



Our Quality Improvement Plan



July 2016



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Context/Background

East Midlands Ambulance Service NHS Trust (EMAS) provides emergency and urgent care, patient transport, call handling and clinical assessment services for the 4.8 million people in the East Midlands, an area covering approximately 6,425 square miles across the six counties of Derbyshire, Leicestershire, Lincolnshire (including North and North East Lincolnshire), Northamptonshire, Nottinghamshire and Rutland.

EMAS employs more than 2,900 staff across the region, based at more than 60 locations, including two Emergency Operations Centres at Nottingham and Lincoln. Our largest staff group is made up of our accident and emergency 999 crews and we operate a fleet in excess of 500 vehicles, including emergency ambulances, fast response cars, specialised vehicles and patient transport vehicles.

Each day we receive around 2,000 calls from members of the public who have phoned 999 –the equivalent of receiving an emergency call every 45 seconds. Our frontline accident and emergency (A&E) teams of community paramedics, technicians, nurse triage advisors, emergency care practitioners, community first responders and volunteer lifesavers are ready day or night to respond to an emergency.

Our Patient Transport Services (PTS) take patients to and from hospital or clinics for routine appointments.

In addition our services include:

- 999 emergency care and transport of patients
- paramedic services at incidents and medical emergencies
- diagnosis and treatment or referral for minor illnesses and injuries
- responding to major incidents and emergencies with our specialist Hazardous Area Response Team (HART) and with our Air Ambulance colleagues
- medical cover at major sporting, music and social events.

Our vision: *To play a bigger part in the community through enhanced emergency and urgent care services delivered by proud, respected, highly skilled and compassionate staff.*

This vision is supported by a ‘strapline’, which in just a few words will help to describe what it is that we are about, and what we want to achieve.

Our strapline is **Emergency Care | Urgent Care | We care.**



What is also important is our continued commitment to living the EMAS values:

Respect

Respect for our patients and each other

Teamwork

Working together and supporting each other

Integrity

Acting with integrity by doing the right thing for the right reasons

Competence

Continually developing and improving our individual competence

Contribution

Respecting and valuing the contribution of every member of staff

This Quality Improvement Plan describes how we intend to improve the quality of the services we deliver, providing our patients and their families with the best possible care we can offer. Our plan will help us to become a better place to work, and will enable us to achieve our vision.









What the Care Quality Commission found when they inspected EMAS

East Midlands Ambulance Service NHS Trust received an announced inspection by the Care Quality Commission (CQC) Chief Inspector of Hospitals from 16 to 20 November 2015. As part of the inspection the CQC also carried out an unannounced visit on 3 December 2015. The inspection was carried out as a part of the CQC’s comprehensive inspection programme.

The CQC inspected three core services here at EMAS, these were our:

- Emergency Operations Centres (EOCs)
- Urgent and Emergency Care including HART and the air ambulance
- PTS.

The inspection report was published on 10 May 2016. The table below shows the ratings we were given for each of the five key questions asked by the CQC when inspecting services.

Overall rating	Requires improvement 
Are services at this trust safe?	Inadequate 
Are services at this trust effective?	Requires improvement 
Are services at this trust caring?	Good 
Are services at this trust responsive?	Good 
Are services at this trust well-led?	Requires improvement 

The core services were rated by the CQC as follows:

EOC	Good 
Urgent and Emergency Care	Requires Improvement 
PTS	Requires Improvement 



Outstanding practice and areas for improvement

Through their inspection the CQC recognised several areas of outstanding practice at EMAS:

- The mental health triage car in Lincolnshire.
- The joint ambulance conveyance project in which we work with the fire and rescue service.
- The introduction of a regional emergency first responder scheme in partnership with six fire and rescue services.
- Our project to improve treatment for patients in acute heart failure using continuous positive airway pressure machines.
- Staff in our EOCs supporting patients and saving lives in what were extremely difficult and stressful situations.
- Our introduction of 'change Wednesdays' in the EOC so that staff are clear when changes are made.
- EMAS was the best performing ambulance trust in England in responding to calls promptly before the caller rang off.
- Access to electronic information held by community services for PTS staff which allowed them to view up to date information including current medication.
- The 'Secret Shopper' programme put in place by the Patient Advice and Liaison Service.
- Staff name badges with braille and the permitting of guide dogs to accompany visually impaired patients.

