2016/17 QUALITY IMPROVEMENT PROGRAMME

Progress Report: November 2016

December 2016

CONTENTS

Definitions

	Project Delivery		***Project Performance***
	All scheduled activities have been completed		
	The scheduled activities are on track for completion by the due date		*Performance has been met or is over 95% towards the agreed trajectory / target*
	The scheduled activities have been delayed and are no more than 4 weeks		*Performance is between 85-95% towards the agreed trajectory / target*
	The scheduled activities are at risk and have delays over 4 weeks		*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 5 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	# Complete	% Complete	RAG
Making LAS a great place to work	Mark Hirst	-	-	
Achieving good governance	Sandra Adams	2/3	-	
Improving patient experience	Briony Sloper	-	-	
Improving environment and resources	Andrew Grimshaw	-	-	
Taking pride and responsibility	Fenella Wrigley	-	-	

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 & KPIs

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 5 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	Nov 2016		
		Complete	Delayed	At Risk
Advert to Action (Recruitment)	Tracey Watts			
Bullying and Harassment	Cathe Gaskell			
Training	Jane Thomas			
Equality and Inclusion	Melissa Berry			
Vision and Strategy	Karen Broughton		1	1
Supporting Staff	Gill Heuchan			
Retention	Lindsay Koppenhol			
Workforce and Organisational Development	Karen Broughton			

Outstanding actions
Complete the review of the LAS 5 year strategy Approval of change request for the Workforce and OD strategy.

