



2016/17 QUALITY IMPROVEMENT PROGRAMME

Progress Report: November 2016

December 2016







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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

November 2016



Progress this month

- There have been very few deliverables during November resulting in two out of three activities being delivered, with 67% of scheduled activities completed.

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

- 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. The majority of epaulettes have been rolled out with final delivery anticipated in mid December. The Soft shell jackets are due to be completed by the end of December.
- Review of the LAS five 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 was due for submission at the October QIP Board meeting, which was changed to a Medicines Management Deep Dive session. This will now be submitted for consideration to the November meeting with expected delivery date, of the strategy, to be February 2017.
- EOC - Embed outcomes of the review to included recruitment as required. Following the review and the numbers of staffing required, ORH were asked to re-visit some of their assumptions and to provide refreshed figures in October. The work by ORH has been delayed due to other commitments and ORH are only now undertaking this work.

| Theme | Executive Director | Planned November Deliverables | | | Deliverables to date | | |
|-------------------------------------|--------------------|-------------------------------|------------|------------------------------------|----------------------|------------|---------------------------------------|
| | | # Complete | % Complete | RAG | # Complete | % Complete | RAG |
| Making LAS a great place to work | Mark Hirst | - | - | | 34/36 | 94% | ■ |
| Achieving good governance | Sandra Adams | 2/3 | 67% | ■ | 75/76 | 99% | ■ |
| Improving patient experience | Briony Sloper | - | - | | 19/20 | 95% | ■ |
| Improving environment and resources | Andrew Grimshaw | - | - | | 61/62 | 98% | ■ |
| Taking pride and responsibility | Fenella Wrigley | - | - | | 28 /28 | 100% | ■ |

PROGRAMME SUMMARY

Forecast View



Programme:

- There are a large amount of activities to be delivered by the end of December 2016. Teams will also be focussing on ensuring all delayed activities are delivered.
- Preparation and planning for the comprehensive inspection of the London Ambulance Service in February 2017.
- December Managers' Briefing focussing on "Lightning Talks" covering Medicines Management, Fleet & Logistics and Recruitment.
- Throughout December the "Making LAS Great" campaign will focus on protecting vulnerable people in our care and ensuring all safeguarding concerns are reported correctly. There will be a number of drop in sessions held in December to enable all staff to raise concerns, ask questions and meet the safeguarding team.

| | | Dec 2016 | | | | Jan 2017 | | | |
|-------------------------------------|--------------------|----------|----------|---------|---------|----------|----------|---------|---------|
| Theme | Executive Director | Complete | On Track | Delayed | At Risk | Complete | On Track | Delayed | At Risk |
| Making LAS a great place to work | Mark Hirst | | 5 | | | | | | |
| Achieving good governance | Sandra Adams | | 9 | | | | 1 | | |
| Improving patient experience | Briony Sloper | | 1 | 1 | | | | | |
| Improving environment and resources | Andrew Grimshaw | | 2 | 1 | | | 2 | | |
| Taking pride and responsibility | Fenella Wrigley | | 2 | 2 | | | | | |
| Total | | | 19 | 4 | | | 3 | | |



WORKSTREAM PROGRESS REPORTS



1 | MAKING THE LAS A GREAT PLACE TO WORK

Executive Lead: Mark Hirst



HIGHLIGHTS THIS MONTH

BULLYING AND HARASSMENT

- A BME focussed workshop for Facilitators in Mediation Skills was held, increasing the Trust total to 44 staff trained in round table facilitation by an external trainer.
- With the addition of five further workshops conducted on Bullying and Harassment Awareness, we now have a total number of 680 staff trained.
- A third “A day in the life of...” event was run, with participation from HART, Legal Services, Cycle Response Unit and Clinical Tutors and in excess of 60 staff getting involved in visits to help increase knowledge of other directorates across the Trust.

CHIEF EXECUTIVE ROADSHOWS

- Over 1000 staff attended the CEO roadshows conducted this year with Dr. Fionna Moore, Dr. Fenella Wrigley and Paul Woodrow; where the CEO commitments agreed as part of last year’s roadshows were updated along with key updates in relation to Band 6 progression for Paramedics; Rest Breaks and the actions required from frontline staff to improve consistency across Operations.

ELECTRONIC STAFF RECORD AND ORACLE LEARNING MANAGEMENT SYSTEM

- All Phase 1 Courses (Statutory and Mandatory Training) are now set up within OLM.
- All Phase 1 Statutory and Mandatory Training has been extracted from LAS Live and Course Completions and converted into competencies.
- 110,000 competency requirements have been loaded against positions, based on the Statutory and Mandatory Training Matrix, in ESR.
- 22,000 competencies already achieved have been loaded against employees in ESR.
- The first ESR Statutory and Mandatory Training Compliance Dashboard has been developed and shared with Senior Managers across the Trust, with training compliance dashboards to be released on a monthly basis; this will have the ability to drill down to employee level.
- Bespoke LAS eLearning Course Update Plan identified following confirmation of requirements by Medical Directorate.

