



London Ambulance Service  
NHS Trust



# Our quality improvement plan



Moving Forward Together

January 2016



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## The context

The London Ambulance Service NHS Trust is one of 10 Ambulance Trusts (and Ambulance Foundation Trusts) in England, responding to over 1.9m calls and attending over 1 million incidents each year. We provide emergency medical services to the whole of Greater London, which has a population of around 8.9 million people. We are the busiest emergency ambulance service in the UK. The Service employs over 4,600 whole time equivalent (WTE) staff, who work across a wide range of roles based in over 70 ambulance stations and support centres.

**‘The London Ambulance Service NHS Trust is here to care for people in London: saving lives; providing care; and making sure they get the help they need.’**

Our purpose is supported by the following values:

### **In everything we do we will provide:**

**Clinical excellence:** giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care.

**Care:** helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation.

**Commitment:** setting high standards and delivering against them; supporting our staff to grow, develop and thrive; learning and growing to deliver continual improvement.

The main role of the Service is to respond to emergency 999 calls, 24 hours a day, 365 days a year. 999 calls are received by the Emergency Operations Centres (EOC), which provides call handling, triage, disposition, emergency ambulance dispatch, hear and treat, and clinical advice. Other services provided include: Non-



Emergency Transport (NETS) for patients not requiring further assessment or intervention; Patient Transport Services (PTS) for transporting non-emergency patients between healthcare locations or their home address; NHS 111 in SE London (the non-emergency number for clinical advice); and other specialist services including the Hazardous Area Response Teams (HART) who are trained to work in challenging or difficult environments.

At its heart our Quality Improvement Plan is about delivering better care for patients and making The London Ambulance Service a better place to work. In order to achieve this, we need to fundamentally transform the Service. This document describes how we will do this.

## **What the Care Quality Commission said about The London Ambulance Service**

The Care Quality Commission (CQC) Chief Inspector of Hospitals inspection of The London Ambulance Service NHS Trust took place between 1st and 5th June 2015, and 17th and 18th June 2015, with further unannounced inspections on 12th, 17th and 19th June 2015. This inspection was carried out as part of the CQC's comprehensive inspection programme.

Four core services were inspected:

- Emergency Operations Centres
- Urgent and Emergency Care
- Patient Transport Services
- Resilience planning including the Hazardous Area Response Team

The CQC inspection report was published on 27th November 2015. Overall, the trust was rated by the CQC as 'Inadequate'.

Of the five CQC domains: Safe was rated as 'Inadequate', Effective was rated as 'Requires Improvement', Caring was rated as 'Good', Responsive was rated as 'Requires Improvement', and Well-led was rated as 'Inadequate'.

The report identifies a number of "must do" and "should do" actions for the Service and these are embedded within the section entitled: "Our Quality Improvement Plan – The Five Work Streams"

We are pleased the CQC recognised:

- That patients in London receive good clinical care
- Our staff are caring and compassionate
- Paramedics and nurses in our control room give good advice to frontline staff while our intelligence conveyance system prevents overload of ambulances at any one hospital



- In the event of a major incident we have clear systems and plans in place and an alert system for staff who have proved they are always keen to respond – even when not on duty
- We have effective systems to manage large scale events such as Notting Hill Carnival and the central London New Year’s Eve event
- We are highly skilled at responding to major incidents in London and practice our response regularly with our 999 partners
- Staff were positive about local leadership and said the management style of the new Chief Executive would improve the service and staff retention.

## **Improvements we have already made since the CQC inspection**

The CQC inspected The London Ambulance Service in June 2015. We were already acutely aware of many of the issues that the CQC inspection and report raised, and many actions were already in progress to improve the organisation for our staff and patients.

In broad terms since the inspection:

- We have 284 additional frontline staff responding to incidents in London and over 177 in training and supervision while our recruitment campaign continues. More staff will help take some of the pressure from our staff who work incredibly hard in often difficult circumstances
- Our Chief Executive and members of our Executive Leadership Team have met over 900 people during October 2015, during our staff road shows, and the discussion and feedback from these sessions have helped shaped the projects within our plan
- We have introduced the London Ambulance Service Academy to offer existing non-clinical staff the opportunity to train as paramedics and are working with universities to create more graduate paramedic places
- We have new leadership teams in place that are resolutely determined to create a positive working environment for everyone
- We have trained all of our most senior managers on how to tackle inappropriate behaviour in the work place.

## **In detail - progress since the inspection**

Between the CQC inspection in June 2015 and December 2015 we have taken action and made significant progress in five particular areas across the Service:

- Resilience
- Medicines Management
- Risk and Governance
- Culture
- Workforce and staff morale

There is still work to do in each area and this is described later in this document in an overview of the Quality Improvement Plan, but it is important to emphasise the progress that has already been made to deliver better care for patients and provide a supportive working environment for our staff.