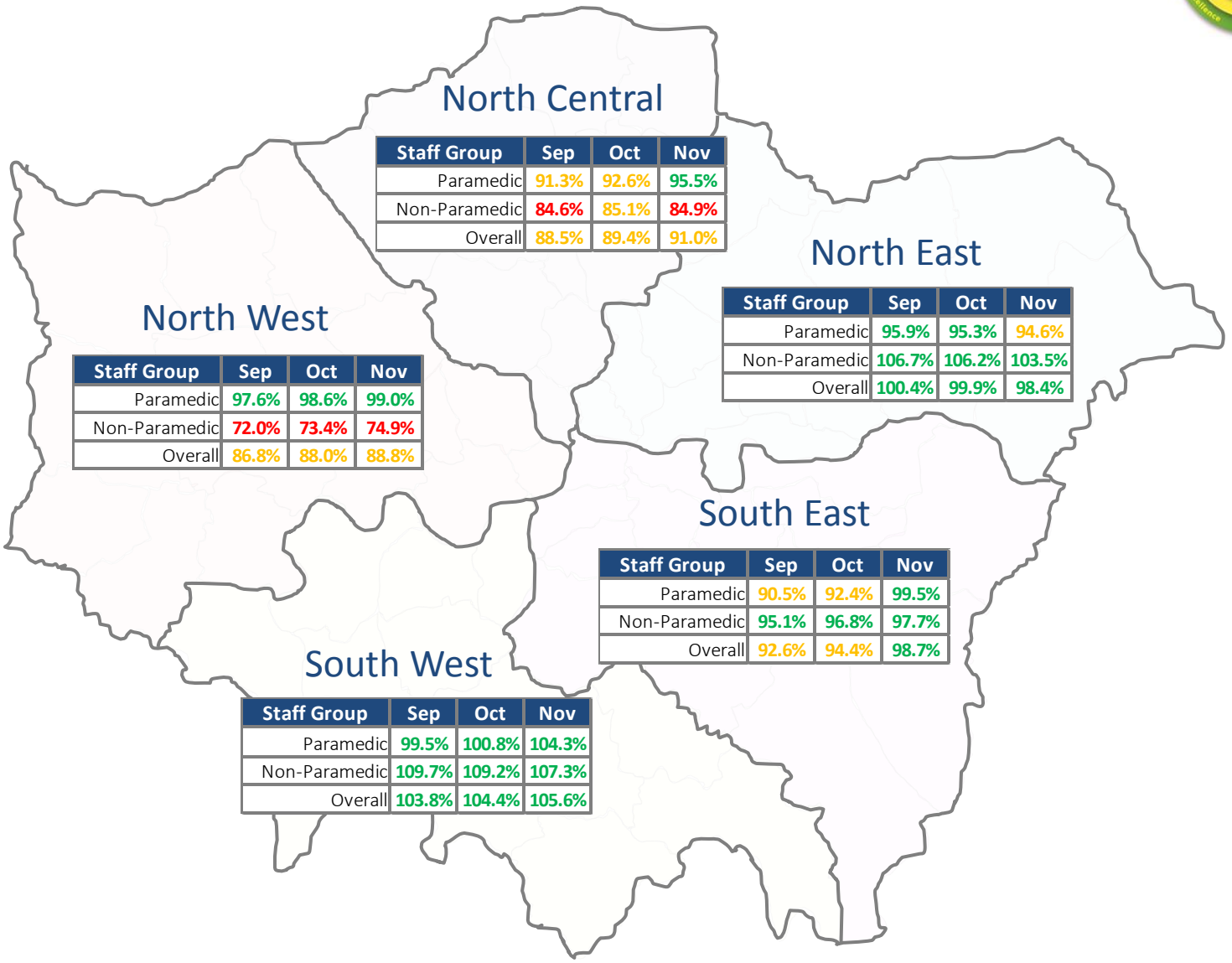
1| MAKING THE LAS A GREAT PLACE TO WORK

Forecast View

Focus for next month	Key risks and challenges
• 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	Dec 2016				Jan 2017			
		Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Advert to Action (Recruitment)	Julie Cook								
Bullying and Harassment	Cathe Gaskell		2						
Training	Jane Thomas								
Equality and Inclusion	Melissa Berry								
Vision and Strategy	Karen Broughton		1						
Supporting Staff	Gill Heuchan		2						
Retention	Lindsay Koppenhol								
Workforce and Organisational Development	Karen Broughton								

PEOPLE PICTURE



North Central

Staff Group	Sep	Oct	Nov
Paramedic	91.3%	92.6%	95.5%
Non-Paramedic	84.6%	85.1%	84.9%
Overall	88.5%	89.4%	91.0%

North East

Staff Group	Sep	Oct	Nov
Paramedic	95.9%	95.3%	94.6%
Non-Paramedic	106.7%	106.2%	103.5%
Overall	100.4%	99.9%	98.4%

North West

Staff Group	Sep	Oct	Nov
Paramedic	97.6%	98.6%	99.0%
Non-Paramedic	72.0%	73.4%	74.9%
Overall	86.8%	88.0%	88.8%

South East

Staff Group	Sep	Oct	Nov
Paramedic	90.5%	92.4%	99.5%
Non-Paramedic	95.1%	96.8%	97.7%
Overall	92.6%	94.4%	98.7%

South West

Staff Group	Sep	Oct	Nov
Paramedic	99.5%	100.8%	104.3%
Non-Paramedic	109.7%	109.2%	107.3%
Overall	103.8%	104.4%	105.6%