There were also areas where we need to take action to improve. The key areas were as:

- We must ensure we have sufficient staff who are appropriately trained and qualified to meet safety standards and meet national response targets.
- We must support our staff through ensuring they receive appropriate training and an annual appraisal.
- We must ensure there are sufficient emergency vehicles to safely meet demand.
- We must ensure staff report all appropriate incidents and they are appropriately and consistently investigated and learning from incidents is shared with all staff.
- We must ensure all waste is managed in line with current legislation and guidance.
- We must ensure medicines, including controlled drugs are stored and managed safely.
- We must ensure vehicle and equipment checks are carried out daily and equipment is serviced regularly.
- We must ensure patient records are stored appropriately to maintain patient confidentiality.



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- We must ensure all staff are fitted for and trained in the use of filtered face pieces (face masks).
- We must ensure our arrangements for responding to major incidents are in line with current guidance and legislation and that we practise these arrangements.
- We must ensure we have arrangements in place to monitor organisations who support us in providing PTS and for checking the vehicle documentation of volunteer drivers.

The purpose of this Quality Improvement Plan is to address the areas for improvement the CQC has raised.



Improvements we have made since the inspection

EMAS has made a number of improvements between the inspection in November 2015 and publication of the inspection report in May 2016. In particular we have undertaken the following:

Ensuring we have appropriate staff resources

We have continued to progress our programme of recruitment resulting in 2,108 whole time equivalents being in post at the end of May 2016 against a projection for that date of 2,105. The recruitment programme includes direct entry technicians and paramedics to improve the ratio of qualified to non-qualified staff. As at May 2016 we have achieved our qualified to unqualified staff ratio of 80:20 which is an improvement on the previous position.

As at 1 June 2016, we are on track with our recruitment plan with recruitment and selection continuing to meet our annual contracted requirement. Also ten qualified Paramedics have been recruited and commenced work with the Trust in the first quarter of 2016/17. In addition we have 45 qualified paramedics who have been offered roles and are due to commence work with EMAS in the second quarter of the year.

As part of our contract negotiations with commissioners we have secured a commitment to an independent Strategic Demand, Capacity and Price Review which will determine the workforce requirements and associated funding for the next three years.

We have improved the management of our abstraction rates which are times when staff are unavailable due to sickness, training and other absences. In May 2016 the abstraction rate was 29.72% against a target of 28%. Since January 2016 we have reduced sickness absence and at May 2016 the absence rates was 4.79%, the lowest level we have seen in a number of years.

Meeting national standards and regulatory requirements

We have re-focussed our operational workforce on responding to patients requiring a more time critical response and in particular those patients who are very ill and fall into the Red 1 response category of response. Consequently we have seen patients in this category being attended to much sooner than previously.

We have agreed trajectories with our commissioners as part of the 2016/17 contract to improve performance against the national response standards. To further improve on this we have also developed internal trajectories for each county. We have achieved the contracted trajectory for the first quarter of 2016/17, although we recognise this has been



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challenging and acknowledge that we did not meet two of the three response rate targets in June 2016.

We have continued to work with our partners in acute trusts to find ways of reducing the time taken to accept patients from us when we arrive at Emergency Departments. This includes formally meeting on a regular basis with our commissioners and with NHS Improvement to emphasise the impact of handover delays on the Trust's ability to respond to patients. We have seen some improvement in certain areas, although this is still one of our significant concerns in responding to our patients in a timely manner.

We have revised our procedures which explain how patient records should be stored and transported to clarify the arrangements we have in place for keeping patient information safe and have reminded staff of the requirements.

The Strategic Demand, Capacity and Price Review referred to above will assist us in ensuring we have the resources we need to respond promptly to our patients and meet national response standards.

We have addressed the issues identified by the CQC at certain stations regarding the storage of medicines including ensuring drugs cabinets are appropriately locked and secured to the wall.

We have implemented arrangements for regular collection of Patient Report Forms from all stations to ensure that all patient information is treated confidentially and transferred promptly to the Clinical Audit Team for safe storage.

We have ensured that all frontline staff receive emergency planning training as part of the basic training for new staff and our existing staff receive a refresher through the annual training programme.

Ensuring we have the necessary vehicles and equipment

Since the inspection with the assistance of a loan from NHS Improvement we have been able to increase the number of vehicles we have. We have added 31 Double Crewed Ambulances to our fleet since the inspection. We have also replaced 12 Fast Response Vehicles with new vehicles.

