



Moving Forward Together

2016/17 QUALITY IMPROVEMENT PROGRAMME

Progress Report

February 2016



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Moving Forward Together




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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

February 2016



Moving Forward Together

Progress this month

- Detailed action plans for each project have been completed for the majority of the workstreams.
- The Trust Board have provided agreement in principle for additional projects to be included in the Quality Improvement Programme, and work is underway to finalise these details before presentation to the Trust Board in March.
- A total of 350 managers attended briefings held in February to raise the profile of the Quality Improvement Programme, which resulted in the development of local action plans to support delivery of the programme.
- An initial review of programme and project risk and issues has been completed.
- A communications plan specific to the Quality Improvement Plan has been prepared and will be presented to the QIP Board for approval in March.
- Further refinement of the costs of delivering the programme has been completed.
- The progress report for January 2016 has been made available on the external LAS website.
- There is one workstream reporting a delay which relates to a review of the Trust's Health and Safety function. A specification and review has been organised and it is anticipated this position will be recoverable in the next two weeks.

| WORKSTREAM STATUS February 2016 | Theme | Executive Director | RAG |
|--|-------------------------------------|--------------------|-----|
| | Making LAS a great place to work | Paul Beal | |
| | Achieving good governance | Sandra Adams | |
| | Improving patient experience | Zoe Packman | |
| | Improving environment and resources | Andrew Grimshaw | |
| | Taking pride and responsibility | Fenella Wrigley | n/a |

PROGRAMME SUMMARY

Forecast View



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Programme:

- The previous risk reported in January has now been resolved and the revised Bullying and Harassment policy is in the process for approval and therefore will meet the scheduled delivery date in March.
- There will be a further review undertaken with Executive Leads to rebalance the spread of activities to be delivered in Q1.
- Final details on activities and milestones for the full Quality Improvement Programme is scheduled for approval at the Trust Board meeting on 29/03/2016.
- Preparations are underway to launch the communications campaign for the Quality Improvement Programme widely across the Trust.
- A TDA led review of the warning notice issued by the CQC is scheduled for 16 March 2016, which will include a review of evidence and an observational audit.

Workstream Challenges:

- At present there is one delivery risk identified in Theme 1 due to the unavailability of key individuals to deliver activities relating to the Equality and Inclusion project. A contingency plan is being explored to mitigate this delivery risk.

| | | March 2016 | | | | April 2016 | | | |
|-------------------------------------|--------------------|------------|-----------|---------|---------|------------|----------|---------|---------|
| Theme | Executive Director | Complete | On Track | Delayed | At Risk | Complete | On Track | Delayed | At Risk |
| Making LAS a great place to work | Paul Beal | | 8 | | 1 | na | | | |
| Achieving good governance | Sandra Adams | | 12 | | | | 5 | | |
| Improving patient experience | Zoe Packman | | 4 | | | na | | | |
| Improving environment and resources | Andrew Grimshaw | | 11 | | | | 1 | | |
| Taking pride and responsibility | Fenella Wrigley | | 3 | | | na | | | |
| Total | | | 39 | | | | 6 | | |



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WORKSTREAM PROGRESS REPORTS



1 | MAKING THE LAS A GREAT PLACE TO WORK

Executive Lead: Paul Beal



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HIGHLIGHTS THIS MONTH

- During this month, members of the Executive Leadership Team have been allocated to a sector within the Trust, and a scheduled programme of visits has been constructed. A number of the management team were also involved in the Unified Response exercise, and were engaged with various staffing groups.
- 15 workshops and 12 briefing sessions were held to raise awareness about bullying and harassment across the Service. Forums have been created to raise awareness of the issue and to also hear from a cross section of staff about possible solutions.
- The advisory line was transferred from the Andrea Adams Consultancy over to the Employee Assistance Programme and has been publicised across the organisation.
- The recruitment pipeline for the remainder of 2015/2016 is still strong with no foreseeable implications on the projections, and work has commenced to progress the three year plan for recruitment.
- Sector based management sessions relating to the delivery of the Quality Improvement Programme have taken place with over 350 people in attendance over a period of three days. All sessions were supported by the CEO and Directors of Strategy, Transformation & Workforce and Communications, and included the initial launch of the LAS brand which will undergo some further work prior to its official launch in the coming weeks. Informal feedback provided to date has indicated that the sessions were well received.

| Deliverable | Executive Lead | Outstanding actions | February 2016 | | |
|--------------------------------|-----------------|---|---------------|---------|--|
| | | Complete | Delayed | At Risk | |
| Advert to Action (Recruitment) | Paul Beal | There are currently no outstanding or delayed actions | n/a | | |
| Bullying and Harassment | Paul Beal | | n/a | | |
| Training | Karen Broughton | | n/a | | |
| Equality and Inclusion | Paul Beal | | n/a | | |
| Vision and Strategy | Karen Broughton | | 1 | | |
| Supporting Staff | Karen Broughton | | n/a | | |
| Retention | Paul Beal | | n/a | | |