PEOPLE PICTURE

Sector	Group Station		Aug-16		Sep-16		Oct-16		Nov-16		Dec-16	Jan-17	Feb-17	Mar-17
North Central	Camden	*Paramedic*	2	101.9%	5	105.1%	8	108.2%	24	112.4%				
		Non-paramedic	-13	81.8%	-13	82.3%	-13	82.3%	-23	83.7%				
		All	-11	93.3%	-8	95.3%	-5	97.1%	0	100.1%				
	Edmonton	*Paramedic*	-23	79.1%	-21	81.4%	-20	81.8%	-35	84.5%				
		Non-paramedic	-8	90.3%	-6	92.1%	-5	93.4%	-13	91.6%				
		All	-31	83.7%	-27	85.8%	-25	86.5%	-48	87.4%				
	Friern Barnet	*Paramedic*	-6	91.3%	-8	88.4%	-8	88.4%	-14	89.9%				
		Non-paramedic	-11	80.8%	-13	77.2%	-13	77.2%	-25	77.2%				
		All	-16	86.6%	-20	83.3%	-20	83.3%	-39	84.2%				
North East	Homerton	*Paramedic*	14	114.2%	15	114.9%	11	111.5%	18	109.0%				
		Non-paramedic	3	103.7%	1	101.0%	0	99.6%	-3	98.1%				
		All	17	109.7%	15	108.9%	11	106.4%	15	104.4%				
	Newham	*Paramedic*	-3	97.9%	5	105.9%	0	99.7%	-1	99.2%				
		Non-paramedic	3	102.8%	-3	94.8%	-3	94.8%	-4	96.5%				
		All	0	99.9%	2	101.3%	-3	97.7%	-5	98.1%				
	Romford	*Paramedic*	-24	80.8%	-26	79.3%	-20	83.9%	-37	85.5%				
		Non-paramedic	14	114.6%	14	115.2%	14	114.8%	26	113.8%				
		All	-10	95.3%	-12	94.7%	-6	97.2%	-11	97.6%				

PEOPLE PICTURE

Sector	Group Station		Aug-16		Sep-16		Oct-16		Nov-16		Dec-16	Jan-17	Feb-17	Mar-17
North West	Hillingdon	*Paramedic*	-9	84.7%	-10	83.6%	-13	78.5%	-27	76.8%				
		Non-paramedic	-4	91.4%	-4	91.4%	-3	93.7%	-3	96.0%				
		All	-13	87.6%	-13	87.0%	-15	85.0%	-30	85.0%				
	Brent	*Paramedic*	-22	84.1%	-16	88.4%	-9	93.1%	-16	94.3%				
		Non-paramedic	-34	66.4%	-34	66.9%	-33	67.4%	-69	65.9%				
		All	-56	76.6%	-50	79.3%	-43	82.2%	-85	82.2%				
	Hanwell	*Paramedic*	-8	92.3%	-5	95.2%	-4	96.2%	-12	94.3%				
		Non-paramedic	-16	78.5%	-16	78.5%	-17	77.2%	-34	77.2%				
		All	-24	86.4%	-21	88.1%	-21	88.1%	-46	87.0%				
	Fulham	*Paramedic*	11	113.0%	9	111.2%	11	113.7%	30	118.6%				
		Non-paramedic	-25	60.9%	-25	60.9%	-22	65.6%	-34	73.5%				
		All	-14	90.3%	-16	89.3%	-11	92.7%	-3	98.9%				
	Westminster	*Paramedic*	13	125.3%	11	120.9%	9	117.0%	16	115.1%				
		Non-paramedic	-11	66.3%	-10	68.7%	-9	71.8%	-18	71.8%				
		All	2	102.8%	1	101.0%	0	99.8%	-2	98.6%				