This progress was discussed at The London Ambulance Service CQC Quality Summit and our stakeholders, in particular our Clinical Commissioning Group lead commissioners, NHS England (London) and the Trust Development Authority, have asked that their appreciation of the progress made already by the Service was acknowledged in this document.

### **Resilience**

#### **CQC said we must :**

*Recruit to the required level of Hazardous Area Response Team (HART) paramedics to meet its requirements under the National Ambulance Resilience (NARU) specification.*

#### **Progress as of January 2016**



- Recruited to all of of the 84 HART posts; 83 of these posts will have completed national HART training and be fully operational by 31 March 2016
- We have issued a guidance document setting out the rare occasions when HART resources can be used on the frontline. This has been communicated to all relevant staff
- The Major Incident Protocol has been revised and approved by Trust Board
- New rosters have been designed and implemented to spread skill-mix and increase capacity and flexibility
- We have reviewed staffing on rosters, and for January 2016 we were compliant 94% of the time. This figure continues to improve
- We have negotiated a formal agreement with South East Coast Ambulance Service to provide additional cover at Heathrow Airport should we need it
- Core Skills Refresher (CSR) training has now been redesigned and now includes Major Incident training for all frontline staff
- We have implemented a physical competency assessment for all HART staff
- We have set up a Resilience Action Group to ensure compliance against the HART National Ambulance Resilience Unit specification
- We have deep cleaned the HART premises and we are conducted an announced mock-inspection for medicines management
- The Executive Leadership Team have considered a proposal about HART vehicles and are now awaiting the reviewed national specification for these vehicles before making a final decision.

## **Medicines Management**

### **CQC said we must improve its medicines management including:**

*Formally appoint and name a board director responsible for overseeing medical errors and formally appoint a medication safety officer; Review the system of code access arrangements for medicine packs to improve security; Set up a system of checks and audit to ensure medicines removed from paramedic drug packs have*

*been administered to patients; Set up control systems for the issue and safekeeping of medical gas cylinders.*

### **Progress as of January 2016**

- Appointed a medicines safety officer in August 2015, and the Medical Director is the executive lead for medicines safety on the Board
- Undertaken a review and process- mapped the journey of a drug from when it arrives in the Service to when it is administered to a patient. As a result we have implemented audits at key points during this journey
- Medicines management communication campaign started called “Shut it, Lock it, Prove it” co-designed with Clinical Team Leaders and supported by communication with clinical staff
- We are working with the Trust Development Agency (TDA) and CQC to review and update the guidance for administering drugs by paramedics in the UK.

### **Risk and Governance**

#### **CQC said we must:**

*Improve the system of governance and risk management to ensure that all risks are reported, understood, updated and cleared regularly; Address under reporting of incidents including the perceived pressure in some departments not to report incidents*

### **Progress as of January 2016**

- Baseline audit of the status of all local risk registers completed for all departments and all group stations



- Designed a risk-management training programme for all managers, which launched in November 2015 and we will have trained all managers by 31 March 2016
- The Governance Team are attending local meetings to raise the profile of risk management and provide advice and support
- All local risk registers will be updated by the end of March 2016
- HART and EOC risk registers have been reviewed and updated
- As a result of the new operational management structure being fully implemented in September 2015, clear accountability for risk management and governance is now specified and understood
- Duty of Candour training has been underway since the end of 2015 for staff leading Serious Incident investigations. We are beginning to see evidence of the application of Duty of Candour for serious incidents and potential serious incidents
- To simplify and improve incident reporting we are in the final stages of preparation for the launch of *Datix Web*, a new electronic risk management system for all staff to use, in April 2016 and full implementation will be complete by June 2016.

## **Culture**

### **CQC said we must:**

*Develop a detailed and sustained action plan to tackle bullying and harassment and a perceived culture of fear in some parts.*

### **Progress as of January 2016**

- Awareness training in bullying and harassment has been completed for the Executive Leadership Team and the Senior Leadership Team
- An independent Telephone Advisory Service has been in place since July 2015



- In November 2015 we appointed a specialist Bullying and Harassment Lead
- We commissioned independent investigators to lead on any bullying allegations within the Service
- We have designed and launched simple and easy-to-follow guidance for staff to understand and report bullying and harassment
- We appointed an Organisational Development Specialist in November 2015 to support our work on changing the culture within the Service
- We have designed a training course for all staff on bullying and harassment which is currently being tested with key staff groups
- We have appointed a Non-Executive Director to lead on bullying and harassment.

