



# 2016/17 QUALITY IMPROVEMENT PROGRAMME

Progress Report: May 2016

June 2016







# CONTENTS






1. Executive Summary	3
2. Programme Summary	4
3. Workstream progress reports	
4.1 Making the LAS a great place to work	6
4.2 Achieving good governance	9
4.3 Improving patient experience	12
4.4 Improving environment and resources	15
4.5 Taking pride and responsibility	18
4. Programme Risks and Issues	21

## Definitions

### Project Delivery

	All scheduled activities have been completed
	The scheduled activities are on track for completion by the due date
	The scheduled activities have been delayed and are no more than 4 weeks
	The scheduled activities are at risk and have delays over 4 weeks

### Project Performance

	Performance has been met or is over 95% towards the agreed trajectory / target
	Performance is between 85-95% towards the agreed trajectory / target
	Performance is below 85% of the agreed trajectory / target

# EXECUTIVE SUMMARY

## May 2016



### Progress this month

- There has been steady progress made on the programme during May resulting in 9 out of 12 activities delivered, with 75% of scheduled activities completed.
- The activities that are delayed or reporting at risk relate to:
  - the ongoing delay with the agreement of the 2016/17 contract with Commissioners to fund the Quality Improvement Programme. Discussions and negotiations continue between all parties.
  - activities to be delivered by the Equality and Inclusion Team which has been affected by unexpected staff absences. Resources to backfill absences are now in post and dates to deliver activities are under review.
  - The patient engagement survey has been substantially drafted, however requires review by a number of subcommittees of the Trust Board prior to final approval by the Board in July 2016.
- The launch of the 'Making the LAS Great' campaign was presented at Manager briefing sessions held in May, with the full organisational roll out planned on 7 June 2016. Increased profile during this campaign will be given to the new personal development review (PDR) and appraisal process and procedures that were introduced in May.

Theme	Executive Director	# Complete	% Complete	RAG
Making LAS a great place to work	Karen Broughton	2/4	50	Red
Achieving good governance	Sandra Adams	4/4	100	Blue
Improving patient experience	Briony Sloper	0/1	100	Red
Improving environment and resources	Andrew Grimshaw	2/2	100	Blue
Taking pride and responsibility	Fenella Wrigley	1/1	100	Blue



# PROGRAMME SUMMARY

## Forecast View

### Programme:

- The launch of the 'Making the LAS Great' campaign across the Trust is scheduled for 7 June 2016 to promote the Trust's vision and values.
- Preparation and planning for the NHS Improvement Clinical Review of the Trust in June 2016 continues
- The number of activities to be delivered by the end of June 2016 is high comparative to previous months, therefore teams will need to focus on implementation of activities for successful delivery in June.

### Workstream Challenges:

- There are currently two activities that are reporting at risk from March 2016 relating to the finalisation of the 2016/17 contract, and the baseline assessment against the Equality Diversity System 2 and Racial Equality. Further details of progress can be found in individual workstream reports.

Theme	Executive Director	June 2016				July 2016			
		Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Making LAS a great place to work	Karen Broughton		9				3		
Achieving good governance	Sandra Adams		19				2		
Improving patient experience	Briony Sloper		3				2		
Improving environment and resources	Andrew Grimshaw		5	1			2		
Taking pride and responsibility	Fenella Wrigley		5				3		
<b>Total</b>			42				12		



# WORKSTREAM PROGRESS REPORTS



# 1 | MAKING THE LAS A GREAT PLACE TO WORK

## Executive Lead: Karen Broughton



### Retention

- Further conversations continue between Commissioners and the Trust relating to additional funding required to deliver priority activities within the QIP. There is work underway to complete the job description for the new Band 6 role and development of an implementation plan which can be enacted and progressed as soon as funding has been confirmed.

### Bullying and Harassment

- Two further workshops have been held with 18 members of staff, including the Assistant Directors of Operations and HR colleagues, focusing on bullying and harassment investigation training. These courses are designed to improve the consistency and timeliness of completing investigations in line with the newly published Dignity at Work policy.
- A gap analysis has been carried out on attendance at bullying and harassment sessions to ensure that there is full coverage of training provided across the Trust, and as a result specific courses have been recently provided to LAS 111, Clinical Audit and Fleet. It is anticipated that a further gap analysis will be completed in the upcoming months to provide ongoing assurance of training provided across the Trust.
- Formal feedback has been received in relation to the “a day in the life of...” event with positive responses received from approximately 40 members of staff and further dates are now going to be scheduled to continue the work.
- A specific bullying and harassment awareness session was provided to the GMB Union representatives, and a number of their members have requested to attend the mediation training once the roll out begins.
- During Mental Health Awareness week, the Trust linked closely with Stonewall in relation to LGBT staff groups. An article was published in the RIB highlighting the links and signposting to areas able to provide assistance if required. A webinar was conducted by a training partner, where two members of LAS staff were invited to showcase the work LAS does around mental health.

