

2016/17 QUALITY IMPROVEMENT PROGRAMME

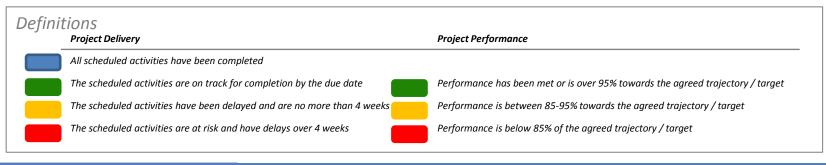
Progress Report



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London Ambulance Service NHS Trust

EXECUTIVE SUMMARY April 2016



Progress this month

- A key focus for the programme during April was to recover the delivery of activities reported in March 2016 as being delayed or at risk.
- There has been steady progress made on the programme during April resulting in 11 out of 14 activities delivered, with 79% of scheduled activities completed.
- Activities that continue to report at risk relate to:
 - the ongoing delay with the agreement of the 2016/17 contract with Commissioners, which is expected to be agreed as soon as possible
 - 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.
- In response to feedback received from the Bullying and Harassment Awareness sessions, shadowing opportunities have been made available across the organisation for staff to experience "A day in the life of..." to learn and gain understanding about what other parts of the organisation are doing and to be part of making the Service a great place to work.

Theme	Executive Director	RAG	% Complete
Making LAS a great place to work	Karen Broughton		0
Achieving good governance	Sandra Adams		86
Improving patient experience	Zoe Packman		100
Improving environment and resources	Andrew Grimshaw		100
Taking pride and responsibility	Fenella Wrigley	na	na



PROGRAMME SUMMARY Forecast View



Programme:

- The launch of the 'Making the LAS Great' campaign is scheduled to take place at the next management briefings on 18-20 May 2016.
- Preparation and planning for the TDA review of the Trust in June 2016 is underway.
- 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 during May 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.

			May 2016				June 2016		
Theme	Executive Director	Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Making LAS a great place to work	Karen Broughton		2				9		
Achieving good governance	Sandra Adams		3				19		
Improving patient experience	Zoe Packman		1				3		
Improving environment and resources	Andrew Grimshaw		2				6		
Taking pride and responsibility	Fenella Wrigley		1				5		
	Total		9				42		





WORKSTREAM PROGRESS REPORTS



London Ambulance Service NHS Trust

1 MAKING THE LAS A GREAT PLACE TO WORK Executive Lead: Karen Broughton



Although no deliverables were scheduled for delivery for Theme 1 in April 2016, continued progress is being made to ensure future activities will meet scheduled timeframes.

Retention

Finalisation of the 2016/17 contract remains outstanding and delivery of this milestone is now showing at risk. Confirmation of contract funding is required to enable the Trust to move forward on its plans to implement a band 6 specialist paramedic role to further supplement the clinical career structure. Discussion and negotiations continue with Commissioners and it is anticipated that the contract will be agreed as soon as possible.

Bullying and Harassment

- The provider procured to deliver training on difficult conversations has visited the Trust to gain an understanding of the requirements and to identify some of the potential pitfalls that mangers may face when having difficult conversations. These factors will be incorporated into the training sessions scheduled for June 2016.
- A week long event of "a day in the life of" was held across the Trust during April, where 30 staff members from across the Trust had taken the
 opportunity to shadow key areas within the Operations Directorate. Informal feedback received from attendees has been positive and further
 consideration will be given to repeating the event.
- The Bullying and Harassment specialist is currently working with staff to encourage use of facilitated conversations as a first line of response to concerns raised, so that initial discussions can take place prior to the initiation of formal grievance processes.
- Planning has commenced with the People and Organisational Development Team to ensure Bullying and Harassment awareness is incorporated into the Trust induction programme to reaffirm the Trust values in line with the Dignity at Work policy.

Vision and Strategy

 Dates for the 2016/17 CEO Roadshows have been confirmed, with an implementation plan currently being coordinated. The plan will incorporate learning and feedback from previous sessions to ensure greater attendance from operational sectors and engagement from corporate departments.