## **Workforce and Staff Morale**

### **CQC said we must:**

*Recruit sufficient frontline paramedic and other staff to meet patient safety and operational standards requirements; Improve staff morale*

### **Progress as of January 2016**

- By the end of December 2015, since the CQC inspection in June 2015 we have an additional 284 frontline staff responding to patients
- Further 177 in training and supervision
- 297 more staff to join by end of March 2016
- Frontline staff turnover has decreased from 15.1% in April 2015 to 12.6% in December 2015
- Frontline sickness is 6.5% compared to 6.9% at the same point last year
- Over 5,000 more patient facing vehicle hours per week than last year
- The 2016/17 recruitment plan has been designed to ensure that the Trust maintains its staffing levels



- The new operational management structure has now been implemented (September 2015) and we now have dedicated local management teams in place to lead and support staff
- Since the 1 July 2015, our Clinical Team Leaders have had 50% of their time protected to support frontline clinicians
- We have submitted a bid to Health Education England to support the training and development of our clinical staff
- We have agreed with commissioners and Local Education and Training Boards (LETB) bursary funding for graduates training in London if they then agree to take up a role at The London Ambulance Service in qualifying
- In January 2016 we opened The London Ambulance Service Academy to train non-registered clinical staff to become our paramedics of the future
- We have met 900 people at the staff road shows in October 2015 their feedback has shaped our work plan for the coming months
- The second round of VIP nominations with category winners has been announced and a celebration event has taken place.
- To improve our non-pay benefits offer to staff we have launched new bicycle and lease car schemes

## **An overview of the London Ambulance Service Quality Improvement plan**

The Board of The London Ambulance Service welcomed the CQC report and its findings and will make sure swift and comprehensive action is taken to improve for Service for patients and make it a better place to work for staff.

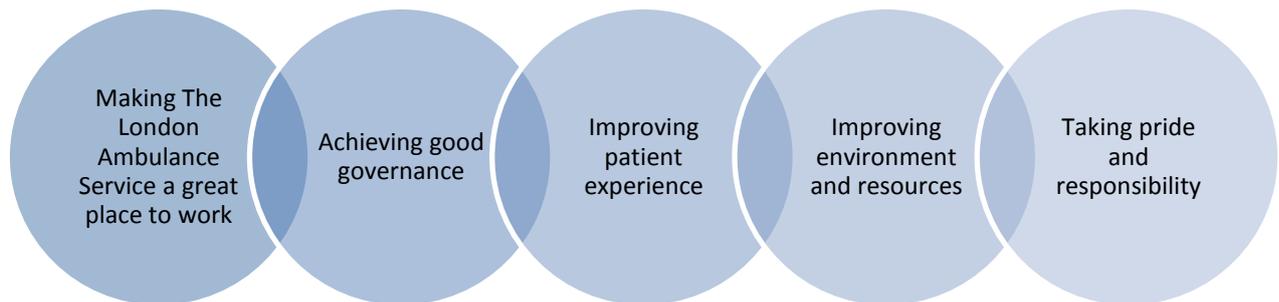
Our Quality Improvement Plan has five work streams:

- Making The London Ambulance Service a great place to work
- Achieving good governance
- Improving the patient experience
- Improving the environment and resources
- Taking pride and responsibility

The following pages summarise the projects for each work stream and how we will measure delivery on each.

## Our Quality Improvement Plan – The Five Work Streams

The following pages summarise the projects for each of our five work streams, and how we will measure delivery on each. Our detailed action plan with milestones, key sub-tasks, and lead responsibilities can be found on our website and intranet.



### Making The London Ambulance Service a great place to work

#### Executive Lead – Paul Beal, Director of Human Resources

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*The CQC said the Trust must:*

- *Recruit sufficient frontline paramedic and other staff to meet patient safety and operational standards requirements*
- *Develop and implement a detailed and sustained action plan to tackle bullying and harassment and a perceived culture of fear in some parts.*

*The CQC said the Trust should:*

- *Review development opportunities for staff*
- *Ensure all staff have sufficient opportunity to complete their mandatory training including personal alerts and control record system*
- *Communicate clearly to all staff the trust's vision and strategy*
- *Increase the visibility and day to day involvement of the trust executive team and board across all departments*
- *Provide NICE cognitive assessment training for frontline ambulance staff.*



- *Review trust equality and diversity and equality of opportunity policies and practices to address perceptions of discrimination and lack of advancement made by trust ethnic minority staff*
- *Ensure all staff receive an annual appraisal.*

We have identified seven key improvement projects under this theme that will collectively deliver our plan to make LAS a great place to work. The Trust has been working intensively to deliver these projects. They are:

- Advert to Action
- Bullying and Harassment
- Training
- Equality and Diversity
- Vision and Strategy
- Supporting staff
- Retention of staff

### **Advert to Action**

- The aim of this project is to deliver the agreed recruitment plans to ensure we have sufficient staffing capacity to meet patient needs and national ambulance targets.
- This project will build on our recruitment success over the last year and includes international recruitment drives, a strengthening of our graduate offer and process, as well as local London recruitment of trainee emergency ambulance crew.
- To work with Health Education England nationally, to ensure that paramedic education and recruitment remains a high national priority.