### Training

- The updated Trust statutory and mandatory training matrix was approved by the Education and Development Group and has been published on the Pulse for staff to access. This forms the basis of the core education required for all staff groups within the Trust. Departmental specific actions will be addressed in the upcoming months.

### Supporting Staff

- The new personal development review (PDR) / appraisal documentation was launched in May 2016 to over 200 managers, with the intention the Trust will achieve 60% completion across the board by September 2016.
- Defence Medical Services have conducted two, two-day training sessions with various managers across the Trust along with a focused two day session for the Executive and Senior Leadership Teams
- Work continues with the redesign of Corporate Induction ready for the roll out of the new materials at the end of June 2016



# 1 | MAKING THE LAS A GREAT PLACE TO WORK

## Progress – May 2016



Deliverable	Lead
Advert to Action (Recruitment)	Julie Cook
Bullying and Harassment	Karen Broughton
Training	Karen Broughton
Equality and Inclusion	Andrew Buchannan
Vision and Strategy	Karen Broughton
Supporting Staff	Karen Broughton
Retention	Greg Masters
Workforce and Organisational Development	Karen Broughton

May 2016		
Complete	Delayed	At Risk
1		
		1
1		
		1

Outstanding actions
<p>At Risk:</p> <ul style="list-style-type: none"> <li>Undertake baseline assessment against the Equality Delivery System 2 and Racial Equality Strategy.</li> </ul> <p>This activity is at risk due to unexpected staff absences. Resources to backfill absences are now in post and dates to deliver activities are under review. A change request has been submitted to the Quality Improvement Board to allow for greater focus to be placed on this workstream and to bring in line with the national deadline of 1<sup>st</sup> July 2016 for the submission of the Workforce Race Equality Strategy.</p> <ul style="list-style-type: none"> <li>Negotiate the funding for 'The London Package' as part of contracting round 2016/17</li> </ul> <p>Discussion and negotiations continue with Commissioners and it is anticipated that the contract will be agreed as soon as possible.</p>



# 1 | MAKING THE LAS A GREAT PLACE TO WORK

## Forecast View

Focus for next month	Key risks and challenges
<p>The workstream is scheduled to deliver 8 projects in June and focus will be on ensuring these are all delivered to time:</p> <ul style="list-style-type: none"> <li>To complete and launch the newly designed corporate induction to ensure new starters to the Trust are welcomed and provided with essential information about working for the Trust.</li> <li>Bullying and harassment activities continues to maintain considerable progress, with mediation and investigation training due to be delivered</li> <li>Embedding of the newly launched PDR / Appraisal documentation</li> <li>The communications launch of the LAS vision – “Making the LAS Great” will be completed on 7<sup>th</sup> June with Directors joining their operational sectors to discuss the ways this can be achieved</li> </ul>	<ul style="list-style-type: none"> <li>Limited involvement from Unison regarding the Dignity at Work programme despite active engagement from other Trade Unions .</li> <li>There continues to be priority placed on ensuring the principals of bullying and harassment awareness is embedded within the Trust culture. Numerous requests for training has been provided by the bullying and harassment specialist, which has resulted in reduced capacity for the specialist advisor.</li> <li>Further development of the People and Organisational Development function requires funding to be agreed through the 2016/17 contract negotiations. Once confirmed, a team structure will be developed that will aid in the delivery of key milestones</li> </ul>

Deliverable	Lead	June 2016				July 2016			
		Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Advert to Action (Recruitment)	Julie Cook		1						
Bullying and Harassment	Karen Broughton		3						
Training	Karen Broughton		1						
Equality and Inclusion	Andrew Buchannan		1				1		
Vision and Strategy	Karen Broughton						2		
Supporting Staff	Karen Broughton		2						
Retention	Greg Masters								
Workforce and Organisational Development	Karen Broughton		1						





