London Ambulance Service NHS TRUST

TRUST BOARD   28th March 2006

Service Improvement Programme Update

1.   Sponsoring Executive Director: Peter Bradley

2.   Purpose

To update the Trust Board with progress in implementing the Service Improvement Programme (SIP).

3.   Overall progress

There are 283 items within the SIP of which 46 were live mid-March with all but 12 expected to be complete by the end of the month when the programme comes to an end. It is too early to report on the actual end of March SIP Outcomes. A report on the completion of the SIP will be presented to the Trust Board in May covering both items and Outcomes. A full review of the achievements of the SIP and the lessons learned for the future will be presented in July.

4.   Progress on significant improvement programme initiatives

Patients

Improve infection control processes and kit: Significant progress has been made in improving infection control processes and kit. Roll out of Make Ready is improving the cleanliness of ambulances and equipment. Swabbing results indicating low bacteria counts on ambulances post cleaning. There is no indication of MRSA being present. Further station based audits are to be commenced. A new training module is being developed for staff for introduction this coming summer. New disposable bag and mask, laryngoscope blades and safety cannula will be available from April 06. New paper hand towels are now fully in use throughout service supported by a training campaign.

Introduce and evaluate, pilot for integrated information management to provide a one stop shop for London primary care professionals: The 'EBS First' initiative aims to improve services to health care professionals and their patients and has been operating since March 2004 in Richmond & Twickenham PCT. An evaluation of the first ten months of its operation has been completed, looking at redirected activity, user satisfaction, impact on patient care and use of the GP Urgent Transport Protocol. The next stage is for discussions with internal and external interested parties regarding both geographical expansion of the existing model and the prospects for further development. Real progress in the future will

depend upon achieving direct input through the CTAK system and the ability to respond more precisely to healthcare professional journey requests.

Carry chair replacement: Ergonomic assessment of carry chairs has been completed and a report is due in March 2006. The study undertaken has assessed whether any existing chairs are of a suitable specification for operational evaluation. Mechanical chairs are also to be considered for use on specialist vehicles. Recommendations are due to be made by 31 March 06.

Diversity: A review of progress in implementing the Diversity Plan (SIP item 186b) in relation to both patients and staff can be found at Annex 1.

People

Electronic Staff Records (ESR): The core business modules within ESR, are Payroll, HR and Recruitment. The project is currently in phase two having successfully completed the first phase on 28 October 2005. Phase two, the Implementation phase, will carry on until the ESR system goes live on the 1 July 2006. During the implementation phase the Trust has to pass a series of readiness assessments to ensure LAS compliance with the national project deliverables. The Trust passed the second readiness assessment on the 3 February when it had to provide evidence that the ESR connectivity and infrastructure requirements have been met. The implementation phase is also the opportunity to ensure that the data held in the current Trust legacy systems is transferred correctly as well as cleansed for any data or format errors. March (6th-31st) is the first phase of user acceptance testing.

Performance

Fast Response Vehicles: 27 of the 29 new Zafira Rapid Response Units' (RRU) and Emergency Care Practioners' (ECP) cars were delivered into service by the middle of February. The remaining 2 are being modified for CBRN use. Due to the requirement for early in service use the equipment rack in the rear of the vehicle was not incorporated in these vehicles but a temporary solution was invoked. The rack design plus all other features not delivered with these vehicles will be incorporated as a modification programme after April 2006. To maintain patient and staff safety the new design of rack will also be fitted to the previously delivered ECP and RRU Zafira's.

Acquire 65 New Ambulance (05/06): At the end of February 26 of the 65 replacement ambulances had been delivered to the LAS. The remaining vehicles are expected to be delivered into service at a rate of 4 per week. Evaluation of the carbon fibre bodies is continuing but will not be completed before these vehicles are delivered.

Satillite Sites: One fixed satellite site (Gallions Reach in Thamesmead) is now operational and another at Hillingdon Fire station (Hillingdon complex). Planning permission for sites at Albany Road (Deptford complex), South Street, Bromley (Bromley complex) and the Crooked Billet Roundabout (Whipps Cross complex) have been approved. Leases for Albany Road and South Street will be completed shortly and should be operational within 6-8 weeks from that time.

5. Communication

An updated version of the SIP Gantt Chart is placed on The Pulse each month so as to be available to all staff. Following the closure of the programme at the end of March a special Bulletin to staff will be produced reviewing progress made during the lifetime of the SIP.

6. Recommendation

THAT the Trust Board <u>notes</u> the progress made with the Service Improvement Programme.

Martin Brand
Head of Planning and Programme Management
15 March 2006

SIP Item 186b: Implementation of the Diversity Plan

Monitoring:
- Ethnic monitoring:
  - process for A&E patients is now in place with the introduction of the new PRF;
  - process for PTS patients is being incorporated into the booking process;
  - built into the new software for Clinical Telephone Advice as a mandatory field;
  - in place for Complaints and PALS incidents;
  - incorporated into research and audit as appropriate to the subject being investigated;
  - being covered on the CPD course, "Promoting Best Practice in the Workplace" session on diversity issues.
- Monitoring of staff data currently includes age, gender and ethnicity. It has been agreed in principal to prepare to include additional factors – religion/belief, disability and sexual orientation - once the Electronic Staff Record is in place.