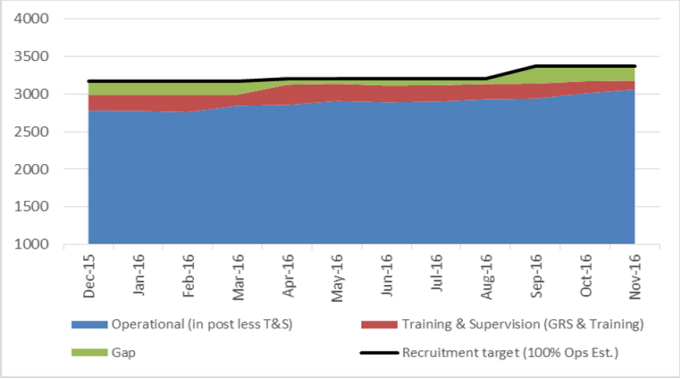
PEOPLE PICTURE

Sector	Group Station		Aug-16		Sep-16		Oct-16		Nov-16		Dec-16	Jan-17	Feb-17	Mar-17
South East	Bromley	*Paramedic*	-34	68.7%	-31	71.4%	-25	76.9%	-19	91.5%				
		Non-paramedic	1	100.9%	-1	99.0%	4	105.1%	12	107.6%				
		All	-34	82.4%	-32	83.2%	-21	89.0%	-6	98.4%				
	Deptford	*Paramedic*	-1	99.5%	1	100.7%	3	101.6%	28	108.1%				
		Non-paramedic	-10	92.9%	-17	88.5%	-15	89.4%	-33	88.8%				
		All	-11	96.5%	-15	95.1%	-12	96.1%	-5	99.2%				
	Greenwich	*Paramedic*	-4	95.5%	-6	94.1%	-6	93.6%	-13	93.6%				
		Non-paramedic	3	103.9%	2	103.0%	1	101.8%	6	103.9%				
		All	-1	99.2%	-3	98.1%	-5	97.3%	-6	98.2%				
South West	Croydon	*Paramedic*	-8	86.1%	-6	89.4%	-1	98.9%	12	110.0%				
		Non-paramedic	2	105.4%	4	108.7%	3	106.5%	-3	97.2%				
		All	-6	94.5%	-2	97.8%	2	102.2%	9	104.4%				
	New Malden	*Paramedic*	0	100.7%	2	103.6%	1	101.8%	0	100.1%				
		Non-paramedic	15	140.0%	11	129.6%	11	129.6%	25	132.2%				
		All	16	116.6%	13	114.1%	12	113.0%	25	113.0%				
	St Helier	*Paramedic*	1	101.8%	-2	96.2%	-2	96.2%	-4	96.8%				
		Non-paramedic	10	121.0%	9	118.7%	9	118.8%	18	118.8%				
		All	11	110.0%	7	105.9%	7	105.9%	14	106.3%				
	Wimbledon	*Paramedic*	5	107.5%	5	107.5%	4	105.8%	14	109.4%				
		Non-paramedic	-6	88.9%	-6	88.9%	-6	88.9%	-13	88.3%				
		All	-1	99.4%	-1	99.4%	-2	98.4%	1	100.3%				

1| MAKING THE LAS A GREAT PLACE TO WORK

1.0 Frontline recruitment

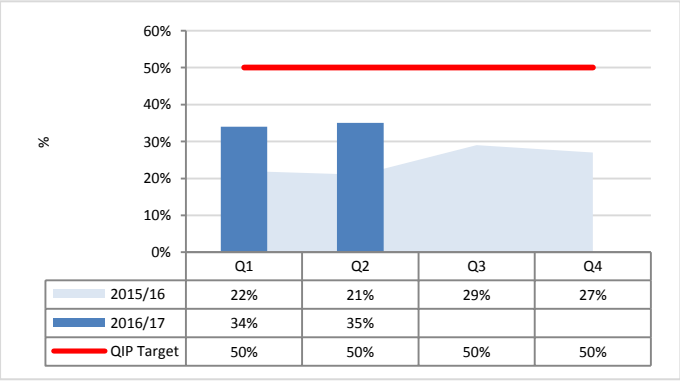
Target 2016/17	Actual	Variance	RAG
3,372 wte	3,172 wte	200	



This graph shows our operational staff in post by month, including those in training and supervision. There is a variance of which should be rectified over the coming months as we aim to meet the new recruitment target of 3,372wte.