# 2 | ACHIEVING GOOD GOVERNANCE

Executive Lead: Sandra Adams



## HIGHLIGHTS THIS MONTH

### Listening to Patients

- A full implementation plan has been agreed to roll out the patient information leaflets onto LAS vehicles. As this implementation plan requires leaflet holders to be affixed onto ambulances, this will be done in line with the vehicle servicing and maintenance schedule. To ensure the patient information leaflets are made available on vehicles as quickly as possible, the leaflets will be made available in the cab of each ambulance and a poster will advise patients that leaflets are available from the crew.
- Patient feedback forms on the complaints process have been designed, and these will be sent out to patients with pre-paid self addressed envelopes to encourage the return of forms. The Patient Experiences Team will begin to collate feedback and will make necessary changes to improve the complaints handling process where identified.

### Capacity & Capability of Health, Safety & Risk Function

- The action due for completion in June 2016 relating to the backlog of incident reports that needs to be inputted onto datixweb has been completed ahead of schedule, and there are no outstanding reports remaining. There is a low risk that if we receive an influx of incident reports the backlog could build up again however in order to mitigate this we would be able to flex the hours of a part time member of staff or bring in an agency member of staff to assist.

### Internal Audit

- Based on the 2016/17 internal audit plan dates are scheduled into the ELT forward planner for receipt of new reports and progress updates on recommendations in audit reports. A tracker is also presented to ELT prior to each Audit Committee and this is now going to be seen at ELT more frequently for Executive Leads to provide updates and be held accountable for progress against these recommendations.

### Improving Incident Reporting

- A Health & Safety bulletin was published on 3<sup>rd</sup> May reminding staff about personal safety when operating automatic garage doors.
- A year planner is being developed to schedule the topics and content will be in each monthly newsletter, what edition of the RIB it will be in and how else it will be circulated.



# 2 | ACHIEVING GOOD GOVERNANCE

## Progress – May 2016



Deliverable	Lead
Risk Management	Sandra Adams
Capability and capacity of Health, Safety and Risk function	Sandra Adams
Improving incident reporting	Sandra Adams
Duty of Candour	Sandra Adams
Operational planning	Paul Woodrow
Listening to patients	Fenella Wrigley
Blue light collaboration	Karen Broughton
CQC reinspection	Fionna Moore
Business intelligence systems	Jill Patterson
Internal audit	Sandra Adams
Policy and guidance review	Sandra Adams

May 2016		
Complete	Delayed	At Risk
1		
1		
1		
1		

Outstanding actions
<ul style="list-style-type: none"> <li>There are no outstanding actions</li> </ul>

# 2 | ACHIEVING GOOD GOVERNANCE

## Forecast View



### Focus for next month

- June is a crucial month for Theme 2 with 19 deliverables, all currently on track.
- Ensuring actions with regular milestones are truly embedded within routine operations e.g. regular monitoring of risk registers and regular health and safety bulletins
- Launch Health & Safety review consultation including banding of all job descriptions
- Establishment of the new Policy Approval Group
- Patient information leaflets to be rolled out with full implementation plan in place.

### Key risks and challenges

- The creation of 24 hour single point of access for incident reporting requires recruitment of two additional band 5 staff members, however confirmation for funding the posts is required and approval sought from the workforce panel.
- There is a potential risk relating to the capacity of HR team to support the consultation of the proposed changes to the Health & Safety team. The project team continues to liaise regularly with the HR team to ensure delivery of this activity remains on track.

Deliverable	Lead	June 2016				July 2016			
		Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Risk Management	Sandra Adams		4						
Capability and capacity of Health, Safety and Risk function	Sandra Adams		3						
Improving incident reporting	Sandra Adams		5				1		
Duty of Candour	Sandra Adams		1						
Operational planning	Paul Woodrow		1						
Listening to patients	Fenella Wrigley		2						
Blue light collaboration	Karen Broughton								
CQC reinspection	Fionna Moore		1						
Business intelligence systems	Jill Patterson								
Internal audit	Sandra Adams		1						
Policy and guidance review	Sandra Adams		1				1		



# 3 | IMPROVING PATIENT EXPERIENCE

## Executive Lead: Briony Sloper



### HIGHLIGHTS THIS MONTH

#### **Learning from experience:**

- The patient engagement strategy was presented to the Executive Leadership Team during May, and following minor revisions the strategy will be presented to the Patient, and Public Involvement Committee and the Quality Governance Committee prior to review at the public Trust Board meeting in July. Although the strategy was not fully approved by the end of May, it was recognised that given the significance of this strategy for the Trust in how it engages with patient groups it is imperative that this is reviewed by key sub committees of the Trust Board prior to submission to the Trust Board for final approval. A change request has been prepared for review by the Quality Improvement Programme Board.