1 | MAKING THE LAS A GREAT PLACE TO WORK



Moving Forward Together

| Focus for next month | Key challenges |
|--|--|
| <ul style="list-style-type: none"> Recruitment to the Learning and Development Manager post within the People and Organisational Development Team. Graduate recruitment processes and packages to be reviewed and approved in time for the university open days. Redesign and update of corporate induction content continues to progress. Local workshops on staff behaviours and the interface with the three core LAS values have been held, and the output of these workshops will be communicated widely across the organisation. | <ul style="list-style-type: none"> Electronic Staff Record (ESR) transformation project has the potential to impact the Oracle Learning Management (OLM) implementation plans and will need to be robustly managed. Accuracy of employee relations data needs to be improved to ensure there is the functionality to report on required KPIs, and actions are in place to improve data quality. There could be potential delays to the delivery of scheduled Equality and Inclusion activities due to the unavailability of key members of the Equalities and Inclusion Team. |

| Deliverable | Executive Lead | March 2016 | | | | April 2016 | | | |
|--------------------------------|-----------------|------------|----------|---------|---------|------------|----------|---------|---------|
| | | Complete | On Track | Delayed | At Risk | Complete | On Track | Delayed | At Risk |
| Advert to Action (Recruitment) | Paul Beal | | 1 | | | n/a | | | |
| Bullying and Harassment | Paul Beal | | 4 | | | n/a | | | |
| Training | Karen Broughton | | 2 | | | n/a | | | |
| Equality and Inclusion | Paul Beal | | | | 1 | n/a | | | |
| Vision and Strategy | Karen Broughton | n/a | | | | n/a | | | |
| Supporting Staff | Karen Broughton | n/a | | | | n/a | | | |
| Retention | Paul Beal | | 1 | | | n/a | | | |

2 | ACHIEVING GOOD GOVERNANCE

Executive Lead: Sandra Adams



Moving Forward Together

HIGHLIGHTS THIS MONTH

- Key performance indicators have been established for incident reporting of serious incidents.
- Implementation of DatixWeb continues, and training on the system has commenced.
- Intensive risk management training for managers is almost complete, and ongoing training sessions will be scheduled on a quarterly basis.
- Improving complaint handling is well underway with significant progress being made to raising awareness across the organisation to both internal and external stakeholders.
- Duty of Candour training is currently underway for frontline clinical staff as part of the core skills refresher course and has been publicised in the Routine Information Bulletin, and is also featured on the Governance page on the Intranet site.
- Two reviews have been conducted of the Emergency Operations Centre (EOC) and an options appraisal has been completed by both staff and managers within the department with suggested recommendations. This will form the basis of the business case that is currently in the process of being written.

| Deliverable | Executive 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 / Paul Beal |
| Listening to patients | Zoe Packman |

| Outstanding actions |
|---|
| <ul style="list-style-type: none"> • Benchmarking of the Health, Safety and Risk teams has been completed for the Risk function, however this did not include Health and Safety and therefore this activity is subject to a delay. A specification is currently being drawn up using experience from other Ambulance Trusts, and it is anticipated that this delayed position should be quickly recovered. |

| February 2016 | | |
|---------------|---------|---------|
| Complete | Delayed | At Risk |
| n/a | | |
| | 1 | |
| 3 | | |
| 2 | | |
| n/a | | |
| n/a | | |



2 | ACHIEVING GOOD GOVERNANCE



Moving Forward Together

| Focus for next month | Key challenges |
|---|--|
| <ul style="list-style-type: none"> Business case to be completed detailing plans for the EOC staffing strategy to be approved by the Executive Leadership Team in March 2016. Job evaluations to be completed for the Risk function of the department in relation to additional posts. Website updates to be implemented regarding complaints and gaining feedback. Health and safety review to be completed. The first Risk, Compliance and Assurance Group meeting is scheduled on 09/03/2016, and terms of reference have been drafted. If approved, these will be submitted to the Executive Leadership Team to be ratified. | <ul style="list-style-type: none"> Key members of the Patient Experiences Team have been unavailable, which may impact on delivery on the listening to patients actions. Achieving a mutually agreed rest break policy between all parties within the scheduled timeframe may be challenging as there is a dependency on the outcome of the London Package discussions and 2016/17 contract negotiations. A strategic risk review by the Trust Board will be undertaken in April 2016 led by the new Chair. |

| Deliverable | Executive Lead | March 2016 | | | | April 2016 | | | |
|---|--------------------------|------------|----------|---------|---------|------------|----------|---------|---------|
| | | Complete | On Track | Delayed | At Risk | Complete | On Track | Delayed | At Risk |
| Risk Management | Sandra Adams | | 5 | | | 2 | | | |
| Capability and capacity of Health, Safety and Risk function | Sandra Adams | n/a | | | | n/a | | | |
| Improving incident reporting | Sandra Adams | | 3 | | | 1 | | | |
| Duty of Candour | Sandra Adams | | 2 | | | n/a | | | |
| Operational planning | Paul Woodrow / Paul Beal | n/a | | | | 1 | | | |
| Listening to patients | Zoe Packman | | 2 | | | 1 | | | |