We have updated our fleet management system Fleetwave so that it is able to record the details of our medical devices. We have recruited additional staff to maintain the system and ensure that all equipment is serviced regularly and the servicing records maintained and are now in the process of transferring the information to Fleetwave. All information will be held on the Fleetwave system by November 2016.



Learning from incidents

We have restructured our investigation team to ensure consistency of approach and to provide appropriate support to team members. This also ensures that incidents are investigated appropriately, regardless of the manner in which they are reported to the Trust.

We have revised our Serious Incident Policy to ensure that it meets national guidance in terms of the reporting of incidents. We have also introduced a quality assurance process to ensure that all incidents are appropriately reported and investigated.

We have introduced divisional incident reporting showing numbers and trends of reporting in particular areas and making comparisons with other divisions. This allows divisional managers to monitor whether staff are reporting incidents.

Our computerised incidents system has been amended to ensure that managers have to feed back from the investigation of an incident to the member of staff who reported the incident before the investigation can be closed.

We have improved the process for learning from incidents and complaints to ensure this information is shared with staff and actions to make improvements are monitored to ensure implementation through the establishment of the Lessons Learnt group.

Developing and supporting our staff

We have continued to monitor training and appraisal completion rates to ensure as many staff as possible receive an annual appraisal and receive the training and development they need to carry out their role. We have developed a statutory and mandatory training and essential education plan for 2016/17 which provides sufficient capacity for all staff to receive the training they need to undertake their role.

We have introduced a new appraisal system which will improve the monitoring of appraisal completion rates and assist managers in ensuring the quality of the appraisals undertaken.

We have strengthened arrangements for monitoring completion of training and appraisals through the divisional performance reviews as part of our new service line management arrangements.

We have revised our escalation levels for Accident and Emergency Team Leaders to reduce the response requirements for this tier of leaders. This group are operating the Red 1 response cars, further reducing response commitments. This provides additional hours for managers to carry out supervisory duties and support their teams.



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We have developed a workbook for frontline staff to provide guidance on the care of patients with mental health illness. This was issued to all staff in January 2016. In addition we now have two mental health leads who will continue to provide training and advice to staff.

Providing a Patient Transport Service

Since the inspection we have entered into a contract with commissioners to provide Patient Transport Services in Derbyshire. The service will start on 1 August 2016. As part of the mobilisation plan we have ensured that the issues identified by the CQC in relation to PTS have been addressed. This includes implementing a framework for ensuring there are adequate governance arrangements in place in relation to third party providers supporting us in delivering the service and annual inspections of these providers.

Ensuring the safety of our patients and staff

We have continued to issue regular guidance to staff on waste management to ensure the cases of non-compliance identified by the CQC are addressed. We have simplified our environmental assurance audit template used to check compliance with waste management regulations.

Meeting the Needs of our Patients

Executive Lead: Director of Quality and Nursing

We recently wrote to our high volume service users offering support. This has resulted in a reduction in frequent calls.

We have established a mental health steering group and through this are working with commissioners and other stakeholders including the Police and mental health services. This work includes the establishment of triage schemes in each county. We have an arrangement in place with the Samaritans for assisting patients and our staff with suicide cases. We are working with the British Transport Police in dealing with suicides on the transport network.

We have secured funding for two vehicles to transfer patients to mental health units.



Themes

This section describes the key themes within the CQC report and the actions which we intend to take to address each of the issues identified by the CQC. Each theme has an Executive Lead who is responsible for overseeing that theme and the actions within it.

Ensuring we have appropriate staff resources

Executive Lead: Acting Director of Workforce and Engagement

The CQC said EMAS must:

- ensure there are sufficient frontline paramedic and other staff with an appropriate skill mix to meet patient safety and operational standards and national target levels for Red 1 and Red 2 calls.
- ensure there are sufficient staff in the EOCs to meet planned staffing levels and demand, including at weekends.

The CQC said EMAS should:

- consider the effectiveness of processes for approval of annual leave for staff.

The following actions will address these issues.

- We will implement our revised workforce plan to increase the number of frontline staff and staff in our EOC to meet the demands of the service. This will take account of staff turnover and ensure a sustainable workforce. The workforce plan will be supported by a revised recruitment campaign for 2016/17 which will emphasise career progression routes and flexible working options to attract more applicants. We will also accelerate the timescale for training new staff so that they are operational earlier. By 30 September 2016 we expect to have achieved our revised workforce target of 2,193 whole time equivalent (wte) frontline staff, although a number of these staff will be in training. At this stage we expect 2,050 wte will be operational, whereas by 1 January 2017 2,125 wte are expected to be operational. Our current plans indicate that all 2,193 wte will be operational by July 2017, however through our recruitment campaign we are aiming to recruit an increased number of qualified staff which will ensure we will have all 2,193 wte operational by the earlier date of 31 March 2017.