#### **Patient Transport Service – Pre-booking end of life / palliative care patients:**

- The team have met with NHS England, Commissioners from North West London, and End of Life leads from across London to review and agree the detail of the pilot presented by the Trust. The method of delivery to stakeholders was also discussed with the Chair of the London CEO group
- The LAS advertised through this group, a pilot hospice to commence the pre-booking of journeys for this patient group. An expression of interest has been received for St Joseph's hospice, and a meeting has been planned for early June to discuss the pilot in detail.

#### **Bariatric patients:**

- Data continues to be gathered to provide baseline information on the current numbers of bariatric patients, and the clinical guidance for this patient group continues to be developed.

#### **Mental Health patients:**

- Bulletins and information are published on the RIB as part of the ongoing communication on the standard operating procedures relating to mental health patients for staff in the Emergency Control Room. Briefings have also been provided to the Trust Incident Delivery managers.
- The initial survey to collate staff feedback prior to the introduction of the guidance ended on 2 June, and this feedback will be collated and reviewed to form a baseline to measure the effectiveness of the guidance.
- The Trust is also engaged in pan-London work for both adult and child mental health strategies



# 3 | IMPROVING PATIENT EXPERIENCE

## Progress – May 2016



Deliverable	Lead
Patient Transport Service	Paul Woodrow
Meeting peoples needs	Briony Sloper/ Paul Woodrow
Response Times	Paul Woodrow
Learning from experiences	Briony Sloper

May 2016		
Complete	Delayed	At Risk
	1	

Outstanding actions
<p>Delayed:</p> <ul style="list-style-type: none"> <li>Develop a patient engagement strategy.</li> </ul> <p>Development of the patient engagement strategy was included as an additional activity to be delivered as part of the QIP as agreed by the Trust Board in March 2016. It was recognised that the strategy would benefit from further reviews by two sub committees of the Trust Board prior to final approval by the Board at its public meeting in July 2016. A change request has been prepared and will be presented to the QIP Board at their June meeting.</p>

# 4 | IMPROVE ENVIRONMENT AND RESOURCES

Executive Lead: Andrew Grimshaw



## HIGHLIGHTS THIS MONTH

### **Fleet/Vehicle Preparation: Equipment**

- Daily vehicle daily inspection (VDI) compliance audits have been in place since March 2016 in North East where pilot vehicle preparation process is underway. Performance has increased by approximately 35% since the commencement of the pilot to 97% compliance in May.

### **Fleet/Vehicle Prep: Vehicle Make Ready**

- The three month trial of an extended make ready service in North East London completed on 31 May 2016. The first draft evaluation report is complete, and will be finalised by mid-June 2016. The outcome of this review will inform the business case to roll the service out across the Trust, which is due to be delivered in July 2016.

### **Vehicle Procurement (Fast Response Units)**

- There have been issues identified with the supplier responsible for delivery of expected number of FRU, with a three month delay on the delivery of FRUs. A change request has been prepared providing a full explanation of this delay for review and will be considered by the QIP Board at their June meeting.
- The project team has put in place controls in order to mitigate this risk, by attending site visit planned for early-June to view the supplier's operations and strengthen the relationship; to work collaboratively with the supplier to ensure their quality assurance processes are robust to reduce the number of defected vehicles being delivered; and to work with the procurement team to identify contractual/commercial options accessible to the Trust.

### **Infection Prevention and Control**

- There is a continued review of the protective clothing pack contents to identify appropriate provision required by staff, and this is on track to achieve the scheduled June milestone. A training video will be developed for staff to support roll out.
- The process for collecting bare below the elbows data is being reviewed for inclusion onto the Infection, Prevention & Control (IPC) scorecard.
- Approval has been granted for contractor services to proceed with the cleaning of garages.