### **Bullying and Harassment**



- This project builds on phase one of our bullying and harassment action plan and aims to change the culture within the organisation to one that supports and respects individuals and sets realistic targets.
- Through this project we will deliver all staff training programmes, training for bullying and harassment investigators, set key performance targets and time frames for handling investigations, identify what is, and what is not bullying and harassment and an internal communications campaign to raise awareness and understanding.
- To support greater informal and timely resolution to issues this project will explore mediation support to assist managers and staff.

## **Training**

- This project aims to make it easier for staff to complete their mandatory training and offer new e-learning modules. We will roll-out Individual Learning Accounts for non-operational staff that protect time for 'learning activities', and procure a new system to enable increased e-learning.
- Through this project we will redesign the corporate induction programme and the core skills training programme will include subjects such as cognitive and mental health assessment, and safeguarding vulnerable people.

## **Equality and Diversity**

- This project aims to ensure that the Trust is as an equal opportunities employer, and that staff from all backgrounds feel included and part of the workforce. This will include running focus sessions across all staff to gather opportunities for improvement, ensuring equality objectives are embedded within the appraisal process and updating mandatory training for all line managers to include equality and diversity.
- We will also review recruitment processes, particularly in relation to internal promotion opportunities.

## **Vision and Strategy**

- This project will review the Service's values and engage with staff in their development.
- This project will drive the development of a staff charter which will be co-designed with staff
- This project will also deliver improved visibility of the senior leadership across the organisation.

## **Supporting Staff**

- This project will focus on ensuring staff are supported and have opportunities to develop within the Trust. This will include completing appraisals, development of a competency framework, and we will look to enhance our training offer for staff, including the use of e-learning. These, along with a training needs analysis, will support the delivery of an annual training plan.

## **Retention of Staff**

- This project will focus on improving how we recognise and value our staff through strengthened staff engagement to make our organisation a better place to work. We have already developed a staff retention strategy that has been in place throughout 2015/16, and we will be further strengthening this as we move into 2016/17. As part of this project, we will design a London Package for staff to encourage them to stay with the Service. This package will focus on two areas, the banding of paramedics and non-pay benefits for all staff.

## **We will know that we have been successful when...**

We will measure success against the following indicators:



- Reduced staff turnover and sickness absence rates
- Recruiting to 3,169 WTE frontline establishment
- Improved statutory and mandatory training rates.
- The number of Trainee Ambulance Crew staff working towards formal paramedic qualifications
- Improved feedback scores through the staff opinion survey on bullying and harassment
- Improved annual appraisal completion rate
- Increase number of BME staff within the Service

## Achieving good governance

**Executive Lead: Sandra Adams, Director of Corporate Affairs**

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*The CQC said the Trust must:*

- *Improve the system of governance and risk management to ensure that all risks are reported, understood, updated and cleared regularly.*

*The CQC said the Trust should:*

- *Review the capacity and capability of the trust risk and safety team to address the backlog of incidents and to improve incident reporting investigation learning and feedback to the Trust and frontline staff*
- *Review and improve trust incident reporting data*
- *Address under reporting of incidents including the perceived pressure in some departments not to report some incidents*
- *Set up learning to ensure all staff understand Duty of Candour and their responsibilities under it*
- *Review staff rotas to include time for meal breaks, and administrative time for example for incident reporting*
- *Develop a long term strategy for the EOCs*
- *Ensure better public and staff communication on how to make a complaint including provision of information in emergency and non-emergency ambulances.*

### Projects and work in progress to make improvements

We have identified six key improvement projects under this theme that will collectively deliver our plan to improve quality governance. The Trust has already been working intensively to deliver these projects. They are:

- Risk management

- Capability and capacity of the health, safety and risk function
- Improve incident reporting
- Duty of candour
- Operational planning
- Listening to patients

## **Risk management**

- This project will focus on improving the system of governance and risk management across the Trust, and has already completed a number of key milestones:
  - A risk register review was carried out by the Risk and Audit Manager in conjunction with risk 'owners' during October 2015.
  - The risk management policy is in the process of being reviewed and will be signed off by the Trust Board by March 2016.
  - A programme of risk management training was implemented in November 2015 to provide operational managers with more detail on managing risk, Trust processes and escalation procedures.
  - All managers will have been trained in risk management by March 2016
- Further milestones for the project include a strategic risk review, completing the training programme for all operational and corporate staff and establishing a Risk and Assurance Committee to report into the Executive Leadership Team (ELT).

## **Capability and capacity of the health, safety and risk function**

- This project will focus on ensuring the Trust's capability and capacity to deliver the required risk management and governance activities is sufficient, and is providing the right level of support to managers across the organisation. The review has commenced and will report back with recommendations by March 2016.

## **Improve incident reporting**

- The aim of this project is to improve incident reporting from front line staff, and ensure that clinical incidents as well as health and safety incidents are reported.
- This project will also ensure the smooth implementation of *Datix Web*, and other ways to simplify and increase incident reporting.
- A review has been completed to assess the current incident reporting awareness across the Trust, and a number of user friendly tools have been introduced for staff, with further plans to consider a 24 hour helpline and other engagement tools for staff.