Responsibility: Acting Director of People and Engagement
Timescale: target of 2,193 wte to be met by 30 September 2016 with all staff operational by 31 March 2017 subject to sufficient qualified staff being recruited



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- We will accelerate the timescales between staff qualifying and becoming fully operational by reducing the number of preceptorship hours required. This will be within safe standards of working and in line with other ambulance trusts.

Responsibility: Interim Chief Operating Officer

Timescale: 1 October 2016

- We will recruit to the increased EOC establishment figure of 334 wte by 1 November 2016 and maintain a minimum 1% vacancy gap.

Responsibility: Acting Director of People and Engagement

Timescale: target of 334 wte to be met by 1 November 2016

- We will strengthen the application of the flexible working policy to enable staff to work fixed shift patterns and so reduce staff turnover. We will also clarify career progression routes and opportunities for existing staff. In addition we will also implement a talent management process to ensure succession planning for leadership roles.

Responsibility: Acting Director of People and Engagement

Timescale: promote the opportunity for flexible working arrangements by 1 August 2016
introduction of talent management process by 1 September 2016

- We will work with commissioners to commission an independent Strategic Demand, Capacity and Price Review to determine the number of staff required to fulfil the requirements of our patients and the associated funding needs. We will base our future workforce plan for the next three years on this review.

Responsibility: Interim Chief Operating Officer

Timescale: Review to be completed by 31 October 2016 subject to NHS England providing commissioners with approval for the tendering process

- Our internal auditors are currently reviewing our arrangements for workforce planning. We will consider the outcome of their report and take appropriate action to make improvements.

Responsibility: Acting Director of People and Engagement

Timescale: review to be completed by 1 October 2016



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- Through further embedding Service Line Management and strengthening monitoring through the divisional performance management reviews we will control our abstraction rates, including sickness absence and ensure that planned and unplanned absence is managed appropriately and reduced to target levels so that it does not impact on our resourcing levels.

Responsibility: Interim Chief Operating Officer
Timescale: abstraction rate 28% by 31 March 2017

We will measure success against the following indicators:

Staffing/Skill Mix:

- Front line workforce establishment against funded target of 2,193 wte and month by month recruitment trajectory
- EOC workforce establishment against funded target of 334 wte and month by month recruitment trajectory
- Numbers of direct entry staff in training against Workforce Plan
- Skill Mix ratio
- Staff turnover rate
- Abstractions levels, including sickness absence, against target



Meeting National Standards and Regulatory Requirements

Executive Lead: Interim Chief Operating Officer

The CQC said EMAS must:

- ensure response times meet the needs of patients by reaching national target times.
- ensure paper patient report forms are stored appropriately and securely in trust premises and in such a way on trust vehicles as to maintain patient confidentiality.
- ensure medicines including controlled drugs are always stored and managed safely and securely and audited effectively from the distribution of drugs to ambulance personnel, to their destruction or return.
- ensure staff follow the trust's policy in relation to countersignatures for controlled drugs.
- ensure arrangements to respond to emergencies and major incidents are practised and reviewed in line with current guidance and legislation.

The following actions will address these issues.

- We will monitor our response times against the monthly plan agreed with commissioners in the 2016/17 contract to ensure we meet the contractual targets. The plan indicates that by 1 November 2016 we will be achieving 67.5% for Red 1 calls, 61.6% for Red 2 calls and 86.6% for Red 19 calls. While recognising that our 2016/17 contract does not fund us to deliver national response targets, this will be an improvement on our performance against response rates at the time of the inspection. We will continue to strive to improve our performance by also monitoring performance against the internally set stretch targets for each county.

Responsibility:	Associate Director of Operations (Field Operations)
Timescale:	Expected performance by 1 November 2016: 67.5% for Red 1 calls 61.6% for Red 2 calls 86.6% for Red 19 calls Expected performance by 31 March 2017: 75% for Red 1 calls (aspirational target which is higher than contracted target) 62.5% for Red 2 calls 87.9% for Red 19 calls



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- Improved response times will be achieved by increasing the size of our Clinical Assessment Team to 42 wte so that it can deal with a greater number of calls over the telephone where this is more appropriate for the patient than sending a vehicle to them.