### **Resilience**

- While HART was fully staffed up until the end of April, one staff member has left therefore reducing the 84wte establishment to 83wte. Recruitment for this post is substantially underway, and it is anticipated that full establishment will be met by the end of June. Following completion of core and mandatory training which is reliant on the availability of places on nationally run programmes, this recruited post will become fully operational by the end of September.
- There is continued work to review the HART rosters and increasing the HART establishment so that our HART shifts are always staffed to the nationally specified levels.



# 4 | IMPROVE ENVIRONMENT AND RESOURCES

## Progress – May 2016



Deliverable	Lead
Fleet / Vehicle Preparation	Andrew Grimshaw
Information Management and Technology	Andrew Grimshaw
Infection prevention and control	Fenella Wrigley
Facilities and Estates	Sandra Adams
Resilience functions	Paul Woodrow
Operations Management	Paul Woodrow
Improving operational productivity	Paul Woodrow
Cost improvement programme	Andrew Grimshaw
Frontline equipment and uniforms	Paul Woodrow / Andrew Grimshaw

May 2016		
Complete	Delayed	At Risk
2		

Outstanding actions
<ul style="list-style-type: none"> <li>There are no outstanding actions</li> </ul>

# 3 | IMPROVING PATIENT EXPERIENCE

## Forecast View



Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> <li>To commence the Patient Transport service pilot for pre-booking of transport for end of life / palliative care patients</li> <li>Completion of new clinical guidance for bariatric patients, and development of an implementation plan to roll this out to staff.</li> <li>To ensure the patient engagement strategy is presented to all key groups prior to submission to the Trust Board in July</li> </ul>	

Deliverable	Lead
Patient Transport Service	Paul Woodrow
Meeting peoples needs	Briony Sloper / Paul Woodrow
Response Times	Paul Woodrow
Learning from experiences	Briony Sloper

June 2016			
Complete	On Track	Delayed	At Risk
	1		
	1		
	1		

July 2016			
Complete	On Track	Delayed	At Risk
	1		
	1		





# 4 | IMPROVE ENVIRONMENT AND RESOURCES

## Forecast View



Focus for next month	Key risks and challenges
<p><b>Fleet/Vehicle Prep: Make Ready</b></p> <ul style="list-style-type: none"> <li>Finalisation of the North East Pilot evaluation report.</li> <li>Development of the draft vehicle preparation (VP) roll out plan.</li> <li>Drafting the (VP) options plan and Business Case as needed.</li> </ul> <p><b>Vehicle Procurement</b></p> <ul style="list-style-type: none"> <li>Working with FRU supplier to deliver vehicles in accordance with the revised production plan. Approval being sought for the DCA business case.</li> </ul> <p><b>Infection Prevention and Control</b></p> <ul style="list-style-type: none"> <li>Complete clothing pack review to ensure staff have the appropriate provision.</li> <li>Cleaning compliance work required in June.</li> </ul>	<p><b>Fleet/Vehicle Prep: Vehicle Make Ready</b></p> <ul style="list-style-type: none"> <li>To finalise the make ready offering and to make a case for full roll out across the Trust.</li> <li>To refine the proposal following evaluation report.</li> <li>There is a need to accelerate the pace of delivery for this workstream to ensure that projects remain on track and to deliver activities as scheduled</li> </ul> <p><b>Vehicle Procurement</b></p> <ul style="list-style-type: none"> <li>Delivery of FRU vehicles is currently at risk due to external factors. A change request has been prepared providing a full explanation of this delay for review and will be considered by the QIP Board at their June meeting.</li> </ul>

Deliverable	Lead
Fleet / Vehicle Preparation	Andrew Grimshaw
Information Management and Technology	Andrew Grimshaw
Infection prevention and control	Fenella Wrigley
Facilities and Estates	Sandra Adams
Resilience functions	Paul Woodrow
Operations Management	Paul Woodrow
Improving operational productivity	Paul Woodrow
Cost improvement programme	Andrew Grimshaw
Frontline equipment and uniforms	Paul Woodrow / Andrew Grimshaw

June 2016			
Complete	On Track	Delayed	At Risk
	1	1	
	1		
	1		
	1		
	1		

July 2016			
Complete	On Track	Delayed	At Risk
	1		
	1		





# 5 | TAKING PRIDE AND RESPONSIBILITY

Executive Lead: Fenella Wrigley

## HIGHLIGHTS THIS MONTH

### Safeguarding:

- Safeguarding training has been confirmed for inclusion into clinical CSR 2016.3.
- Training has commenced for staff in the Emergency Operations Centre (EOC) and Patient Transport Service , and a flow chart for raising safeguarding concerns has been issued to EOC via the EOC course.
- To enhance the training provided, a quiz/e-learning piece has been developed and is being used by the EOC.
- The LA 456 has been introduced into EBS

