



2016/17 QUALITY IMPROVEMENT PROGRAMME

Progress Report: October 2016








November 2016

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Definitions

<i>Project Delivery</i>	<i>Project Performance</i>
 All scheduled activities have been completed	 Performance has been met or is over 95% towards the agreed trajectory / target
 The scheduled activities are on track for completion by the due date	 Performance is between 85-95% towards the agreed trajectory / target
 The scheduled activities have been delayed and are no more than 4 weeks	 Performance is below 85% of the agreed trajectory / target
 The scheduled activities are at risk and have delays over 4 weeks	

EXECUTIVE SUMMARY

October 2016



Progress this month

There has been steady progress of the programme during October resulting in four out of eight activities being delivered, with 50% of scheduled activities completed.

A QIP countdown action plan has been developed incorporating the current QIP plan and Board agreed priorities and compiling these into weekly action to ensure pace is maintained. This action plan includes all external requirements, planning, and internal assurance processes in place for a comprehensive inspection by the CQC in February 2017.

The activities that are delayed or reporting at risk relate to:

- The roll out pilot of pan-London process for pre-booking palliative care patients has been further delayed and is now expected to be rolled out in November.
- Implement and communicate availability of protective clothing to all staff has been further delayed. The communications package has now been completed and is due for broadcast in November.
- Review and improvement of uniforms for frontline staff was due to be delivered in October; this has been delayed due to production delays with the manufacturing company and are due to be despatched at the end of November.
- Review of the LAS 5 year strategy has been delayed to allow time for the Trust Board in conjunction with McKinsey to revise the strategy.
- Development of workforce and OD strategy has been delayed due to the recruitment of the new HR & OD Director. A change request is due to be submitted for consideration with expected delivery date of February 2017. As stated in the change request the amended delivery date will not distract our current focus from the recruitment plan.
- Quality and Clinical Strategy has been delayed. A draft strategy has been completed awaiting feedback from ELT, with additional work being done in order to complete the Quality and Clinical Strategy in November.

OCTOBER DELIVERABLES				
Theme	Executive Director	# Complete	% Complete	RAG
Making LAS a great place to work	Mark Hirst	1/3	33%	Red
Achieving good governance	Sandra Adams	1/1	100%	Blue
Improving patient experience	Briony Sloper	-	-	-
Improving environment and resources	Andrew Grimshaw	0/1	0%	Red
Taking pride and responsibility	Fenella Wrigley	2/3	67%	Red



PROGRAMME SUMMARY

Forecast View



Programme:

- The QIP has now moved into Phase 2 and all QIP deliverables have now been incorporated into the countdown weekly action plan. Weekly progress reports will be produced for Trust Board.
- As part of the Trust preparations for CQC inspection in February 2017; monthly managers briefings are taking place to keep managers abreast of issues and developments. Briefings will also be used to generate ideas and receive feedback from staff.
- All directorates will be required to complete a self assessment of all functions against the CQC domains. Unannounced visits to stations will also commence in November.
- CQRG have requested a deep dive review on Theme 5 – Taking Pride and Responsibility in November. The specific areas within this theme that CQRG would like the Trust to focus on is medicines management.
- Throughout November the communications team will be putting out a range of communications on medicines management including payslip postcards, articles and videos on the Pulse, Listening into Action (LiA) and sector Facebook pages.