1.1 Staff recommending LAS as place of work on Friends & Family tests

Target 2016/17	Actual	Variance	RAG
50%	Q2: 35%	15%	



	Q1	Q2	Q3	Q4
2015/16	22%	21%	29%	27%
2016/17	34%	35%		
QIP Target	50%	50%	50%	50%

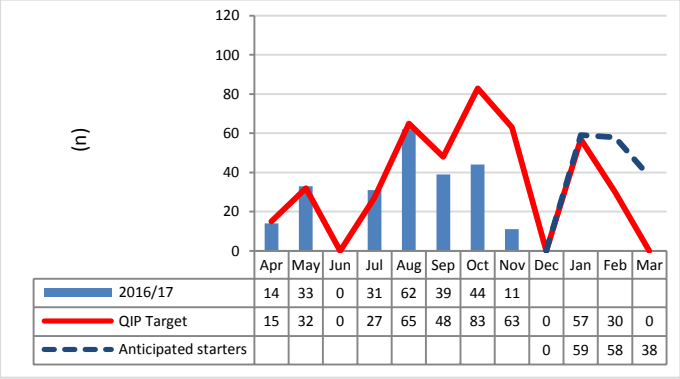
Q2 saw a slight improvement from 34% to 35% compared with Q1 and there was a decrease in the numbers not recommending the LAS as a place to work from 53% to 52%. We also saw an increase from 73% to 74% for those staff recommending the LAS as a place to be treated.

Note: this survey is not completed during Q3 as this coincides with the National Staff Survey which closes on 2nd December.

1| MAKING THE LAS A GREAT PLACE TO WORK

1.2 Frontline starters

Planned – November 2016	Actual	Variance	RAG
63 wte	11 wte	52	



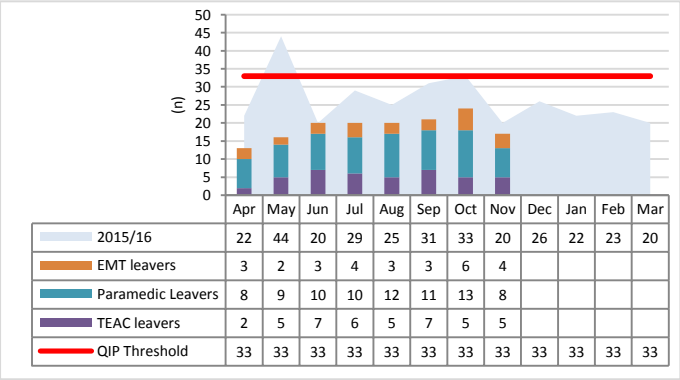
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	14	33	0	31	62	39	44	11				
QIP Target	15	32	0	27	65	48	83	63	0	57	30	0
Anticipated starters									0	59	58	38

The QIP target for 16/17 anticipated a number of Paramedic starters in November. International Paramedics will be starting later than our original plan and this is reflected in the number of planned starters in Q4 which will deliver an additional 38 paramedics above the original Q4 plan.

We are also running additional TEAC courses in January and February and this will deliver an additional 30 TEACs above the Q4 plan.

1.3 Frontline leavers

Target 2016/17	Actual	Variance	RAG
Below: 33 wte	17 wte	16	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	22	44	20	29	25	31	33	20	26	22	23	20
EMT leavers	3	2	3	4	3	3	6	4				
Paramedic Leavers	8	9	10	10	12	11	13	8				
TEAC leavers	2	5	7	6	5	7	5	5				
QIP Threshold	33	33	33	33	33	33	33	33	33	33	33	33

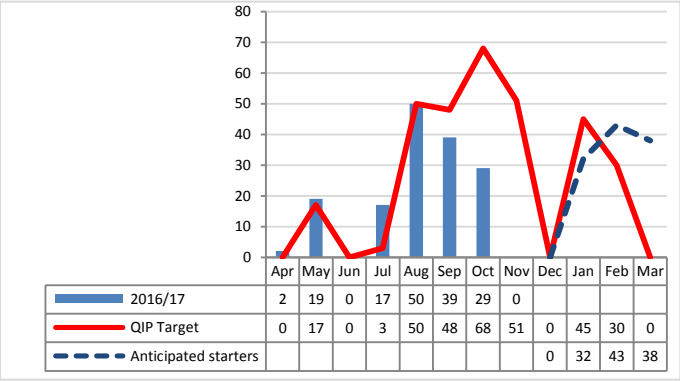
We had 17 wte frontline leavers in November (8 paramedics, 5 EACs and 4 EMTs). There were 13 resignations :(unplanned) for reason of relocation (5), health (2), not known (4) and other (2).