Responsibility: Associate Director of Operations (Field Operations)
Timescale: to achieve target of 42 wte by 15 July 2016

- We will devolve our resource planning function to divisional management teams to provide greater flexibility in resourcing.

Responsibility: Associate Director of Operations (Field Operations)
Timescale: 30 September 2016

- We are running a pilot of a revised model of operation in Leicester, Leicestershire and Rutland to improve efficiency and address operational performance. Where this generates improvements the learning will be implemented in other divisions.

Responsibility: Associate Director of Operational Improvement
Timescale: 1 September 2016 (end of pilot phase)

- We will ensure our staff are appropriately trained to deal with major incidents by providing training to all new staff as part of the induction process and through the inclusion of emergency preparedness refresher training for existing staff in the annual education plan.

Responsibility: Associate Director of Operations (Operational Support)
Timescale: 95% of relevant staff to be trained by 31 March 2017

- Our command training strategy will determine the key roles in the organisation where commander training is required. An audit will be undertaken to determine those managers requiring commander training and completion of command and operational manager training will be closely monitored to ensure all relevant staff complete the training.

Responsibility: Associate Director of Operations (Operational Support)
Timescale: strategy to be completed by 31 August 2016
all relevant managers to be trained by 31 March 2017



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- Our on-call arrangements will be reviewed to ensure we have the necessary staff available to deal with major incidents and that they are adequately trained.

Responsibility: Associate Director of Operations (Operational Support)
Timescale: 31 August 2016

- We will introduce a schedule of emergency planning exercises and record details including lessons learnt.

Responsibility: Associate Director of Operations (Operational Support)
Timescale: 30 September 2016

- We will strengthen our arrangements for storing patient information and transferring it between locations by providing secure storage boxes for all stations, ensuring staff receive training in information governance as part of the statutory and mandatory training programme and provide further written guidance to staff.

Responsibility: Head of Information Management
Timescale: Storage boxes to be available by 1 October 2016
inclusion of training in statutory and mandatory training programme to be completed by 31 July 2016
guidance to be provided by 1 September 2016

- Spotchecks will be undertaken at stations to ensure that information governance requirements are being complied with and the Records Manager will undertake a programme of independent confidentiality audits to ensure patient information is held appropriately.

Responsibility: Head of Information Management
Timescale: spotchecks to be introduced by 1 August 2016
programme of audits to be completed by 1 January 2017

- We will review our audit process for medicine stocks and carry out regular audits to ensure our medicines management procedures are followed and stocks are held securely and issued appropriately. We will also continue to reinforce the procedures with staff to ensure compliance.

Responsibility: Consultant Paramedic
Timescale: review audit process by 31 August 2016



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- We will undertake a post implementation review of the implementation of the new medicines management procedures to identify any learning and improvements required.

Responsibility: Consultant Paramedic

Timescale: post implementation review by 31 August 2016

- We will undertake regular checks on the issue of controlled drugs to reinforce the requirement for two signatures.

Responsibility: Consultant Paramedic

Timescale: by 31 August 2016

- We will review our medicines management security arrangements and make improvements where necessary to meet legal requirements.

Responsibility: Consultant Paramedic

Timescale: initial review by 30 November 2016

- We will use the lessons learned in Leicestershire in relation to hospital handover delays to address similar concerns in other parts of the region. We will continue to influence the System Resilience Groups and commissioners to take action in addressing this wider health economy issue. We intend to hold a second Turnaround Summit to work with partners in further considering the issues and identifying appropriate solutions.

Responsibility: Director of Quality and Nursing

Timescale: 31 March 2017

We will measure success against the following indicators:

Response times:

- Red 1 performance against trajectory
- Red 2 performance against trajectory
- Red 19 performance against trajectory
- Divisional abstraction rates
- Divisional resourcing levels against plan
- Call activity and acuity levels
- Lost hours due to hospital handover delays
- Prolonged waits
- Number of cases of harm due to prolonged waits



Emergency Planning:

- Training completion rates
- Number of emergency planning exercises completed

Patient Records:

- Number of information governance incidents
- Audit and spotcheck compliance rates

Medicines Management:

- Drug audit results
- Number of drug related incidents



Ensuring we have the necessary vehicles and equipment

Executive Lead: Interim Chief Operating Officer

The CQC said EMAS must:

- ensure vehicle and equipment checks are carried out to the determined frequency.
- ensure there are sufficient ambulances and other vehicles to respond to emergency calls in a manner that meets patient safety and operational standards and national response targets for Red 1 and Red 2 calls.
- ensure ambulances, rapid response vehicles and their equipment are checked on a daily basis as per trust policy to ensure patient and staff safety.
- ensure the servicing of all equipment is undertaken at the correct intervals stipulated by manufacturers to ensure the safety of patients.