3 | IMPROVING PATIENT EXPERIENCE

Executive Lead: Zoe Packman



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HIGHLIGHTS THIS MONTH

- The guidelines for managing patients with mental health issues have been reviewed and updated. These have been discussed with and agreed with Metropolitan Police (MPS) colleagues.
- This guidance has also been included in the standard operating procedure for the dedicated MPS telephone line in the EOC, and we are also working towards inclusion of these guidelines into a memorandum of understanding for the MPS/LAS which is due to be published in early March.
- The HAS- Pin (hospital notification system) review has been completed with a table top review taking place in February as well as site visits for user input. Recommendations are being developed following this review.
- In an effort to support NHS England (London) plan to reduce handover times at the eight worst performing emergency departments across London the LAS Senior Team attended the pan-London handover workshop held on 26/02/16.
- A review of the current patient waiting times for the Patient Transport Service (PTS) against contractual KPIs took place on the 17th and 23rd of February, and areas for improvement have been identified. An action plan has been developed and implementation of these have commenced

| Deliverable | Executive Lead |
|---------------------------|-------------------------------|
| Patient Transport Service | Paul Woodrow |
| Meeting peoples needs | Fenella Wrigley/ Paul Woodrow |
| Response Times | Paul Woodrow |

| Outstanding actions |
|--|
| <i>There are currently no outstanding or delayed actions</i> |

| February 2016 | | |
|---------------|---------|---------|
| Complete | Delayed | At Risk |
| 1 | | |
| 1 | | |
| 2 | | |



3 | IMPROVING PATIENT EXPERIENCE



Moving Forward Together

| Focus for next month | Key challenges |
|---|--|
| <ul style="list-style-type: none"> The implementation of the action plan to address patient waiting times is already underway with communication to patients and providers planned. A feedback process is being developed with staff to ensure they are capable of managing mental health patients. This feedback will be monitored. Recommendations from the HAS- Pin review is due to be shared. Recommendations following the workshop on hospital handover to be shared. | <p>Clarity on on-going levels of support to NHSE regarding hospital handover required.</p> |

| Deliverable | Executive Lead |
|---------------------------|----------------------------------|
| Patient Transport Service | Paul Woodrow |
| Meeting peoples needs | Fenella Wrigley/ Paul Woodrow |
| Response Times | Paul Woodrow |

| March 2016 | | | |
|------------|----------|---------|---------|
| Complete | On Track | Delayed | At Risk |
| | 2 | | |
| | 1 | | |
| | 1 | | |

| April 2016 | | | |
|------------|----------|---------|---------|
| Complete | On Track | Delayed | At Risk |
| n/a | | | |
| n/a | | | |
| n/a | | | |



4 | IMPROVE ENVIRONMENT AND RESOURCES

Executive Lead: Andrew Grimshaw



Moving Forward Together

HIGHLIGHTS THIS MONTH

- Following the review of the current 'Make Ready' service completed in January, relating to vehicle equipping, cleaning, and the general preparation, it has been agreed by the Executive Leadership Team that a pilot of a revised make ready service would be conducted in the North East Sector and the funding required in addition to the existing contract was approved for the duration of the pilot.
- A further review of the Make Ready service in relation to equipment tracking was completed in February, and this has resulted in an enhancement to the equipment tracking functionality. This included an upgrade in software which has extended the scanning range and also an ability to generate activity reports. A phased implementation is planned, and this work will be included as part of the pilot in the North East which goes live at the beginning of March 2016.
- An options paper for the supply of blankets has been completed, however the medium to long term solution identified requires the development of a full specification and implementation plan to be agreed by key stakeholders. In the interim, disposable blankets will be purchased to supplement the supply of LAS blankets.
- An options appraisal to upgrade the specifications for cleaning on stations was presented to the Executive Leadership Team and approved to proceed.

| Deliverable | Executive Lead |
|---------------------------------------|-----------------|
| Fleet / Vehicle Preparation | Andrew Grimshaw |
| Information Management and Technology | Andrew Grimshaw |
| Infection prevention and control | Zoe Packman |
| Facilities and Estates | Sandra Adams |
| Resilience functions | Paul Woodrow |

| Outstanding actions |
|--|
| <i>There are currently no outstanding or delayed actions</i> |

| February 2016 | | |
|---------------|---------|---------|
| Complete | Delayed | At Risk |
| 4 | | |
| n/a | | |
| n/a | | |
| 1 | | |
| n/a | | |