### Clinical supervision

- Team Leader Operational workplace reviews (OWR)/clinical information and support overview (CISO)/Clinical performance indicators feedback (CPI) for all frontline staff are in place and a plan developed for each area. Objectives have been set for the sector teams in relation to the completion of these staff reviews.
- A review of CISO has taken place and the product remains fit for purpose with no new training needs for Clinical Team Leaders and is fully accessible and functional for all users.
- OWRs are taking place and the requirement for one OWR per staff annually has been agreed, however it is recommended that a review of the tool used is completed). The delivery will not be 1/12<sup>th</sup> month linear as the plans reflect team leaders supervision time.

### Medicine Management

- The revised medicines management policy has been issued and publicised to staff.
- Core members of the Medicine Management Task force have met and have agreed a stage 1 process to improve the tracking of drugs from the arrival into the LAS to the patient. Briefings and bulletins will be issued over the next fortnight to inform staff of the changes.
- An updated detailed workplan to support the medicines management task force activity is being developed
- The outcomes of the Incident Response Officer (IRO) medicines management audit outcomes are regularly being summarised, RAG rated ,and shared with Operational colleagues for an update on any actions required. Themes have been identified which will inform future communication.

### Mental Capacity Act (MCA)

- Training on the MCA is included in CSR 2016.1, and to date there is a 25% completion in the first month.
- Whilst 960 places were made available, 60 of these were cancelled due to insufficient booking numbers. Of the 900 places available 822 bookings made for April. When the number of non-attendances were included, the final number of attendances was 777. This is a positive start and if this trend continues, the projected attendance will be above target.



# 5 | TAKING PRIDE AND RESPONSIBILITY

## Progress – May 2016



Deliverable	Lead
Clinical supervision	Fenella Wrigley
Consent MCA	Fenella Wrigley
Medicine Management	Fenella Wrigley
Safeguarding	Fenella Wrigley
Quality and clinical strategy	Fenella Wrigley
Operating model and clinical education & training strategy	Paul Woodrow / Karen Broughton
Developing the 111 Service	Paul Woodrow / Karen Broughton

May 2016		
Complete	Delayed	At Risk
1		

Outstanding actions
<ul style="list-style-type: none"> <li>There are no outstanding actions</li> </ul>

# 5 | TAKING PRIDE AND RESPONSIBILITY

## Forecast View



Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> <li>During June there are five activities to be delivered and these are all related to the safeguarding workstream. There has been substantial progress made on the activities and the project team remains on track for delivery</li> </ul>	<ul style="list-style-type: none"> <li>The cross-organisational contract for the North West London Pharmacist remains to be finalised, and this is necessary for the 1 day per week support to LAS to commence.</li> <li>There is still ongoing communications planned to ensure that all staff are fully briefed on changes to Medicine Management documentation</li> <li>To ensure that the IRO audits continue as demand on the IROs increases</li> <li>To recruit adequate staff in logistics to make the required changes in the process.</li> </ul>

Deliverable	Lead
Clinical supervision	Fenella Wrigley
Consent MCA	Fenella Wrigley
Medicine Management	Fenella Wrigley
Safeguarding	Fenella Wrigley
Quality and clinical strategy	Fenella Wrigley
Operating model and clinical education & training strategy	Paul Woodrow / Karen Broughton
Developing the 111 Service	Paul Woodrow / Karen Broughton