Reference Number	Description of Action	Who is leading	Progress notes	Date of update	RAG	10/10	11/10	12/10	1/11	2/11	3/11	4/11	5/11	6/11	7/11	8/11	9/11		
SAFETY																			
Actions relating to Medicines																			
CH03	Complete risk assessment meeting with Pharmacy. Also see action CH14	Lisa Mouszanko	Complete	08-Jun-15	G														
CH14	Medicines Management - key actions outlined in final meeting to be reviewed including a clear timeline so that progress can be monitored on a fortnightly basis	Rachael Montgomery	Feedback from LIA and AC re information gathering. AG conducting risk assessment completion	08-Jun-15	AG				Action Plan to be completed		Monitoring meeting to take place						Monitoring meeting to take place		
CH16	Treatment room doors for the A&E to be ordered	Lisa Mouszanko	Position statement regarding site specific controls to ensure temperatures to be agreed and signed off. Doors to be ordered to achieve ambient temperature	08-Jun-15	AG												position statement agreed	door being constructed	door being completed
CH17	Priority plan for 08 treatment door to be developed	Rachael Montgomery	Complete	08-Jun-15	G														
CH18	Drug fridge checking form to be used by all wards and departments	Lisa Mouszanko	Complete	08-Jun-15	G														
CH19	Pharmacy to identify the type and cost of replacement doors for drug lockers that currently have doors which do not meet the required specification	Aileen Smith	The need for CD replacement upgrade evaluated by AC and recommendation is that this is not a necessary action before CQC. AG to complete a risk to identify that risk has been assessed and is mitigated to an acceptable level. Pharmacy to submit a capital bid on behalf of the organisation	08-Jun-15	AG														Risk assessment to be completed and agreed
CH20	Hand doses and non-admission of medicines to be audited in June. Analysis of results for next meeting	Rachael Montgomery		08-Jun-15	AG														
CH24	Weekly removal of CD 120 and pharmacy staff implemented	Rachael Montgomery	RFI cascaded to pharmacists. RFI to obtain position statements on technician involvement from AC	08-Jun-15	AG														
CH25	Position statement on VRF and 24hr urgent storage. Outcome cascaded to VRF for action. QA by a pharmacy staff that action completed. QA also done and was completed by AG	Lisa Mouszanko	Position drafted. CDFL, nurses and VRFs informed. Lead pharmacist informed and QA only from 08 Jun. AG to QA non-lead areas	08-Jun-15	AG														
CH26	The process for the delivery to and return of medicines from audit to pharmacists not completely secure. Green boot bag delivery system	Hugh Morrow		08-Jun-15	AG														
CH27	Over-arching analysis of Trust issues and trends from annual and 6 monthly CD audits completed	Alicia Cantrell	Done and validated at HSC on 5th June. Paddy Marbury to submit remaining issues to email by 26th	08-Jun-15	AG														
CH28	The transfer of patient medicines from the ED and PAU to make explicit to not comply with criteria	Lisa Mouszanko		08-Jun-15	AG														



WORKSTREAM PROGRESS REPORTS

1 | MAKING THE LAS A GREAT PLACE TO WORK

Executive Lead: Mark Hirst



HIGHLIGHTS THIS MONTH

EQUALITY AND INCLUSION

Work against the WRES action plan continues to be progressed. The BME network will be re-launched as Association Diverse and Minority Ambulance Staff (ADAMAS) with the first meeting due to be held on 30 November 2016.

VISION AND STRATEGY

The CEO Road-shows bringing together managers from, EOC and corporate functions and will be completed prior to the end of October 2016. The Road-shows were well attended and gave the opportunity for staff to directly raise questions with members of the Executive Leadership Team. Further Road-shows are scheduled for November 2016 at various locations throughout the Trust. The Road-shows will primarily focus on reminding staff of the CEO commitments from last year along with a section on “you said... we did”. They will also include updates on:

- CQC plans
- Band 6
- Rest break agreements
- Operational performance
- The new Quality & Clinical strategy

The refresh of the five year strategy is currently delayed, the Director of Transformation and Strategy in conjunction with the Chairman have been discussing the current focus with McKinsey. Further discussions have been scheduled for November to get this on track, whilst the Trust focuses on delivery of the winter plan and preparing for the re-inspection in February 2017.

A change request has been submitted to amend the delivery date for the Workforce and OD strategy so that the recently appointed Director of HR and OD is able to have input into the strategic direction of the directorate. The amended delivery date will not distract the Trust from its current focus on delivering the recruitment target for the remainder of 2016/17 and in to 2017/18.

