure that staff are supported to achieve an improved awareness of the legal duty of candour.	See PM4	Judith Douglas			
LM5. The trust must ensure there are systems in place to ensure staff have received, read and understand information when there are updates to trust policies, procedures or clinical practice.	See PM8	Bob Winter			

Care Quality Commission Inspection February/ March 2017 – Action Plan

Issue	Action	Lead Director	Action Lead	Implementation Date	Monitoring Arrangements
LM6. The trust must ensure patients receive care and treatment in a safe way by meeting national and locally contracted response time targets for Red1 and Red2 categorised calls.	See PM1	Dave Whiting			
LM7. The trust must ensure staff know how to report incidents and learning from incidents is shared in a way staff can access.	LM7.1 Laminated notices to be placed on each desk in the Emergency Operations Centre advising staff what constitutes an incident and how to report incidents (See PM3 for the learning element)	Judith Douglas	Simon Tomlinson	Complete	
LM8. The trust must take steps to improve EOC call taking response times therefore reducing the number of calls abandoned and the length of time callers are waiting on the phone.	See PM2	Dave Whiting			
LM9. The trust must increase the percentage of frequent callers who have a specific care plan.	See PM7	Judith Douglas			
Location Report – Should do Requirements					
LS1. The trust should continue to provide all front line staff with the opportunity to complete training relating to the care of mental health illness.	LS1.1 Identify a training course date for all staff not yet trained in the care of mental health illness	Kerry Gulliver	Ben Holdaway	31 August 2017	Monitoring: Progress to be checked at monthly Performance Review Meetings
	LS1.2 Produce a trajectory for each division to show when the annual training target for mental health will be achieved		Ben Holdaway	31 August 2017	Monitoring: Progress to be checked at monthly Performance Review Meetings
	LS1.3 Undertake monthly monitoring of training completion rates		Jackie Moore	In place and ongoing	Monitoring: Monthly monitoring of training completion rates reported to Workforce Committee

Care Quality Commission Inspection February/ March 2017 – Action Plan

Issue	Action	Lead Director	Action Lead	Implementation Date	Monitoring Arrangements
LS2. The trust should ensure staff are given sufficient time to check vehicle equipment expiry dates and stock levels to ensure sufficient equipment is available for patient use.	LS2.1 Monitor compliance of completion of the Safer Ambulance Checklist at Performance Review Meetings and take action to address non-compliance	Dave Whiting	Dave Whiting	31 July 2017	Monitoring: Monthly monitoring of Safer Ambulance Checklist compliance rates
	LS2.2 Implement electronic solution for recording vehicle and equipment checks through Mobile Data Terminal (MDT)	Dave Whiting	Steve Bowyer	31 August 2017	Monitoring: Compliance to be checked via MDT data at monthly Performance Review Meetings
LS3. The trust should ensure the servicing of all equipment is completed at the intervals scheduled in line with the manufacturer's instruction.	LS3.1 Review equipment service programme to ensure resources are adequate to service all equipment by the due date	Dave Whiting	Steve Farnsworth	31 July 2017	
	LS3.2 Clarify procedure for removal of any item of equipment outside of servicing date and document in a Standard Operating Procedure		Ben Holdaway	30 September 2017	
	LS3.3 Provide regular monitoring reports to the Performance Review Meetings to demonstrate that all equipment recorded on Fleetwave has been serviced by the due date		Steve Farnsworth	In place and ongoing	Monitoring: Percentage of equipment within the required service date reported to Performance Review Meetings on Fleet scorecard
LS4. The trust should ensure that all equipment is checked by staff in line with the manufacturer's instructions.	LS4.1 Issue notification to General Managers, HART and Events Team to state that management teams must ensure staff comply with manufacturer's instructions when checking equipment	Dave Whiting	Ben Holdaway	Complete	

Care Quality Commission Inspection February/ March 2017 – Action Plan

Issue	Action	Lead Director	Action Lead	Implementation Date	Monitoring Arrangements
LS5. The trust should ensure clinical waste material is managed in line with legislation and best practice guidance.	LS5.1 Include information on clinical waste in Infection Prevention and Control e-learning package	Judith Douglas	Kirsty Morgan	30 November 2017	
	LS5.2 Focus on waste management during the Infection Prevention and Control week in October 2017		Kirsty Morgan	31 October 2017	
LS6. The trust should consider how to ensure a robust audit trail of access to controlled drugs on solo responder vehicles.	LS6.1 Produce a report for the Medicines Optimisation Group on the outcome of the programme of audits to provide assurance regarding solo responder access to controlled drugs	Bob Winter	Anne Spaight	31 October 2017	Monitoring: Review of the number of controlled drug discrepancies reported to the Medicines Optimisation Group
LS7. The trust should consider how to ensure continued provision of sufficient clinical mentors for newly qualified staff.	LS7.1 Develop a plan for mentorship and associated training	Kerry Gulliver	Jackie Moore	31 August 2017	
	LS7.2 Implement and deliver the mentorship and associated training plan	Kerry Gulliver	Jackie Moore	31 March 2018	
LS8. The trust should consider how to ensure hospital ambulance liaison officers (HALOs) have the skills, knowledge and understanding required to positively impact on hospital handover delays.	LS8.1 Provide guidance to all managers undertaking cohorting and HALO duties at Emergency Departments during periods of handover delays	Dave Whiting	Ben Holdaway	31 August 2017	
LS9. The trust should continue to work with other providers and commissioners on reducing handover delays to improve timeliness of resource allocation in EOC.	LS9.1 Attend Accident and Emergency Delivery Board meetings, Sustainability and Transformation Plan meetings and escalation meetings to influence decisions which will impact on handover delays	Judith Douglas	Executive Lead for each county	In place and ongoing	Monitoring: Hospital handover times monitored daily and reported to Trust Board in Integrated Board Report