EQUALITY AND INCLUSION

- The Service has secured £500k funding for widening the opportunities of BME staff. The focus for these funds will be to improve visible leadership, recruitment and learning and development.





1 | MAKING THE LAS A GREAT PLACE TO WORK

Progress – November 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 |

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| Outstanding actions |
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| <p>Complete the review of the LAS five year strategy. Approval of change request for the Workforce and OD strategy.</p> |



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"> • Work is continuing with the project to ensure the Electronic Staff Record system is able to accurately track and record all appraisals and statutory / mandatory training moving forward. • The publication of the annual training plan for 2017/18 is currently focusing on those areas relating to leadership and development. | |

| Deliverable | Lead |
|--|-------------------|
| Advert to Action (Recruitment) | Julie Cook |
| 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 |

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2 | ACHIEVING GOOD GOVERNANCE

Executive Lead: Sandra Adams



HIGHLIGHTS THIS MONTH

RISK MANAGEMENT

- As the Trust prepared for the submission of Risk Registers to the CQC as part of the PIR, there was an organisation-wide push to review all risk registers by 18 November 2016. This included a series of meetings with Senior operational colleagues to review operational risks and processes. The Trust then submitted a selection of Risk Registers as part of the PIR response including sector and medical directorate risk registers.

IMPROVING INCIDENT REPORTING

- The November Health & Safety bulletin was issued on time and focussed on drink driving to coincide with the alcohol awareness campaign that ran in November.

OPERATIONAL PLANNING – EOC

- EOC recruitment has continued at significant pace but, with attrition expected to reach 105 by end March; this will be a slight increase on last year's figures. Alongside this, the evaluation and review of every function within Control is now complete. The progress of improvement within Control Services is now covered within timelines set out under the EOC transformation programme due to the scale of work underway.

CQC RE-INSPECTION

- The CQC preparation team have successfully submitted the CQC PIR by the deadline date of 2nd December 2016. The team will continue to work throughout the trust to ensure departments are prepared for the inspection in February 2017.

POLICY AND GUIDANCE REVIEW

- Since the start of November there has been three Policy Monitoring and Approval group meetings that have reduced the number of overdue policies from 74 to 60. The approval of a number of new policies has also been completed in order for policies to be submitted as part of the PIR submission.



2 | ACHIEVING GOOD GOVERNANCE

Progress – November 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 | Pauline Cranmer |
| 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 |

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| Outstanding actions |
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| <p>EOC – Operational Planning</p> <p>The work by ORH has been delayed due to other commitments; they will continue to undertake this work which is part of the EOC Transformation Programme.</p> |



2 | ACHIEVING GOOD GOVERNANCE

Forecast View



| Focus for next month | Key risks and challenges |
|---|--------------------------|
| <ul style="list-style-type: none"> To deliver improvements on benchmarking and horizon scanning. Continue to focus on preparing the Trust for the comprehensive inspection by the CQC in February 2017. | |

| 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 |

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3 | IMPROVING PATIENT EXPERIENCE

Executive Lead: Briony Sloper

HIGHLIGHTS THIS MONTH

PATIENT TRANSPORT SERVICE

- The Palliative care pilot has now been delivered to St Joseph's Hospice and will be reviewed at the end of December 2016. We have rolled out a pre-booked transport solution for community mental health care assessments since April and are therefore expecting limited problems enabling the Trust to roll out the process with St Joseph. We anticipated being able to roll out this process to St Joseph's in January which is slightly delayed due to completing the pilot later than scheduled.
- It is anticipated that if we are successful with this roll out, to engage with all other hospices within Greater London in January with a view to a rolling out the pre-booked transport solution to all hospices .

MEETING PEOPLE'S NEEDS - BARIATRIC

- A report has been drafted incorporating the Bariatric Working Group's recommendations. This report will be submitted to ELT for approval in early December 2016.

LEARNING FROM EXPERIENCES

- The first 'Insight magazine' has been produced which incorporated case studies derived from Serious Incident investigations and examples of excellent practice where key learning points were shared. Staff were consulted via LIA to provide suggestions for titles and chose from a shortlist for the magazine.
- A report was submitted by the Assistant Medical Director North Central proposing an improved way of driving safety and clinical excellence by sharing learning. Process mapping was completed for several areas of the Trust in order to understand areas of weakness and where loops were not closed, particularly in relation to learning and suggested actions. The findings were included in the report.

CLINICAL AUDIT

There was a Clinical Audit Awareness week in November to highlight how audits have changed clinical practice . Some examples of practices , both in the Service and nationally, which have been influenced directly by our clinical work include:

- The Wong-Baker faces to assess pain in children – the Clinical Audit and Research Unit developed a laminated pain assessment tool, incorporating the Wong Baker faces.
- Dedicated emergency phone lines in maternity units – making it easier for the LAS to alert units of emergency cases.
- Sepsis initiatives – The Service introduced the Adult Sepsis Screening Tool, Server Sepsis CPI and published the Sepsis Supplement.