Training

- Redesign of the corporate induction has been progressing, with process and content meetings held with all relevant subject matter experts in
 conjunction with the Skills for Health Core Skills Training framework to ensure all new staff are fully compliant with statute. All materials have been
 redesigned and formatted with corporate branding and is accessible through the Trust intranet site. In addition ownership for the induction process
 being transferred over to People and Organisational Development from Human Resources.
- A working group chaired by the Director of Transformation, Strategy and Workforce has been created to deliver the Electronic Staff Record Element (ESR) with a phased delivery project plan created. This will be led by a specialist ESR project manager who is due to be recruited in the next few weeks.

Supporting Staff

• Appraisal documentation and guidance notes have been redesigned, incorporating values based word clouds designed as part of the management briefing sessions and is due to be launched in May 2016 along with a new report which will state completion rates across the Trust.



April 2016

6

HIGHLIGHTS THIS MONTH

1 MAKING THE LAS A GREAT PLACE TO WORK Progress – April 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

April 2016								
Complete	Delayed	At Risk						
na								
na								
na								
		1						
na								
na								
		1						
na								

At

Outstanding actions						
Risk:						
Undertake baseline assessment against the Equality						
Delivery System 2 and Racial Equality Strategy.						
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, and will be clarified in mid-May.						
Negotiate the funding for 'The London Package' as						

Discussion and negotiations continue with Commissioners and it is anticipated that the contract will be agreed as soon as possible.

part of contracting round 2016/17



1 MAKING THE LAS A GREAT PLACE TO WORK Forecast View



Focus for next month **Key risks and challenges** • To scope the potential for some of the Bullying and Harassment functions to be Limited involvement from Unison regarding the Dignity at Work programme despite incorporated as business as usual for the Human Resources team, so that the capacity active engagement from other Trade Unions . The Trust will continue to deliver the of the specialist advisor is protected and remains focussed on delivering activities as programme as planned. part of the quality improvement programme. • There continues to be priority placed on ensuring the principals of bullying and Arrangements for mediation workshops provided by an external supplier is underway harassment awareness is embedded within the Trust culture. Numerous requests for ٠ for delivery in May 2016 training have been provided by the bullying and harassment specialist, which has An away day has been arranged with GMB representatives to deliver bullying and resulted in reduced capacity for the specialist advisor. A review will be completed at harassment awareness training the end of May 2016 to determine the ongoing support required by the Trust. Completion of the statutory and mandatory training matrix and gain formal sign off • Further development of the People and Organisational Development function requires Roll out of the new Personal Development Review (PDR) process and guidance funding to be agreed through the 2016/17 contract negotiations. Once confirmed, a

Deliverable	Lood		May 2016				
Deliverable	Lead		Complete	On Track	Delayed	At Risk	
Advert to Action (Recruitment)	Julie Cook		na				
Bullying and Harassment	Karen Broughton		na				
Training	Karen Broughton			1			
Equality and Inclusion	Andrew Buchannan		na				
/ision and Strategy	Karen Broughton			1			
Supporting Staff	Karen Broughton		na				
Retention	Greg Masters		na				
Workforce and Organisational Development	Karen Broughton		na				

	June 2016							
Complete	On Track	Delayed	At Risk					
	1							
	3							
	1							
	1							
na								
	2							
na								
	1							

team structure will be developed and work will commence on developing the strategy

for People and Organisational Development.

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documentation widely across the Trust

2 ACHIEVING GOOD GOVERNANCE Executive Lead: Sandra Adams



• The delayed and at risk activities reported in March for risk management and the Health and Safety functions, have been deferred in order to realign dates with other dependent activities. These changes were presented and agreed by the Quality Improvement Programme Board.