Care Quality Commission Inspection February/ March 2017 – Action Plan

Issue	Action	Lead Director	Action Lead	Implementation Date	Monitoring Arrangements
	LS9.2 Invite Chairs of Accident and Emergency Delivery Boards and Chief Executives of Acute Trusts to Trust Board meetings for public discussion where challenges remain	Richard Henderson	Richard Henderson	In place and ongoing	

East Midlands Ambulance Service NHS Trust

Operational Improvement Plan 2017/18

Core High Impact Changes	Action	Description	Time - Frame	RAG	Impact on contractual trajectory**		
					Q1	Q2	Q3
Demand Management & Reducing acuity	ARP	Join ARP 2.3 as a pilot site	July 2017 – Joining on the 19th		N/A	N/A	N/A
	Hear & Treat	Deliver the Hear & Treat trajectory, therefore reducing number of activations	On going		32,700	37,914	42,135
	Call Audit	Audit EOC call takers to ensure appropriate grading of RED incidents	On Going	No longer valid due to moving to ARP	Q1 1% reduction in RED rate from Q4 2017	Q2 1% reduction in RED rate from Q1	Q3 1% reduction in RED rate from Q2
Increasing Operational Capacity	VAS/PAS	Re profile VAS/PAS funds to increase overtime allocation in Q1 & 2 to improve RED performance	May 2017		Q1 Enabler	Q2 Enabler	Q3 Enabler
	Operational Rosters	Implement the new operational rotas required to deliver the optimal model for ARP	Consultation start August 2017 with the view of new rotas being live April 2018		N/A	N/A	N/A

Core High Impact Changes	Action	Description	Time - Frame	RAG	Impact on contractual trajectory**		
Increasing Operational Capacity	FRV/DCA skill mix	Implement the changes in DCA/FRV vehicle mix to deliver the operating model required for ARP	Consultation start August 2017		N/A	N/A	N/A
	EOC Workforce	Re profile EOC funding to increase EMD workforce to reduce 2 minute delays	April 2017		Q1 Under 50 2 minute delays	Q2 Under 50 2 minute delays	Q3 Under 50 2 minute delays
	EOC Workforce	Implement new EOC structure to increase capacity within the key functions	Q3/4		Enabler	Enabler	Enabler
	Operational Structure	Embed new Operational Management structure which will give additional focus and capacity for C1 ARP incidents	Ongoing		Q1 Enabler	Q2 Enabler	Q3 Enabler

Core High Impact Changes	Action	Description	Time - Frame	RAG	Impact on contractual trajectory**		
					Q1	Q2	Q3
	ORH Review	Negotiations to take place at the Trust Partnership Board to implement the required staffing levels identified through the ORH review in Operations and EOC	Ongoing		Q1 N/A	Q2 N/A	Q3 As per ORH report
Technical Developments	Call Passing Gateway	Implement 999 call passing gateway to reduce call length in passing jobs to other services and improve EMAS call pick up	Reliant on other services procuring gateway & implementing		Q1 N/A	Q2 1% improvement in CP	Q3 A further 1% improvement in CP
	CAD Development	Implement "auto dispatch" for Red 1 NOC patients Full project plan would be required for this action	Q1/2 2017		Q1 N/A	Q2 20 second reduction in allocations	Q3 Maintain new allocation times

Core High Impact Changes	Action	Description	Time - Frame	RAG	Impact on contractual trajectory**		
					Q1	Q2	Q3
		Introduction of Tactical Operational Changes – Revised Meal Break arrangement and End of Shift protocol	July 2017		Enabler	Enabler	Enabler
		Reducing 999 call cycle length through revised clinical processes performance management Reduction of Operational Lost hours	July 2017		Q1 Planning stage	Q2 1 minute reduction from base line	Q3 2 minute reduction from base line (additional 1 minute from Q1)
					Planning stage	5% reduction from baseline	10% reduction from baseline

Core High Impact Changes	Action	Description	Time - Frame	RAG	Impact on contractual trajectory**		
					Q1	Q2	Q3
	Hospital Handovers	Work with A&E Delivery boards & local commissioners to reduce lost hours due to clinical handovers and delays with specific focus on ULHT & UHL sites	Ongoing		500 hour reduction from Q4 2017	750 hour reduction from Q4 2017	1000 hour reduction from Q4 2017
Fleet		Realign fleet profile to meet the new operating model	Q3/4		Enabler	Enabler	Enabler

** Contractual performance trajectory no longer valid due to moving to ARP.

This page is intentionally left blank