## **Duty of Candour**

- This project will focus on ensuring staff understand their role in duty of candour, and feel confident in applying this. An additional training module will be built into the core skills training programme for 2016/17, having been successfully piloted with staff in December 2015.
- This project will also ensure that staff leading serious incidents investigations are trained in the Duty of Candour.

## **Operational planning**

- This project will review the operational plans for the Trust, to ensure that sufficient time is built into rotas to complete administrative tasks, training and supervision, and allow staff to have appropriate rest breaks. This project will also look over the longer term to ensure we are providing the best service we can that meets the needs of London's population and the changing demographic needs.
- This project will also focus on developing long term strategies for teams where this does not currently exist, to ensure this is aligned to the Trust strategy. This

includes the development of a strategy for the Emergency Operations Centre (EOC).

### **Listening to patients**

- The project will focus on ensuring patients have access to the right information so they know how to feedback complaints or compliments about our Service. The project will also establish systems to gain feedback on our complaints process to make sure this is clear and easy to use. We will review how complaints feedback is fed into Service committees so that we learn from those experiences.

### **We will know that we have been successful when...**

We will measure success against the following indicators:

- Audits shows monthly updates to all risk registers
- Increased numbers of incidents reported
- Decrease in rates for incidents resulting in injury to staff and patients
- There is not a backlog of incidents waiting to be inputted
- An increase in the number of staff able to take a rest break and time to complete non-patient facing tasks
- Improved staff satisfaction surveys
- Improved patient experience feedback
- Improved response time to complaints

## Improving patient experience

### Executive Lead: Zoë Packman, Director of Nursing

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*The CQC said the Trust should:*

- *Review and improve patient waiting times for Patient Transport Service (PTS) patients*
- *Ensure PTS booking procedures account for the needs of palliative care patients*
- *Develop operational plans to respond to the growing bariatric population in London*
- *Review operational guidelines for managing patients with mental health issues and communicate these to staff*
- *Review patient handover recording systems to be more time efficient.*

### Projects and work in progress to make improvements

We have identified three key improvement projects under this theme that will collectively improve the experience of patients in our care. The Trust is committed to delivering these projects. They are:

- Patient Transport Service
- Meeting people's needs
- Response times

#### **Patient Transport Service**

- This project will look at improving the performance of Patient Transport Services, to ensure that all patients receive a timely service. This will include the development, trial and implementation of pan-London process for pre-booking

and to ensure that consistent service is provided across the capital. The needs of palliative care patients will receive particular attention.

### **Meeting people's needs**

- We will review our current policies to support an increase in the number of bariatric patients. We will re-assess whether the plans to develop our fleet of vehicles in the future are robust enough for the needs of this group of patients.
- We will update our guidance on managing people with mental health problems and ensure that front line staff receive sufficient skills training to meet the needs of this patient population.

### **Response times**

- One of the most significant challenges we face to providing safe, sustainable care is the high number of patients who are delayed in handover to acute hospitals. We will continue to work with NHS England to address handover times at hospitals and will provide relevant information concerning delays/issues about handover times

### **We will know that we have been successful when...**

We will measure success against the following indicators:

- Reduction in PTS patient waiting times
- Improved Friends and family test results for PTS
- Quicker hospital handover times
- Positive experiences reported by Mental Health Focus group

## Improving environment and resources

**Executive lead: Andrew Grimshaw, Director of Finance and Performance**

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*The CQC found that the Trust must:*

- *Recruit to the required level of HART paramedics to meet its requirements under the National Ambulance Resilience Unit (NARU) specification*

*The CQC found that the Trust should:*

- *Improve access to computers at ambulance stations to facilitate e-learning and learning from incidents.*
- *Ensure full compliance with bare below the elbow requirements.*
- *Ensure adequate and ready provision of protective clothing for all ambulance crews.*
- *Review and improve ambulance station cleaning to ensure full infection, prevention and control in the buildings and in equipment used to daily clean ambulances.*
- *Improve equipment checks on vehicles and ensure all equipment checks are up to date on specific equipment such as oxygen cylinders.*
- *Improve blanket exchange system pan London to prevent re-use of blankets before cleaning.*
- *Review maintenance of ambulances to ensure all are fully operational including heating etc.*
- *Review arrangements in the event of ambulances becoming faulty at weekends.*
- *Ensure consistent standards of cleanliness of vehicles and instigate vehicle cleanliness audits.*
- *Ensure sufficient time for vehicle crews to undertake their daily vehicle checks.*
- *Ensure equal provision of ambulance equipment across shifts*

- *Increase training to address gaps identified in the overall skill, training and competence of HART Paramedics*

## **Projects and work in progress to make improvements**

We have identified five key improvement projects that will collectively deliver our plan to improve the environment and equipment for both patients and staff:

- Fleet and vehicle preparation
- Information, management and technology
- Infection, prevention and control
- Facilities and estates
- Resilience function

### **Fleet and Vehicle Preparation**

- This project will develop a fleet strategy which will inform future vehicle requirements. This will inform the development of a strategic outline case for the period from 2017/18 to 2022/23 which will cover the number of vehicles required, the type of vehicles, the mode of procurement and delivery of maintenance.
- In the short term, this project will review the current contract in regards to vehicle preparation and equipment maintenance.