Listening to Patients

- The scope, design and creation of patient information leaflets has been completed, with the final version being approved and ready for printing. Further conversations with fleet regarding distribution will be required to ensure these are accessible to patients and frontline staff
- The external website has been updated with changes relating to the complaints process so that patients and members of the public are provided with information about the complaints process, our responsibilities and details for the ombudsman. This activity due from March 2016 is now complete.
- The feedback process on the complaints process is behind on delivery due to the delay of the patient information leaflets being made available on vehicles, and confirmed mechanism for forms to be returned at no cost to the user to ensure maximum returns. The Patient Experiences Department have processes in place to ensure complainants are routinely informed of the progress on their complaint.

Risk Management

- A statement outlining the Trust's risk appetite has been agreed by the Executive Leadership Team, and further work on this will be done by the Trust Board.
- The alignment of the strategic risk review against local risk registers and the Board Assurance Framework is well underway for delivery by June 2016.
- The Trust Board completed a strategic risk review in line with the Trust's Business Plan for 2016/17 during their meeting in April 2016, and the Executive Leadership Team will continue to refine these risks

Improving Incident Reporting

• A Health and Safety bulletin published in April and was disseminated to all staff via the Pulse and emailed electronically to the Group Station Managers.

Operational Planning

 Two external reviews have been conducted in the Emergency Operations Centre, one by another ambulance service and one by Operational Research in Health (ORH) relating to the current operating model and establishment. A business case has been completed for the Trust Board with proposed recommendations to be taken forward



HIGHLIGHTS

THIS MONTH

2 ACHIEVING GOOD GOVERNANCE Progress – April 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	Zoe Packman
Blue light collaboration	Karen Broughton
CQC reinspection	Fionna Moore
Business intelligence systems	Jill Patterson
Internal audit	Sandra Adams
Policy and guidance review	Sandra Adams

April 2016								
Complete	Delayed	At Risk						
2								
na								
1								
na								
1								
2	1							
na								
na								
na								
na								
na								

Outstanding actions

Delayed:

• Establish system to gain feedback from complainants on the LAS complaints process

Processes to facilitate the return of feedback on the complaint process is under development and will be implemented as soon as possible.



2 ACHIEVING GOOD GOVERNANCE Forecast View



Focus for next month Key risks and challenges • The focus for May is to recover deliverables in the Listening to Patients workstream to ensure no further slippage on actions due in June 2016. • Capacity within the Patient Experiences Department continues to be a concern with unexpected staff absences. Work has been reassigned to

- The proposed structure and consultation document for the Health and Safety team is due to be launched in May 2016
- DatixWeb is scheduled for go live on 9 May 2016, therefore the roll out and subsequent training for Datix will be implemented, including wide ranging communications to all staff across the Trust
- The Audit Committee on 19 May 2016 will be provided with an update on progress against internal audit actions recommended by KPMG
- Capacity within the Patient Experiences Department continues to be a concern with unexpected staff absences. Work has been reassigned to ensure capacity remains focussed on priority work, however this impact remains a challenge for the team.

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

3 IMPROVING PATIENT EXPERIENCE Executive Lead: Zoe Packman



Although no deliverables were scheduled for delivery for Theme 3 in April 2016, continued progress is being made to ensure future activities will meet scheduled timeframes.

Learning from experience

• The patient voice strategy outlines the Trust's commitment to patient and public engagement over the next four years to 2020. A draft document has been shared internally with the Patient and Public Involvement (PPI) Committee. Once final comments have been collated this will be presented to the Executive Leadership Team for approval at the end of May 2016.

Meeting People's Needs – Mental Health Patients

• The Mental Health Committee have provided additional input into the approved mental health protocols for staff. These revisions will be included in the policies and will be communicated to staff once ratified.

HIGHLIGHTS THIS MONTH • It is proposed the survey to monitor staff feedback is extended over the lifespan of the programme, and a change request will be submitted to the Quality Improvement Programme Board for consideration at their meeting in May.