3 | IMPROVING PATIENT EXPERIENCE

Progress – October 2016



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

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| Outstanding actions |
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3 | IMPROVING PATIENT EXPERIENCE

Forecast View



| Focus for next month | Key risks and challenges |
|---|--------------------------|
| <ul style="list-style-type: none"> Delivering the roll out of a single process for pre-booking palliative care patients following the pilot. Delivering the evidence on how we have learned from incidents, risks, feedback and external enquiries. | |

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

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4 | IMPROVE ENVIRONMENT AND RESOURCES

Executive Lead: Andrew Grimshaw

HIGHLIGHTS THIS MONTH

Vehicle Preparation / Make Ready

- The Brent Gold (North West sector) service roll out was completed with new ways of working now embedding. The Gold roll outs to Hillingdon (North West sector) are on track for completion in December.
- The Silver roll out to Wimbledon was delayed due to estates issues on sites and a revised roll out date has been set for December.
- The stakeholder meetings have continued with broader internal communications activities underway, in particular with the Assistant Directors of Operations group.

Vehicle Procurement

- The business case has been approved and there will be an additional 140 Double Crew Ambulance (DCA). Instruction have been given to confirm orders with delivery anticipated to commence in March 2017.

Estates Strategy

- The Director of Finance has identified and appointed external advisors to assist the Trust to complete hypothetical model for January. The initial meetings and management development sessions have started with staff engagement organised, and to commenced in late December/early January.

Fleet Strategy

- The draft Fleet Strategy has been developed and discussed by ELT. This will now go to the Finance Investment Committee and is on track to be approved by the end of January 2017.

Information Management and Technology

- In November two handheld business cases have been finalised. The business case to supply all frontline is currently being progressed.
- The IM&T strategy development is being progress to confirm an agreed way forward.
- Perfect Ward - In November, the audit tool beta testing was completed and the estates survey was sent to all stations.

Infection prevention and control – Implement agreed protective clothing pack for staff

- The Vehicle Preparation teams have commenced the roll out of new Personal Protective Equipment packs onto vehicles.



4 | IMPROVE ENVIRONMENT AND RESOURCES

Progress – November 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 |

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| Outstanding actions |
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| <p>Complete the roll out of PPE. Complete the roll out of epaulettes and soft shell jackets.</p> |



4 | IMPROVE ENVIRONMENT AND RESOURCES

Forecast View



| Focus for next month | Key risks and challenges |
|---|--|
| <ul style="list-style-type: none"> • Maintain progress against delivery timeline and continue stakeholder meetings with upcoming roll out sites. • Finalise Fleet Strategy for approvals process in early January. • Finalise hypothetical options model and define the timeline. • Perfect Ward - Ilford station proof of concept site set up and the rolling out of staff starting to scan bags in and out. • Complete the rollout of PPE. | <p>Fleet/Vehicle Preparation: Make Ready</p> <ul style="list-style-type: none"> • Contractor recruitment is a key risk to the timely roll out of gold service vehicle preparation hub sites. |

| 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 |

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5 | TAKING PRIDE AND RESPONSIBILITY

Executive Lead: Fenella Wrigley

HIGHLIGHTS THIS MONTH

MEDICINE MANAGEMENT

- There have been significant improvements throughout the Service in the way that medicines are managed at all stages of the supply chain. In order to maintain and improve our performance in this area, the ABCDEs of Medicines Management was launched on the intranet which features key information to all staff regarding the safe storage and administration of medicines.
- A business case has been written to support LAS processes involving pre-packed paramedic and general drug packs by tracking packs through the system, and also to provide trust-wide assurance on medicines management standards within ambulance stations through the audit inspection process.
- A robust Medicines Management Action has been developed in response to the warning notice issued by the CQC. This action plan will address areas of concerns raised by the CQC.

SAFEGUARDING

- There have been considerable progress in reviewing the Children's Safeguarding Policy in preparation to meet the deadline of February 2017; this will ensure staff have access to current best practice. The Safeguarding team also spent time in November preparing for the "Making LAS Great Campaign" which focusses on Safeguarding in December.

QUALITY AND CLINICAL STRATEGY

- The Quality and Clinical Strategy was presented to the Trust Board on 29 November 2016. This strategy responds to our patients, staff and carers feedback as well as our Commissioners and external stakeholder requirements.



5 | TAKING PRIDE AND RESPONSIBILITY

Progress – November 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 |

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| Outstanding actions |
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| <ul style="list-style-type: none"> There were no deliverables in Theme 5 in November. |

5 | TAKING PRIDE AND RESPONSIBILITY

Forecast View



| Focus for next month | Key risks and challenges |
|---|--------------------------|
| <ul style="list-style-type: none"> • Strategy development of the Operating model and education & training strategy. • Deliver the review of the 111 service to further improve the cost of the service. | |

| 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 |

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