BULLYING AND HARASSMENT

The Bullying and Harassment specialist continues to deliver workshops. Specialised workshops have been conducted in conjunction with HART and the Clinical Hub in EOC which have focused on the creation of action plans in order to support developing culture change.

EOC have also interviewed for specific Dignity and Respect Ambassadors, which were recruited from individuals across all staff groups in the Directorate to help move resolution to mediation and conducting difficult conversations to address concerns as they arise rather than formal grievances if appropriate.

1 | MAKING THE LAS A GREAT PLACE TO WORK

Progress – October 2016



Deliverable	Lead
Advert to Action (Recruitment)	Tracey Watts
Bullying and Harassment	Cathe Gaskell
Training	Jane Thomas
Equality and Inclusion	Melissa Berry
Vision and Strategy	Karen Broughton
Supporting Staff	Gill Heuchan
Retention	Lindsay Koppenhol
Workforce and Organisational Development	Karen Broughton

Oct 2016		
Complete	Delayed	At Risk
1	1	
	1	

Outstanding actions

1 | MAKING THE LAS A GREAT PLACE TO WORK

Forecast View



Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> Progressing with the OLM and ESR deliverables Working across all directorates to ensure the trust meets the appraisal targets. Delivering on weekly actions as part of the countdown weekly action plan. 	

Deliverable	Lead	Nov 2016				Dec 2016			
		Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Advert to Action (Recruitment)	Julie Cook								
Bullying and Harassment	Cathe Gaskell						2		
Training	Jane Thomas								
Equality and Inclusion	Melissa Berry								
Vision and Strategy	Karen Broughton						1		
Supporting Staff	Gill Heuchan						2		
Retention	Lindsay Koppenhol								
Workforce and Organisational Development	Karen Broughton								



2 | ACHIEVING GOOD GOVERNANCE

Executive Lead: Sandra Adams



HIGHLIGHTS THIS MONTH

IMPROVING INCIDENT REPORTING

The October monthly newsletter was published with focus on knowing your limits with Manual Handling, a successful pilot to ensure staff are not at risk of injury due to razors being exposed within their bags by containing these sharps in a clip –lock containers. The pilot was undertaken by union representatives with great success. The newsletter also focussed attention on staff engagement, encouraging staff to contact the team for any concerns, queries, or suggestions for change.

OPERATIONAL PLANNING

EOC workstream leads have undertaken an evaluation of the desk functions and a review of the EOC operation model (effectiveness and efficiency). Work continues on the development of the EOC strategy with the first draft on track to be completed in November. Environmental changes within EOC will take place in November, this includes :

- Wall Boards – with regular and relevant updates for Staff
- Repainting of the EOC (HQ-Waterloo)
- Refurbishment and additional equipment (Bow)



2 | ACHIEVING GOOD GOVERNANCE

Progress – October 2016



Deliverable	Lead	Oct 2016			Outstanding actions
		Complete	Delayed	At Risk	
Risk Management	Sandra Adams				
Capability and capacity of Health, Safety and Risk function	Sandra Adams				
Improving incident reporting	Sandra Adams	1			
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				

2 | ACHIEVING GOOD GOVERNANCE

Forecast View



Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> • EOC – continued focus on the quick wins with further progress made to the EOC strategy and completion of the environmental changes. • Publish the Rest Break Policy • Continue to prepare the trust for the next CQC inspection • Delivering on weekly actions as part of the countdown weekly action plan 	

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

Nov 2016			
Complete	On Track	Delayed	At Risk
	1		
	2		

Dec 2016			
Complete	On Track	Delayed	At Risk
	1		
	2		
	1		
	1		
	2		
	1		
	1		

3 | IMPROVING PATIENT EXPERIENCE

Executive Lead: Briony Sloper



HIGHLIGHTS THIS MONTH

NON-EMERGENCY TRANSPORT SERVICE (NETS)

Communication with palliative care pilot site in early October which resulted in a meeting with their Head of Administration on 17th October to discuss:

- Training requirements (content and numbers of sessions);
- How it would be delivered (group or 1:1);
- Who would require training and
- Agreement on where training is to take place.
- Training is now expected to go ahead week commencing 7/11/16 with the pilot due to start immediately afterward.