The CQC said EMAS should:

- consider how to ensure staff have sufficient time to clean vehicles before being allocated to another call.

The following actions will address these issues.

- We will continue to implement our fleet management programme. In July we will receive seven new double crewed ambulances and by 31 March 2017 we will receive an additional 30 double crewed ambulances. We will also replace 15 fast response vehicles with newer vehicles this financial year.

Responsibility:	Head of Fleet
Timescale:	seven double crewed ambulances in July 2016 additional 30 double crewed ambulances by 31 March 2017 (to be phased in from September 2016 onwards) replacement of 15 fast response vehicles by 31 March 2017



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- We are currently developing our computerised fleet system Fleetwave to record items of equipment held on vehicles and when that equipment was last serviced. This will improve our management of the servicing process and allow us to easily locate specific equipment. This will be in place by 30 November 2016 and also by that time regular scanning of all equipment will be carried out to determine the location of individual pieces of equipment.

Responsibility: Head of Fleet
Timescale: 30 November 2016

- We will purchase 292 new defibrillators during 2016/17 and 2017/18 to replace old equipment. This will ensure that equipment is reliable and staff have the equipment they need to respond to patients.

Responsibility: Head of Fleet
Timescale: 31 July 2017 (to be phased receiving a number each week)

- As part of the Strategic Demand, Capacity and Price Review referred to above we will identify the number and type of vehicles required to meet the demands of the service.

Responsibility: Interim Chief Operating Officer
Timescale: 31 October 2016 subject to NHS England providing commissioners with approval for the tendering process

We will measure success against the following indicators:

Vehicles and Equipment:

- Number of vehicles compared to Fleet Programme
- Equipment servicing rates
- Receipt of defibrillators against plan
- Number of vehicles compared to resourcing requirements



Learning from Incidents

Executive Director: Director of Quality and Nursing

The CQC said EMAS must:

- ensure staff report all appropriate incidents and they are appropriately and consistently investigated in line with Trust policy.
- ensure learning from incidents, investigations and complaints is shared with all staff.
- put systems in place to promote sharing and learning in PTS following a reported concern or incident.
- ensure all staff in EOC understand what an untoward incident is and report them consistently in line the trust policy.

The CQC said EMAS should:

- consider how feedback from incidents is supplied to individual staff raising the issues in a timely manner
- consider how lessons learnt from incidents can be effectively shared across the trust and how resulting actions can be consistently implemented.

The following actions will address these issues.

- We have arranged for independent reviews of our incident management arrangements to assist us in improving existing arrangements. NHS Improvement has reviewed our process for reporting and investigating Serious Incidents and our internal auditors are looking at our arrangements for learning lessons from incidents and complaints.

Responsibility: Director of Quality and Nursing
Timescale: NHS Improvement review – report due by 31 July 2016
Internal Audit review – report due November 2016

- We will implement a programme of education and awareness raising so that all staff are able to identify and report an incident and those responsible for investigations undertake these appropriately.

Responsibility: Director of Quality and Nursing
Timescale: 31 July 2016



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- We will complete the incorporation of the Patient Advice and Liaison Service and Complaints Team into the Patient Safety Team to ensure consistency in reporting and investigation of incidents and appropriate support for the staff in the team.

Responsibility: Director of Quality and Nursing

Timescale: 31 July 2016

- We will check staff understanding of the incident process as part of our Quality Everyday Programme.

Responsibility: Director of Quality and Nursing

Timescale: programme restarted June 2016

We will measure success against the following indicators:

Incident reporting:

- Number of incidents reported
- Number of Serious Incidents



Developing and supporting our staff

Executive Lead: Acting Director of People and Engagement

The CQC said EMAS must:

- ensure all staff receive statutory and mandatory training.
- ensure all staff receive appropriate non-mandatory training to enable them to carry out the duties they are employed for.
- ensure statutory and mandatory training updates are delivered to PTS staff.
- ensure that staff mandatory training achieves the trust target of 95%.
- ensure all staff receive an annual appraisal.
- ensure all staff in EOC receive annual appraisals, which are accurately recorded by managers.