The ESR Programme Board endorsed the proposal to develop an e-forms solutions in October. This will include the LAS leaver's form and will improve the quality of data to aid analysis of the front line leavers and the destination on leaving.

1| MAKING THE LAS A GREAT PLACE TO WORK

1.4 Frontline Starters - Paramedic

Planned – November 2016	Actual	Variance	RAG
51 wte	0 wte	51	



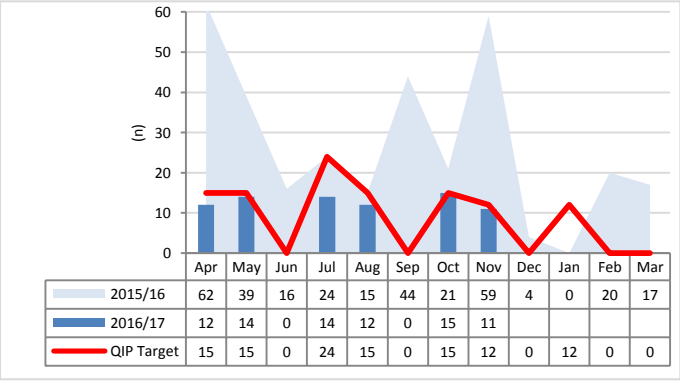
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	2	19	0	17	50	39	29	0				
QIP Target	0	17	0	3	50	48	68	51	0	45	30	0
Anticipated starters									0	32	43	38

We are running a total of 8 International Paramedic courses starting between January and March 2017. We have 113 planned starters during this period.

We continue to advertise monthly for graduate and experienced and qualified paramedics as well as hold monthly assessments and interviews.

1.5 Frontline Starters - Trainee Emergency Ambulance Crew (TEACs)

Planned – November 2016	Actual	Variance	RAG
12 wte	11 wte	1	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	62	39	16	24	15	44	21	59	4	0	20	17
2016/17	12	14	0	14	12	0	15	11				
QIP Target	15	15	0	24	15	0	15	12	0	12	0	0

In November we recruited 11 of the planned 12 TEACs (the 12th candidate failed their practical driving test).

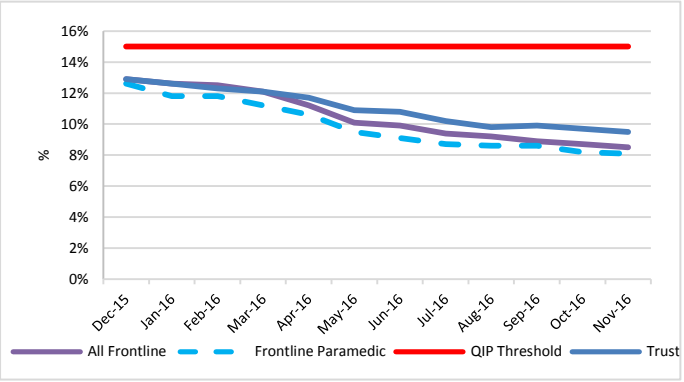
There are an additional two courses in January and February (total 30 places) and all places have been filled. This means we have a total of 42 planned starters in January and February.

From our recent TEAC advert, we have 37 candidates in our pipeline, 32 of whom are awaiting their C1 licenses. We are specifically focusing on recruitment into the North West and North Central sectors where we have vacancies.