MEETING PEOPLE'S NEEDS – BARIATRIC

- Work is progressing with regards to the bariatric service improvement with the preparation of the Bariatric business case.
- A paper is currently being drafted, which will be submitted to the next QIP Board. The intent of this paper is to set out the Trust's current bariatric provision, those actions already taken in terms of selecting and procuring new equipment and further investment, should it be required to increase our bariatric response.

MENTAL HEALTH

- The team continues to develop the raising Mental Health awareness campaign which was built into the World Mental Health day event. Various stalls were constructed at LAS Headquarters on 10/10/2016; this was well attended and received very positive feedback.
- Mental Health presentation was given at the Patient care conference 26/10/2016 and on going series of joint Mental Health Simulation training with Metropolitan Police Service and South London and Maudsley NHS Trust - first session took place on 25/10/16 with positive feedback.



3 | IMPROVING PATIENT EXPERIENCE

Progress – October 2016



Deliverable	Lead	Oct 2016			Outstanding actions
		Complete	Delayed	At Risk	
Patient Transport Service	Paul Woodrow	-	-	-	Complete training in early November and roll out the pilot of pan-London process for pre-booking palliative care patients.
Meeting peoples needs	Briony Sloper/ Paul Woodrow	-	-	-	
Response Times	Paul Woodrow	-	-	-	
Learning from experiences	Briony Sloper	-	-	-	

3 | IMPROVING PATIENT EXPERIENCE

Forecast View



Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> • Deliver the pilot of pan-London process for pre-booking palliative care patients • Delivering on weekly actions as part of the countdown weekly action plan 	

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

Nov 2016			
Complete	On Track	Delayed	At Risk

Dec 2016			
Complete	On Track	Delayed	At Risk
	1		
	1		

4 | IMPROVE ENVIRONMENT AND RESOURCES

Executive Lead: Andrew Grimshaw



HIGHLIGHTS THIS MONTH

VEHICLE PREPARATION / MAKE READY

- The gold roll outs have completed on time to West sector (Fulham and Isleworth) with new ways of working now being embedded.
- The silver roll out completed on time to St. Helier (first site for South West sector).
- The gold roll outs to North West sector (Brent and Hillingdon) are on track for completion in November and December respectively.
- The silver roll out to Wimbledon, to complete the silver roll out to the South West sector, on track for November.
- To date no planned roll outs behind schedule.
- Stakeholder meetings continuing. Communications plan in place for all sites, to be rolled out across November.
- Project Steering Group and Project Board meetings continuing.

INFECTION, PREVENTION AND CONTROL PERSONAL, PROTECTIVE EQUIPMENT (PPE)

- New PPE packs delivered to sites with Vehicle Preparation teams across the Service to replace the protective clothing kit on vehicles. The communication package has now been completed and is due for broadcast in November.

ESTATES STRATEGY

- The Director of Finance has identified and appointed external advisors to assist the Trust to complete hypothetical model for estates. The delivery date for completion is January 2017 for submission to the January Trust Board.
- Initial meetings underway, staff engagement sessions being planned for November 2016



4 | IMPROVE ENVIRONMENT AND RESOURCES

Progress – October 2016



Deliverable	Lead
Fleet / Vehicle Preparation	Andrew Grimshaw
Information Management and Technology	Andrew Watson
Infection prevention and control	Fenella Wrigley
Facilities and Estates	Andrew Grimshaw
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