4 | IMPROVE ENVIRONMENT AND RESOURCES



Moving Forward Together

| Focus for next month | Key challenges: |
|--|--|
| <p>All activities scheduled for delivery in March and April are on track:</p> <ul style="list-style-type: none"> Review of processes relating to vehicle checks at the start of shift. Defining roles and responsibilities for all resource and equipment activities on station, and a plan developed to implement agreed changes. The business case for 140 ambulances will be submitted to the TDA in mid-March. Review the out of service vehicle maintenance coverage for both workshops and third party contractors. Reissue of guidance to staff relating to bare below the elbows, and establish monitoring mechanisms to ensure compliance. Development of an implementation plan for the new cleaning regime HART teams to have completed training, and the development of a 2016/17 training plan for all resilience functions. | <ul style="list-style-type: none"> There no challenges or risk to delivery currently identified |

| Deliverable | Executive Lead | March 2016 | | | | April 2016 | | | |
|---------------------------------------|-----------------|------------|----------|---------|---------|------------|----------|---------|---------|
| | | Complete | On Track | Delayed | At Risk | Complete | On Track | Delayed | At Risk |
| Fleet / Vehicle Preparation | Andrew Grimshaw | | 6 | | | | 1 | | |
| Information Management and Technology | Andrew Grimshaw | n/a | | | | n/a | | | |
| Infection prevention and control | Zoe Packman | | 2 | | | n/a | | | |
| Facilities and Estates | Sandra Adams | | 1 | | | n/a | | | |
| Resilience functions | Paul Woodrow | | 2 | | | n/a | | | |



5 | TAKING PRIDE AND RESPONSIBILITY

Executive Lead: Fenella Wrigley



Moving Forward Together

HIGHLIGHTS THIS MONTH

Although there were no scheduled activities to be delivered in February, good progress has been made on activities in this workstream.

- **Mental Capacity Act:** An Aide Memoire on the mental capacity act has been prepared and published on the LAS App to assist staff. In addition, training materials have been completed for use by the Clinical Education Department and tutor development materials have been completed. The Medical Directorate will be providing train the trainer sessions for core skill refresher modules for Quarter 1 2016/17.
- **Clinical supervision:** Clinical Team Leaders have been trained as mentors in order for them to undertake the clinical supervision, and a review of the delivery against the abstraction plans has started.
- **Medicines Management:** Work to combine policies relating to medicines management has been prioritised and is scheduled for approval by the Executive Leadership Team in March. Unannounced spot checks by Incident Review Officers are due to commence, and these will be focused on the management and storage of medicines. Station based medicines management audits have been embedded through Clinical Team Leaders, supported by the medicines management team. Medicines management issues were highlighted at the manager briefing sessions held in February, and this time was used to devise local plans that will address areas of concern.
- **Safeguarding:** A standard paragraph for job descriptions has been developed (only due in March) and will be embedded in all new role profiles.

| Deliverable | Executive Lead |
|----------------------|-----------------|
| Clinical supervision | Fenella Wrigley |
| Consent MCA | Zoe Packman |
| Medicine Management | Fenella Wrigley |
| Safeguarding | Zoe Packman |

| Outstanding actions |
|--|
| <i>There are currently no outstanding or delayed actions</i> |

| February 2016 | | |
|---------------|---------|---------|
| Complete | Delayed | At Risk |
| n/a | | |
| n/a | | |
| n/a | | |
| n/a | | |



5 | TAKING PRIDE AND RESPONSIBILITY



Moving Forward Together

| Focus for next month | Key challenges |
|--|----------------|
| <ul style="list-style-type: none"> • A review of IT solutions relating to the management of medicines is underway. • Review of initial IRO spot checks. • Action plan based on audits and spot checks (where required). • Medicine Management event. • Review and reinforcement of the current process to capture batch numbers and to allow for reporting, monitoring and assurance of compliance. | |

| Deliverable | Executive Lead |
|----------------------|-----------------|
| Clinical supervision | Fenella Wrigley |
| Consent MCA | Zoe Packman |
| Medicine Management | Fenella Wrigley |
| Safeguarding | Zoe Packman |

| March 2016 | | | |
|------------|----------|---------|---------|
| Complete | On Track | Delayed | At Risk |
| n/a | | | |
| n/a | | | |
| | 1 | | |
| | 2 | | |

| April 2016 | | | |
|------------|----------|---------|---------|
| Complete | On Track | Delayed | At Risk |
| n/a | | | |
| n/a | | | |
| n/a | | | |
| n/a | | | |