### **Information Management and Technology**

- We will review the current provision of IT across the Service but particularly for front line staff and develop a long term strategy to support service delivery. This will include an options appraisal of hand held and vehicle devices for accessing and recording information, improving communication with our mobile staff who are adept at using information in this way.

## **Infection prevention and control**

- This project will focus on improving infection, prevention and control across the Trust. This will include a review of current guidance on bare-below-the-elbow, protective clothing, and local monitoring for infection control.

## **Facilities and Estates**

- This project will focus on urgently reviewing all stations to understand the scope of works required to achieve infection control standards, and review cleaning contracts to meet requirements
- The project will also consider how we make our vehicles ready for use, where responsibilities sit for fleet and equipment
- The project will see the development of a fleet strategy and the purchasing of new vehicles
- The project will also address issues with ambulance vehicle blankets.

## **Resilience Functions**

- This project will lead the improvement of our HART service so that it meets the requirement of the national specification
- This project will ensure that all HART staff are trained to national requirements.

## **We will know that we have been successful when...**

We will measure success against the following indicators:

- Improved compliance with vehicle cleaning standards
- Improved compliance with vehicle equipping standards
- Revised blanket system in place
- Reduced out of service vehicle hours



- Long term strategy in place to provide suitable vehicles
- Improved compliance against the national HART specification
- Improved compliance of “bare-below-the-elbow”
- Revise protective clothing pack in place for staff
- Improve compliance with station cleanliness measures
- Improved results of infection control audits
- 84 wte HART staff employed.

## Taking pride and responsibility

**Executive lead: Fenella Wrigley, Interim Medical Director**

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*The CQC said the Trust must:*

- *Improve medicines management including:*
  - *Review the use of PGDs to support safe and consistent medicines use.*
  - *Formally appoint and name a board director responsible for overseeing medical errors*
  - *Review the system of code access arrangements for medicines packs to improve security*
  - *Set up a system of checks and audit to ensure medicines removed from paramedic drug packs have been administered to patients*
  - *Set up control systems for the issue and safekeeping of medical gas cylinders.*

*The CQC said the Trust should:*

- *Improve training for staff on Mental Capacity Act assessment*
- *Ensure all staff understand and can explain what situations need to be reported as safeguarding*
- *Set up a system of regular clinical supervision for paramedic and other clinical staff*

### Projects and work in progress to make improvements

We have identified four key improvement projects under this theme that will underpin excellent clinical practice across the organisation. The Trust has been working intensively to deliver these projects.

- **Clinical supervision**

- Delivery the Mental Capacity Act and supporting patients with Mental Health issues
- Medicines Management
- Safeguarding

### **Clinical supervision**

- This project will ensure that a system of regular clinical supervision is in place for clinical staff, to make sure that they have workplace reviews, feedback and support.

### **Delivering the Mental Capacity Act and supporting patients with mental health issues**

- This project will strengthen the training we provide to staff on the Mental Capacity Act and put in place a support network for staff to ensure they are confident in carrying out mental capacity assessments and able to seek clarification and guidance easily where required.

### **Medicines Management**

- This project will review medicines management governance arrangements and ensure that the Board receives robust assurance on medicines management, it will ensure that individual responsibility for medicines management is clear, and that staff take personal responsibility for the security of medicines. The project will consider the medicines management facilities at our sites and how these can be strengthened.
- The project will also seek to clarify national policy on Patient Group Directives for oral Morphine and rectal Diazepam in partnership with the Trust Development Authority, the CQC and the national pharmacy lead.

## Safeguarding

- This project will focus on ensuring all staff receive the appropriate level of safeguarding training and will also look to strengthen safeguarding links with safeguarding boards, social services and other relevant organisations. The project will also guide the implementation of safeguarding supervision for staff.

### **We will know that we have been successful when...**

We will measure success against the following indicators:

- A programme of clinical audit which tests the points raised by the CQC and audit findings which demonstrate continuous improvement.
- Increase mandatory training compliance rate
- Spot checks on compliance with the medicines management policy
- Improved compliance with drug pack forms
- Improvement in clinical practice indicators
- Unannounced spot-checks highlight high level of compliance with control and security of medical gases
- Improvement in safeguarding key indicators, including numbers of staff trained in safeguarding
- Increased appraisal and personal development plan completion rates

## How we will deliver our Quality Improvement Programme

For these detailed projects to deliver there are five critical enablers:

- Staff engagement
- Strong programme governance
- Visible leadership
- Our partnership with Defence Medical Services
- Outcome of the 2016/17 contracting round

### Staff engagement

To be successful, we need all our staff to understand and own our improvement journey. We will continue to engage our staff so that everyone clearly understands what our improvement plan sets out to achieve and the actions we are taking to get there.