October 2016		
Complete	Delayed	At Risk
		1
		1
	1	

Outstanding actions
<p>Information Management and Technology (September 16 Milestone)</p> <ul style="list-style-type: none"> October update: Two handheld Cases being finalised – 1) Limited roll out of Virtual Ward, and 2) Handhelds for all frontline staff. Funding for both options being confirmed.
<p>Infection prevention and control (September 16 Milestone) – Implement agreed protective clothing pack for staff</p> <ul style="list-style-type: none"> October update: Anticipated delays (through to January 2017) now lifted – completion anticipated by mid-November 2016.
<p>Facilities and Estates – Develop an estates strategy (September 16 Milestone)</p> <ul style="list-style-type: none"> October update: Change request approved. Action re-named to ‘Develop Hypothetical options model and define timeline’ for completion on 20 January 2017.
<p>Frontline Equipment and Uniforms – Review and improve uniforms for frontline staff (October 2016 Milestone)</p> <ul style="list-style-type: none"> Soft shell jackets ordered on 07 July for October delivery. Now expected 28 November due to supplier side manufacturing delays. Jacket roll out to commence at the end of November. Initial epaulettes order delivered with roll out to complete by mid-November.

4 | IMPROVE ENVIRONMENT AND RESOURCES

Forecast View



Focus for next month	Key risks and challenges
<p>Fleet/Vehicle Preparation: Make Ready</p> <ul style="list-style-type: none"> Maintain progress against delivery timeline. Continue stakeholder meetings with upcoming roll out sites. Increase Trust wide communications utilising direct communications to staff on sites, the RIB and the Pulse webpage. <p>Vehicle Procurement</p> <ul style="list-style-type: none"> Await approval of the business case for Double Crew Ambulance (DCA) due in November. Delivering on weekly actions as part of the countdown weekly action plan 	

Deliverable	Lead
Fleet / Vehicle Preparation	Andrew Grimshaw
Information Management and Technology	Andrew Watson
Infection prevention and control	Fenella Wrigley
Facilities and Estates	Andrew Grimshaw
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

Nov 2016			
Complete	On Track	Delayed	At Risk

Dec 2016			
Complete	On Track	Delayed	At Risk
	1		
	1		
	1		

5 | TAKING PRIDE AND RESPONSIBILITY

Executive Lead: Fenella Wrigley



HIGHLIGHTS THIS MONTH

MEDICINES MANAGEMENT

- KPMG report, shows some improvement - areas needing attention have been incorporated in the Countdown weekly plan
- Audits on going and actions reviewed by MMG and audits have better oversight by Ops. The IRO audit process has been reviewed, refined and agreed with the Operations Directorate.
- The end to end drug tracking process has been agreed and data relating to the tracking process is now available on the medman portal.
- The Pharmacist has now been recruited and a verbal acceptance of this role has been received.

Greenwich station based trial:

- Feedback has been positive and staff have engaged well with the requirements of the system along with making some suggestions for improving the forms which have been changed. Staff have reported the system as easy to use and commented that the drugs are kept in a better condition than previously where they were kept in the O2 bag.

SAFEGUARDING

- The safeguarding project manager has scoped the implications and logistics of implementing a safeguarding supervision model to provide frontline staff with the appropriate level of oversight and support in handling safeguarding concerns.
- The following staff have been trained to date:
 - 464 - total figure for EOC (Control Services, excluding CHUB/NETS)
 - 126 - EMD 1 (have already received their Safeguarding training in new entrant course)
 - 337 – Due to undertake CSR 1 (2 hour safeguarding session included)



5 | TAKING PRIDE AND RESPONSIBILITY

Progress – October 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

Oct 2016		
Complete	Delayed	At Risk
2		
	1	

Outstanding actions

5 | TAKING PRIDE AND RESPONSIBILITY

Forecast View



Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> Delivering on weekly actions as part of the countdown weekly action plan. Continue with ongoing audits to aid Operation Managers. promotion of good medicines management compliance. Completing the Quality & Clinical Strategy. 	

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

Nov 2016			
Complete	On Track	Delayed	At Risk

Dec 2016			
Complete	On Track	Delayed	At Risk
	1		
	2		
	1		