Meeting People's Needs – Bariatric Patients

Significant progress has been made in relation in this workstream:

- · An aide memoire on the definition of Bariatric patients is being developed
- · The Bariatric working group has been established and their first meeting is scheduled for early May
- Data has been requested from Yorkshire Ambulance Service who are also working on the management of bariatric patients in pre-hospital care. Additionally, data has been received from the Australian Ambulance service on the management of bariatric patients which will also be reviewed
- Assistance has been requested from Business Intelligence to review public health data regarding the profile of bariatric people to establish an imperial baseline and forecast to support the development of the operational plan for the future management of bariatric patients.

Patient Transport Service

• The delayed action from March 2016 regarding communication to patients and providers on estimated waiting times and action plans is now complete.



3 IMPROVING PATIENT EXPERIENCE Progress – April 2016



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

April 2016				
Complete	Complete Delayed			
1				
na				
na				
na				

Outstanding actions				
There are no outstanding actions.				



3 IMPROVING PATIENT EXPERIENCE Forecast View



Focus for next month	Key risks and challenges
 The patient engagement strategy has been drafted and has been circulated for comments in readiness for approval by the Executive Leadership Team on 25 May 2016. Engagement with the Regional Oversight Group on hospital handover times is on going, and the next workshop is scheduled on 10/05/2016. 	 June is expected to be a challenging month with a number of critical milestones to be completed, including ratification of the clinical guidance for bariatric patients which will define any operational requirements and processes. An Executive Lead for this theme needs to be confirmed following the departure of the Director of Nursing and Quality to lead and maintain momentum for this workstream. It is proposed that responsibility for Theme 3 is transferred to the Medical Director.

Deltamente	Lead		May 2016				June 2016			
Deliverable			Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Patient Transport Service	Paul Woodrow			na				1		
Meeting peoples needs	Fenella Wrigley/ Paul Woodrow			na				1		
Response Times	Paul Woodrow			na				1		
Learning from experiences	Fenella Wrigley			1			na			

4 IMPROVE ENVIRONMENT AND RESOURCES Executive Lead: Andrew Grimshaw



Fleet/Vehicle Prep: Make Ready

- Work has started on the formal assessment of the pilot, and this will be completed for the end of May 2016.
- In parallel to this, the development of the Trust wide roll-out plan has commenced.
- Project management support has been engaged to support this.

Fleet/Vehicle Prep: Statutory Vehicle checks

- The existing Trust policy has been reviewed and seen to be adequate to support the delivery of statutory checks, with one minor change allowing FRU crews to have 15 minutes rather than 10 has been proposed. This has been discussed and agreed by the Director of Operations.
- Communication has been sent to all staff as a reminder that time is protected at the start of shifts to undertake checks, details provided of what constitutes a statutory check, and the recommended method of delivery.
- Further work to be undertaken to review how statutory checks can be integrated within the Make Ready Process, and to confirm a CAD process to prevent vehicles being dispatched within the 10/15 minute protected time.

HIGHLIGHTS THIS MONTH

Fleet/Vehicle Prep: Station responsibilities

- The Director of Finance chaired a meeting which included representatives from Operations, Fleet, Estates and IM&T to agree responsibilities at stations.
- Actions were agreed on all areas and taken back by respective leads to move forward in their areas.
- The established group have agreed to continue to meet to ensure compliance and to make any adjustments or address any emerging issues as they become apparent.
- Some further work is required to align financial flows and review policies to ensure they reflect agreed changes.

Infection Prevention and Control

- The guidance on Bare below elbow has been revised following comments from the Executive Leadership Team is being reissued with Managers briefings, a bulletin and publication on the pulse.
- The Uniform Policy has been updated to include this guidance.



London Ambulance Service NHS Trust

4 IMPROVE ENVIRONMENT AND RESOURCES Progress – April 2016



Deliverable	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
Operations Management	Paul Woodrow
Improving operational productivity	Paul Woodrow
Cost improvement programme	Andrew Grimshaw
Frontline equipment and uniforms	Paul Woodrow / Andrew Grimshaw

April 2016				
Complete	Delayed	At Risk		
3				
na				
1				
na				

Outstanding actions				
No outstanding actions				



4 | IMPROVE ENVIRONMENT AND RESOURCES Forecast View



Focus for next month	Key risks and challenges
 A review will be completed on make ready and processes to enable compliance as part of the vehicle preparation workstream. It is planned for a trial to be undertaken to test the proposal and refine the offering. 	 Confirmation of the 2016/17 contract funding is required to commence procurement of vehicles.