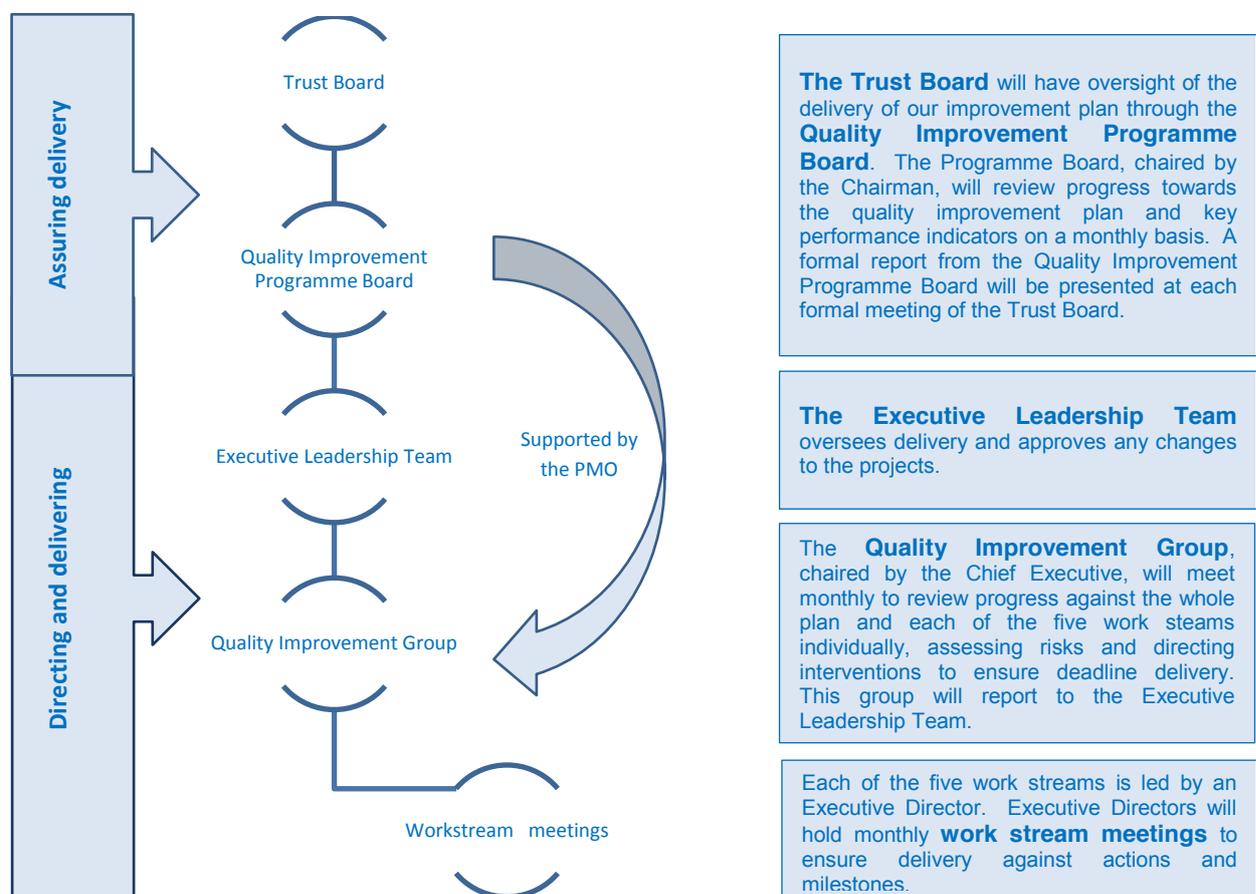
The staff road shows throughout October 2015 gave around 900 staff the opportunity to meet members of the leadership team and hear about the Trust's strategy, the vision for the future, organisational values, how the trust is tackling bullying and harassment, recruitment and the Chief Executive's commitments to staff.

We will hold local sector/departmental sessions to develop local implementation plans so that each part of the Service delivers towards our improvements. Key roles will have "action cards" to ensure that individuals are clear on what the service needs them to do. We will work closely with our managers to support them and their local teams to improve the working environment and to encourage engagement and involvement.

We will continue to update our staff, partners and other stakeholders on progress so that everyone is sighted on both our achievements and the work we still need to do.

## Strong Programme Governance

We have established a clear programme of delivery, accountability and governance, led by the Director of Transformation and Strategy, and supported by a Programme Management Office (PMO), to ensure oversight and leadership in the delivery of our quality improvement plan. The diagram below identifies how the programme will be governed.