The CQC said EMAS should:

- consider how all frontline staff receive on-going training relating to the care of patients with mental health illnesses.
- consider how to ensure staff in EOC have adequate training in mental health awareness to be able to support patients calling with mental illness.
- consider how to ensure staff in EOC have adequate training in dementia awareness to be able to support patients calling who are living with dementia.
- consider how to ensure staff in EOC have adequate training in awareness of learning disabilities to enable them to support patients calling who have a learning disability.
- consider whether EOC staff have received sufficient training in the Mental Capacity Act 2005 to be able to support callers appropriately.
- ensure EOC staff receive training to enable them to support and work with child callers.
- consider how all staff understand the Duty of Candour and their responsibilities under it.
- consider how line managers can have sufficient allocated time to manage their teams effectively.



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- consider how to provide an effective system of regular clinical supervision for paramedic and other clinical staff.
- consider appropriate career development opportunities for staff.
- consider communication with and support to EOC staff, which would enable them to understand changes to services, which support the ongoing strategy.
- consider the provision of an appropriate space for EOC staff to use following a distressing call.
- The trust should evaluate the effectiveness of single piece ear sets issued to staff at the Lincolnshire EOC.

The following actions will address these issues.

- We will introduce plans for each Division to ensure that training targets are met and staff will be allocated to specific course dates by divisional managers. .

Responsibility: Deputy Director of Workforce
Timescale: 95% of relevant staff to have completed statutory and mandatory training requirements by 31 March 2017

- Each division will produce a plan for completion of staff performance appraisals to ensure that sufficient time is allowed for each member of staff to have an annual appraisal.

Responsibility: Deputy Director of Workforce
Timescale: target 95% completion by 31 March 2017

- We are developing a Duty of Candour e-learning package which all relevant staff will complete as part of their essential education.

Responsibility: Director of Quality and Nursing
Timescale: 31 July 2016

- We are in the process of reviewing our frontline management arrangements which will assist in ensuring staff members receive appropriate clinical supervision.

Responsibility: Interim Chief Operating Officer
Timescale: 30 September 2016



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- We will provide clarity for our staff on career progression opportunities within EMAS.

Responsibility: Deputy Director of Workforce

Timescale: 31 July 2016

- We will work with staff, trade union colleagues and line managers to identify an effective forum to communicate the Trust's strategies to EOC staff.

Responsibility: General Manager EOC

Timescale: 30 September 2016

- We will undertake an option appraisal for the most appropriate technical solution to the suggestion for single piece ear sets in EOC.

Responsibility: General Manager EOC

Timescale: 30 September 2016

- We will develop a workshop for EOC staff which will include guidance on supporting and working with child callers.

Responsibility: General Manager EOC

Timescale: 31 March 2017

- We have identified a room for use by EOC staff following distressing calls. This will be equipped with appropriate furniture.

Responsibility: General Manager EOC

Timescale: 31 August 2016

- We will provide training to EOC staff on dementia awareness and learning disabilities through the Safeguarding training module.

Responsibility: Director of Quality and Nursing

Timescale: 95% of staff to receive training by 31 March 2017



We will measure success against the following indicators:

Training and Appraisals:

- Appraisal rates by division
- Monthly Statutory and mandatory compliance rates against each subject at a divisional and Trust level



Providing a Patient Transport Service

Executive Lead: Interim Chief Operating Officer

The CQC said EMAS must:

- ensure service level agreements are in place to monitor the quality of taxi service provision for PTS.
- ensure there is an effective governance process in place to manage the quality of third party provision for PTS such as taxi services.
- ensure checks of PTS volunteer driver's documentation including MOT and insurance certification are performed and recorded annually.
- put systems in place to promote sharing and learning in PTS following a reported concern or incident.

The CQC said EMAS should:

- consider how all risks associated with PTS can be captured and reviewed on the risk register.
- consider providing PTS staff with protected time to access work related emails and other communication.

The following actions will address these issues.

- As part of our plans to take on the PTS in Derbyshire we have established a framework for provision of support from third party providers where additional resource is required at peak times. This will exclude the need for taxis. As part of this arrangement we will undertake annual inspections of the providers.