June 2016			
Complete	On Track	Delayed	At Risk
	5		

July 2016			
Complete	On Track	Delayed	At Risk
	1		
	1		
	1		

# RISKS AND ISSUES



Risk ID	Risk Description	Gross	Existing Controls (Already In Place)	Risk Owner	Net	Further Actions Required	Action Owner	Date Action to be Completed	Assurance Measures	Target Rating
00-01	The programme fails to achieve tangible outcomes in the first 6-12 months diminishing stakeholder support	15	<ul style="list-style-type: none"> <li>* In January 2016, the QIP narrative and milestone plan was published and provides detail of activities to be delivered during 2016/17</li> <li>* A robust governance and assurance framework for the QIP is in place to monitor achievement of scheduled activity, and regular reporting obligations to key stakeholders</li> <li>* A PMO has been established that will central monitor and review programme progress</li> </ul>	Karen Broughton	12	<ul style="list-style-type: none"> <li>* Executive Leads to regularly review upcoming activities, and to give an early indication of any potential risk to delivering project outcomes and to take steps to mitigate the risk or to escalate the matter to the QIG to seek assistance to resolve</li> <li>* Programme KPIs have been set and should be regularly monitored by Executive Leads</li> <li>* In April, Executive Leads have been asked to consider bringing forward activity which may have a positive impact on staff</li> </ul>	QIP Executive Leads	Ongoing - monthly review	<ul style="list-style-type: none"> <li>* All assurance groups within the governance of the QIP should provide sufficient challenge to Executive Leads to ensure that tangible outcomes are achieved to time</li> </ul>	6
00-02	The programme fails to engage stakeholders on the organisational changes taking place	12	<ul style="list-style-type: none"> <li>* In January 2016, the QIP narrative and milestone plan was published externally / internally and key stakeholders will have visibility of activities to be delivered as part of the QIP.</li> <li>* Stakeholders should be engaged early on in the process through the Quality Summit and LAS should seek to agree commitments</li> <li>* A communication and stakeholder engagement plan has been drafted to support the work of the QIP to ensure regular updates are provided to our stakeholder groups.</li> </ul>	Karen Broughton	8	<ul style="list-style-type: none"> <li>* Executive Leads to regularly review upcoming activities, and to give an early indication to stakeholders of their input required and to ensure there are mechanisms in place to communicate and consult on required changes.</li> </ul>	QIP Executive Leads	Ongoing - monthly review	<ul style="list-style-type: none"> <li>* All assurance groups within the governance of the QIP should provide sufficient challenge to Executive Leads to ensure that tangible outcomes are achieved to time</li> </ul>	4

# RISKS AND ISSUES



Risk ID	Risk Description	Gross	Existing Controls (Already In Place)	Risk Owner	Net	Further Actions Required	Action Owner	Date Action to be Completed	Assurance Measures	Target Rating
00-03	Funding proposals for resources or identified costs to deliver the QIP do not align with the outcome of 2016/17 contracting discussions with Commissioners, and therefore unaffordable.	15	<ul style="list-style-type: none"> <li>Indicative costs have been identified by each of the project workstreams, and will form the basis of contract discussions with Commissioners which is currently underway. However these costs may be subject to change as projects progress delivery of activities, and the outcome following option appraisals may require funding that was not known at the outset</li> </ul>	Andrew Grimshaw	12	<ul style="list-style-type: none"> <li>Executive Leads to consider other means of funding initiatives through existing budget or cost savings. If this is not possible, then a robust justification to be provided to ELT for further consideration</li> <li>Ongoing discussions and refinement of the funding bid with Commissioners</li> <li>As a result of this ELT review and commissioner conversations, any potentially unfunded activities that cannot be delivered will be raised urgently with ELT and the QIP Board</li> </ul>	QIP Executive Leads	30 June 2016	<ul style="list-style-type: none"> <li>ELT have considered all requests for funding, and prioritised these into a funding bid to Commissioners.</li> <li>Exec discussions with lead Commissioner and SRG leads are ongoing.</li> <li>Programme finances will be a regular agenda item to be reviewed by ELT and QIP Board</li> </ul>	9
00-04	Activities delivered as part of the QIP does not result in the impact anticipated or meet performance targets	12	<ul style="list-style-type: none"> <li>In developing detailed project plans, Executive Leads should consider any dependencies that would negatively impact on the delivery or performance of their projects and to address any issues at an early stage</li> <li>The TDA Improvement Director is in post and has regular meetings with the CEO and Programme Director on QIP performance 11/05/2016</li> <li>Each sector within the organisation are required to develop a local action plan to deliver the QIP and progress will be reviewed on a monthly basis</li> </ul>	Executive Leads	8	<ul style="list-style-type: none"> <li>Executive Leads to ensure full compliance of project deliverables to ensure maximum benefits are realised</li> <li>Executive Leads to regularly monitor KPIs and the outcome of audits, and to take action if data indicates unfavourable performance</li> <li>NHSI Clinical Review planned in June 2016 to seek assurance of the Trust's progress in addressing concerns raised by the CQC</li> <li>Monthly assurance visits planned with Commissioners from June 2016, and scheduled CQRG deep dive reviews on each of the QIP themes</li> </ul>	QIP Executive Leads	ongoing - monthly review	<ul style="list-style-type: none"> <li>Internal and external assurance groups within the governance of the QIP in place to provide challenge to Executive Leads to ensure that tangible outcomes are achieved to time</li> <li>The QIP KPI report has been developed to provide assurance and performance against delivery of QIP activities</li> <li>The QIP internal assurance programme agreed with CQRG will ensure a programme of specialist inspections across the Trust</li> <li>NHS Improvement (TDA) completed a review of progress against the CQC Warning Notice in March 2016. Feedback from the review has been considered and included in ongoing delivery of the QIP</li> </ul>	6