Deliverable	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	
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	On Track	Delayed	At Risk		
	2				
	na				

June 2016					
Complete	On Track	Delayed	At Risk		
	2				
	1				
	1				
	1				
na					
	1				
na					
na					
na					



5 | TAKING PRIDE AND RESPONSIBILITY Executive Lead: Fenella Wrigley



Although no deliverables were scheduled for delivery for Theme 5 in April 2016, continued progress is being made to ensure future activities will meet scheduled timeframes.

Medicine Management:

- In April the IRO "unannounced" audit process has been reviewed and refined to allow for better tracking of audit visits and any
 potential follow on actions. Audit visits take place with the outcomes submitted to the medicines management team, and any remedial
 actions to be followed up by the Quality, Governance, and Assurance Managers. These actions will also be escalated and tracked via
 the monthly Quality Governance meetings with Deputy Directors of Operations and Assistant Directors of Operations where Medicine
 Management is a standing agenda item. Following each audit, a RAG status will be applied to each station.
- An audit of code changes on medicine lockers due in April 2016 has been completed and resulted in 100% compliance.
- Terms of reference for the Medicine Management taskforce is being developed and the preliminary meeting of key members took place on 6 May 2016
- The newly appointed Head of Fleet and Logistics has been tasked to undertake the project lead for the logistics review.
- A meeting has taken place with a pharmacist from Ealing Hospital, North West London who has agreed to support LAS one day per week to oversee the changes in the logistics management of drugs working with the Head of Fleet and Logistics and the Chief Information Officer. Agreement through NHS Improvement and the LAS Improvement Director has been requested.
- Progress has also been made relating to the appointment of pharmacist to join the organisation with:
 - a review of the proposed job description by Health Education England which is ready for submission
 - · discussions with pharmacists from Barts and North West London to provide assistance
 - funding agreed for the Darzi pharmacy fellow which is being progressed.

Safeguarding

- The job descriptions for the agreed posts have been sent to Human Resources for grading
- Recruitment is underway, and offers of appointment have been made.

Clinical Supervision:

- A full update report has been received for the number of CISO (Clinical Information and Support Overview) performance management reviews completed. This tool was implemented in November 2015, and over 1000 reviews have been completed to date .
- Operational Workplace Review (OWR) completion rates have increased ten-fold since the restructure, although an action plan has been developed to increase them further to achieve completion of two reviews per clinician annually.
- Clinical Performance Indicator (CPI) audit completion rates and staff feedback session rates continue. Plans have been requested from each sector to demonstrate how they will achieve the targets required.





5 TAKING PRIDE AND RESPONSIBILITY Progress – April 2016



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

April 2016			
Complete	Delayed	At Risk	
na			

Outstanding actions					
There are currently no outstanding actions					



5 TAKING PRIDE AND RESPONSIBILITY Forecast View



Focus for next month	Key risks and challenges
 Regular meetings of the new Medicine Management task force to be scheduled, and for the terms of reference and proposed workplan to be agreed Mapping the logistics of a "drug pack journey", and to review where improvements can be introduced. 	 Addressing medicines management across the Trust remains a high priority, and it will be the role of the Medicines management taskforce to set and monitor delivery of a workplan to address concerns and improve medicines management processes across the Trust. Timely recruitment to the pharmacist post.

Deliverable	Lead	
Clinical supervision	Fenella Wrigley	
Consent MCA	Zoe Packman	
Medicine Management	Fenella Wrigley	
Safeguarding	Zoe Packman	
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	On Track	On Track Delayed At Risk	
	1		
na			

June 2016				
Complete	On Track	Delayed	At Risk	
na				
na				
na				
	5			
na				
na				
na				