Still to be achieved:
- Demographic targets for recruitment, selection, promotion etc., to be a product of the Recruitment and Selection Review currently taking place.
- Improvements in obtaining and recording patient's ethnicity on PRFs – currently only 14% of PRFs have a valid ethnicity code.

Training and Development:
- 530 members of staff have attended diversity training incorporated into the one-day "Promoting Best Practice in the Workplace" session as part of the CPD course, 36 trainers have undertaken the Diversity Foundation course, and 7 have also undertaken the Diversity Facilitators course, in order to deliver the one-day session. The session includes General Duties under Race Relations Act, NHS Knowledge and Skills Framework Core Competency 6 – Equality and Diversity, Ethnic Monitoring, as well as covering gender, disability, mental health, religion/belief, sexual orientation, and other aspects of diversity
- All new staff receive a one-hour session entitled Managing Diversity during the Corporate Induction course, which includes showing the "Cardiac Arrest" DVD
- All new operational (A&E, EOC, PTS) staff receive a 2-4 hour session on diversity issues during their foundation training
- Team Leaders, DSOs/ADSOs training courses continue to have a diversity session included.

Still to be achieved:
- Remainder of operational staff to attend the CPD course
- Remainder of support staff to attend diversity training
- Managers and senior managers, including SMG and Trust Board to receive diversity training – to be included in Leadership and Management Development programme
- BME development programme to be designed and implemented – to be included with Learning and Development Centre work

Recruitment and Selection:
- Review of recruitment and selection is being carried out with a report and recommendations due end of March 2006 involving the Patients Forum, staff side and representatives from across the Trust
- Pre-selection training targeted at candidates from BME communities run by CITE (Communities into Training and Employment) producing 25% success rate compared to 1.5% for standard entry (Technicians)

Still to be achieved:
- Funding bid submitted for pro-active Positive Action recruitment initiatives targeted at BME communities
- Target for BME recruitment to be established as part of Recruitment and Selection Review
- The review will also establish a revised Recruitment and Selection procedure, updated policy, as well as training for panel members and staff applying for promotion

- Significant improvements still to be made in the recruitment from BME communities, particularly in terms of EMT roles

Patient Focus:
- "Cardiac Arrest" DVD produced and launched – showing how non-English speaking patients can access the 999 emergency service, and highlighting signs and symptoms of a heart attack, and other health promotion messages
- "Save a Life" cards produced in four South Asian languages, describing how to carry out CPR. These have been distributed to complexes with significant South Asian communities, in the first instance. The cards and the DVD are being made available nationally to other ambulance trusts
- Medical Visual Language Translator Card – initial trial in Newham was unsuccessful, but has since been transferred to the Cycle Response Unit for evaluation
- Annual Report available in multiple languages and formats
- Community Engagement Packs distributed to all Ambulance Operations Managers
- Borough Profiles for London published on the Pulse giving demographic information for each London Borough
- Published, internally, "It's Good to Talk" report on Language Line use via ambulance crews using mobile phones

Still to be achieved:
- Establishing a Trust-wide language, translation and interpretation policy/guidance – a draft policy is currently under development
- Greater use of LAS website for health promotion and other patient information, in particular, available in alternative languages and formats
- Health promotion campaigns focused on minority communities, especially available in alternative languages and formats
- Improving access to 999 service for deaf people, e.g. using text messaging
- Incorporating access and communication aids into future technological developments, e.g. CAD 2010, sign language avatars using PC tablets/notebooks/palmtops

Policy and Strategy:
- Diversity incorporated into the Trust's Strategic Planning process
- Diversity Impact Assessment process in place – also incorporated into Service Project Planning Proposal (SPPP) form, and Application for Financial Approval (AFA)
- Bullying and Harassment policy updated and published
- Equality and Diversity Employment Policy published
- Specific Learning Difficulties (Dyslexia) Policy published
- Transgender Policy published
- Race Equality Scheme (2002-2005) reviewed and received favourable feedback from SHA – it was the best example of those reviewed
- Race Equality Scheme (2005-2008) revised and published, and received excellent grading from SHA review – best example of all London Trusts
- Race Equality and Diversity (READ) Implementation Plan included in CIRIS (the IT application for managing Standards for Better Health compliance)

Still to be achieved:
- Disability and Access Policy
- Disability Equality Scheme and Gender Equality Scheme, or possibly an all encompassing Equality Scheme, in accordance with legislation currently pending
- Greater compliance with diversity aspects of Standards for Better Health, Race Equality Scheme, Diversity Plan etc. – closer links with individual and departmental objectives, and NHS KSF competencies
- Paper on Age Discrimination to be issued as management guidance on the Pulse imminently
- Changes to be made to selection criteria to take account of age discrimination legislation which comes into effect October 2006