# RISKS AND ISSUES



Risk ID	Risk Description	Gross	Existing Controls (Already In Place)	Risk Owner	Net	Further Actions Required	Action Owner	Date Action to be Completed	Assurance Measures	Target Rating
00-05	Imposition of nationally driven directives could divert focus and resources from delivering the QIP	12	* ELT are apprised of intended changes to national standards for A&A performance and resourcing for HART	Executive Leadership Team	9	* Proactive planning to prepare the organisation for likely changes should be initiated as soon as possible, including identification of key stakeholders and resources likely to deliver the change * Regular discussions to take place with NHSE / Commissioners / AACE / NARU of the possible implications on the QIP to deliver national directives	ELT	ongoing - monthly review	Once national requirements are known, ELT should assign an Executive Lead to take action and progress should be monitored regularly to ensure organisational obligations are met	6
00-06	The programme fails to provide external stakeholders relevant levels of assurance in relation to the delivery of the QIP	9	* a review of the CQC Warning Notice is being undertaken in preparation for the TDA audit on 16/03/2016  * The TDA Improvement Director is in post and has regular meetings with the CEO and Programme Director on QIP performance 11/05/2016  * a NHSI-led review of the CQC Warning Notice was completed on 16/03/2016 and a further clinical review to be completed in June 2016	Karen Broughton	6	* regular assurance reporting is provided to the ROG and CQRG  * A schedule of QIP audit is in the process of development which will provide assurance of compliance and demonstrate the impact activities are having on operational areas	Karen Broughton	ongoing - monthly review	All assurance groups within the governance of the QIP should provide sufficient challenge to Executive Leads to ensure that tangible outcomes are achieved to time	6

# RISKS AND ISSUES



Risk ID	Risk Description	Gross	Existing Controls (Already In Place)	Risk Owner	Net	Further Actions Required	Action Owner	Date Action to be Completed	Assurance Measures	Target Rating
00-07	The Trust is not prepared for the CQC reinspection or other external assurance audit.	9	<ul style="list-style-type: none"> <li>* In January 2016, the QIP narrative and milestone plan was published and provides detail of activities to be delivered during 2016/17</li> <li>* A robust governance and assurance framework for the QIP is in place to monitor achievement of scheduled activity, and regular reporting obligations to key stakeholders</li> <li>* A PMO has been established that will central monitor and review programme progress</li> </ul>	Fionna Moore	6	<ul style="list-style-type: none"> <li>* Executive Leads to regularly review upcoming activities, and to give an early indication of any potential risk to delivering project outcomes and to take steps to mitigate the risk or to escalate the matter to the Quality Improvement Group (ELT) to seek assistance to resolve</li> <li>* A schedule of QIP audit is in the process of development which will provide assurance of compliance and demonstrate the impact activities are having on operational areas</li> <li>* ELT to take priority action following the outcome of any audits or mock inspections</li> </ul>	ELT	ongoing - monthly review	All assurance groups within the governance of the QIP should provide sufficient challenge to Executive Leads to ensure that tangible outcomes are achieved to time	6
00-08	There is a risk of potential industrial action as a result of national disputes regarding pay and conditions, which will cause substantial disruption on the organisation should it go ahead	16	LAS are aware of discussions to date and further information will be available as to whether the industrial action will eventuate following a ballot on 31/05/2016	ELT	16	Trade unions are required to provide 6 weeks notice from when a decision has been made, which will trigger activation of Trust protocols and plans will be developed	ELT	30/09/16	An impact assessment will be undertaken once the extent of the industrial action is known and plans will be developed and shared widely with senior management within the Trust and the Trust Board	9