Responsibility: General Manager PTS
Timescale: 1 August 2016

- We will establish a register of checks on volunteers' vehicle documentation. Work will not be allocated to volunteers until these checks have been completed.

Responsibility: General Manager PTS
Timescale: 1 August 2016



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- Each member of Patient Transport Service staff will have a named supervisor who will ensure that staff receive an annual appraisal. We will also ensure sufficient time is allocated for staff to receive an appraisal. Completion of appraisals will be monitored monthly to ensure that all members of staff receive an annual appraisal.

Responsibility: General Manager PTS
Timescale: 1 August 2016

- We will establish a robust monitoring system to ensure that all PTS staff receive the necessary training to undertake their role. We will also ensure sufficient time is allocated for staff to complete the training.

Responsibility: General Manager PTS
Timescale: 1 August 2016

- We have a risk register in place for the mobilisation of PTS in Derbyshire. This will be transformed into a risk register for the service once operational.

Responsibility: General Manager PTS
Timescale: 15 July 2016

- We will review options for PTS staff to access work-related emails and other communications.

Responsibility: General Manager PTS
Timescale: 30 September 2016

- We will ensure the incident reporting process is included in the induction training and mandatory training for PTS staff. We will also establish a Quality and Risk Review group which will consider reviews of PTS incidents. In addition we will establish a process of providing feedback to PTS staff on lessons learnt from incidents.

Responsibility: General Manager PTS
Timescale: Quality and Risk Review group 1 August 2016
Feedback process 31 August 2016
Training 31 October 2016



We will measure success against the following indicators:

Patient Transport Service:

- Training rates
- Appraisal rates
- Proportion of volunteers where documentation checks have been undertaken



Ensuring the Safety of our Patients and Staff

Executive Lead: Director of Quality and Nursing

The CQC said EMAS must:

- ensure all domestic, clinical and hazardous materials are managed in line with current legislation and guidance.
- ensure all staff are fitted for and trained in the use of filtered face pieces (face masks) according to the Health and Safety Executive requirement in Operational Circular 282/28.

The following actions will address these issues.

- We will carry out regular audits to ensure compliance with our waste management procedures. We will also continue to promote good waste management practices throughout EMAS. This will ensure that clinical waste is stored appropriately and safely.

Responsibility: Environmental Manager
Timescale: first quarterly audit 30 June 2016

- We will put in place a plan within each division to ensure that all staff are fitted for and trained in the use of face masks required for infection prevention and control purposes and we will monitor progress against this plan. This will include training managers within division so they can provide training and fit testing at a location more accessible for frontline staff. A requirement to confirm completion of fit testing will also be part of the annual appraisal.

Responsibility: Director of Quality and Nursing
Timescale: 31 October 2016

We will measure success against the following indicators:

Waste Management:

- Number of incidents
- Waste management audit compliance rates.

Face Masks:

- Proportion of staff having received fit testing.



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(HART staff will be fit tested every six months in conjunction with their FM12 testing and other staff every 12 months).



Meeting the Needs of our Patients

Executive Lead: Director of Quality and Nursing

The CQC said EMAS should:

- consider how mental health pathways could be improved by working with other partners across the whole of the region.
- consider working with partners to develop 24-hour mental health pathways.
- work towards having Care Plans in place for all frequent callers that require them.

The following actions will address these issues.

- We are in discussions with our commissioners with regard to the feasibility of funding care plans for a larger number of our frequent callers. A pilot in Nottinghamshire was successful in reducing the number of referrals and commissioners have indicated that they wish to continue funding this. A similar scheme will be run in Leicestershire using Commissioning for Quality and Innovation funding.

Responsibility: Director of Quality and Nursing

Timescale: 31 March 2017

- Through the Mental Health Steering Group and the triage schemes we will work with partners to develop mental health pathways in the region.

Responsibility: Director of Quality and Nursing

Timescale: 31 March 2017

We will measure success against the following indicators:

- Proportion of frequent callers with care plans in place



Programme Governance

Strong programme governance has been established to ensure delivery and accountability of the improvement plan supported by the Programme Management Office. An Improvement Board has been established to monitor delivery of the Quality Improvement Plan. This will report to the Trust Board and will be supported by the Improvement Plan Delivery Group. The latter will ensure the delivery of the plan, whereas the Improvement Board will have an assurance role and will provide assurance to the Trust Board that this plan is being implemented and the actions contained within the plan are effective in addressing the issues raised in the CQC inspection report.