A report detailing performance against our plan will be submitted to the Clinical Quality Review Group (CQRG), chaired by the nominated quality lead from London's Clinical Commissioning Groups, as well as the Regional Oversight Group jointly chaired by the NHS Trust Development Authority (NHS Improvement) and NHS England (London).

## **Programme Management Office (PMO)**

The PMO will:

- Closely monitor the progress of our plan and ensure that this progress along with issues and risks are reported and managed
- Hold the baseline data, delivery dates and target trajectories so that can progress can be effectively measured
- Capture any changes to planned delivery and ensure they are authorised by the Executive Leadership Team.

Specifically the PMO will track progress against:

### **1. Delivery**

We have developed detailed action / milestone plans for each of our improvement areas. Each improvement action has a nominated lead Executive Director and a local owner who together will take accountability for the delivery of the milestone. Progress against milestones will be reviewed on a monthly basis at the work stream meetings and the Quality Improvement Group.

### **2. Performance metrics**

In addition to key national standards, we have developed a set of measures to determine whether our improvement projects are succeeding. These measures will enable us to track progress, ensure delivery of the planned improvements and demonstrate success.

Where performance is not in line with the plan, the local owner will provide exception reports and change requests with clear remedial actions and a delivery impact assessment for approval by Executive Leadership Team.

## **Visible leadership**

The Executive Leadership Team recognises that it needs to be more visible across the organisation and able to demonstrate that it is engaging and listening to staff. The clinical directors all carry out regular clinical shifts, as do members of their teams. The Chief Executive is a doctor and also undertakes regular clinical shifts. They and their deputies participate in clinical on-call and are available to provide clinical leadership and support to our staff.

The non-clinical executive directors undertake observational shifts with front line and control room staff and regular meetings with their management teams and wider groups of staff.

A programme has been developed and will be implemented in February 2016, to assign each executive director to a sector or support service. This will enable each director to build an understanding of the sector and support services and the issues being faced, as well as recognising the good practice and achievements that exist.

The Chairman and Non-Executive Directors also undertake observational shifts and visits to meet and talk to members of staff. In October 2015, we commenced a programme of Board meetings held at other Trust sites. This enables Board members to visit other sites and to meet local teams in a more informal setting. Staff are also invited to present local initiatives and share their experiences at these Board meetings.

## **Our partnership with Defence Medical Services**

We recognise that we have a great deal to do, and to learn. We can't do this alone.

We are very fortunate and excited to be working with Defence Medical Services, who have experience of leading teams to deliver improvements in difficult and adverse



conditions. For example, they set up the Hospital in Camp Bastion, Afghanistan, that dealt with large volumes of patients with complex injuries. Their development of new processes and a new management approach motivated teams to deliver clinical and workplace improvements that led to better patient outcomes. We are looking forward to co-designing a leadership programme with them, for the London Ambulance Service, during January and February 2016, to be rolled out immediately.

### **The outcome of the 2016/17 contracting round**

We work in close partnership with London's 32 CCGs who have supported the development of The London Ambulance Service over the last two years.

The resource implications of this plan will be discussed in detail with commissioners as part of the year's contracting round. The detailed actions within this plan may therefore, be subject to change, and are dependent upon financial support from CCGs.

## **Working in partnership to ensure delivery**

At its heart our Quality Improvement Plan is about delivering better care for patients and making The London Ambulance Service a better place to work for our staff. In order to achieve this, we need to fundamentally transform the Service. We are clear that we cannot deliver our plan without the support and co-operation of our staff, patients and stakeholders. This quality improvement plan will make every part of our organisation stronger but there must be an acceptance that change and transformation on this scale will not happen over-night.

### **Trade Union Colleagues**

Our trade union colleagues are critical to our success. We acknowledge we need to build better and closer relationships with them. We need to make a fresh start and co-design new arrangements for partnership working so that together, we get back to being the best ambulance service in the UK.

### **System Partners**

At the CQC Quality Summit for The London Ambulance Service, we were joined by a number of our partners across London. We were struck by the support for the Service across the Capital. It was clear that everyone at the summit wanted The London Ambulance Service to improve and succeed, and to help us do this a number of commitments were made by key partners. The commitments organisations made included:

NHS England (London) and lead CCG Commissioners will support us:

- To improve access to urgent care centres
- To work with challenged providers to drive actions to support timely hospital handovers.
- To modernise our estate and information technology
- To develop a “London Package” to help retain our staff
- To develop a staff charter to outline what people can expect as an LAS employee and what is expected of an LAS employee.

Health Education England has supported our aim to develop a leadership arm of The London Ambulance Academy and has agreed to share training advice and learning resources.

We are grateful to those people and organisations who invested their time to help us shape our Quality Improvement Plan.

### **Clinical Commissioning Groups**

We work in close partnership with London's 32 CCGs who have supported the development of The London Ambulance Service over the last two years.

The resource implications of this plan will be discussed in detail with commissioners as part of the year's contracting round. The detailed actions within this plan may, therefore, be subject to change and are dependent upon financial support from CCGs.