1| MAKING THE LAS A GREAT PLACE TO WORK

1.6 Staff (all) turnover to remain below 15%

Target 2016/17	Actual	Variance	RAG
Below: 15%	9.5%	5.5%	

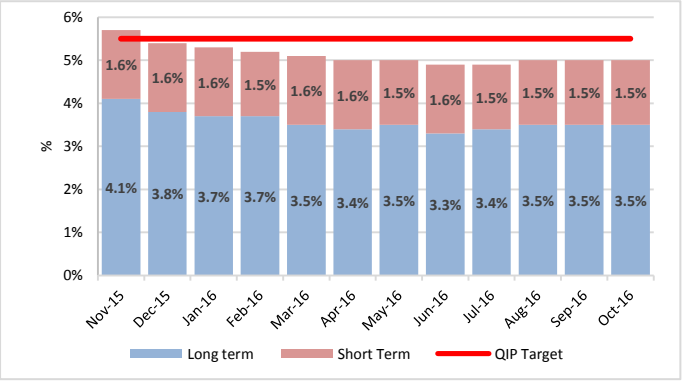


Turnover has improved to 9.5% in November. Frontline turnover has reduced to 8.5% and frontline paramedic turnover has also reduced, to 8.1%.

As part of the Quality Improvement Plan we are refreshing the retention strategy.

1.7 Staff sickness to remain below 5.5%

Target 2016/17	Actual	Variance	RAG
Below: 5.5%	October: 5%	0.5%	



This KPI is reported one month retrospectively.

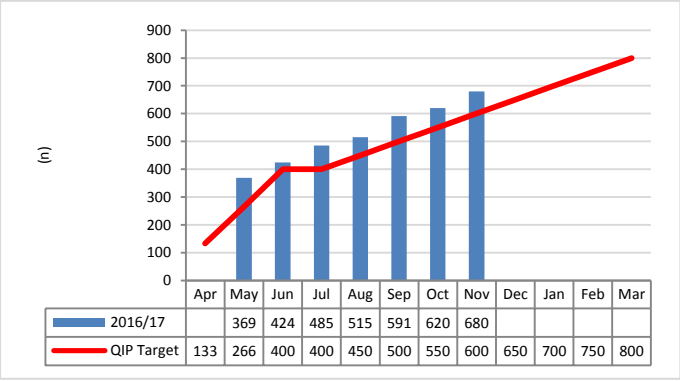
As at 31st October the sickness rate remained at 5%. Sickness data is currently entered into ESR at the beginning of the month for the previous month.

A deep dive report on long-term sickness was presented to the Workforce Committee and ELT in November.

1| MAKING THE LAS A GREAT PLACE TO WORK

1.8 Bullying and harassment workshops

Target – November 2016	Actual	Variance	RAG
600	Cumulative:680	80	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17		369	424	485	515	591	620	680				
QIP Target	133	266	400	400	450	500	550	600	650	700	750	800

As at 28th November we have delivered sessions to 680 staff.

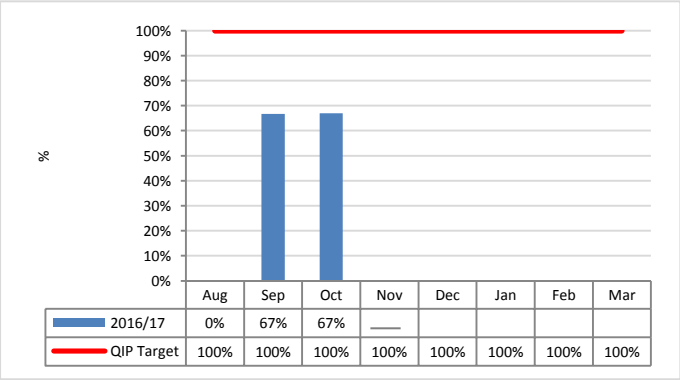
Sessions to date have been open to all staff, covering a cross-section of both operational and support services staff and attendees have fedback on the benefits of working across different teams.

We had another 14 staff complete the practical skills in mediation workshops bringing the total to 44 staff.

We had 60 staff take part in the 'Day In The Life' events across four services.

1.9 Bullying and harassment cases resolved within 28 days

Target 2016/17	Actual	Variance	RAG
100%	-	-	



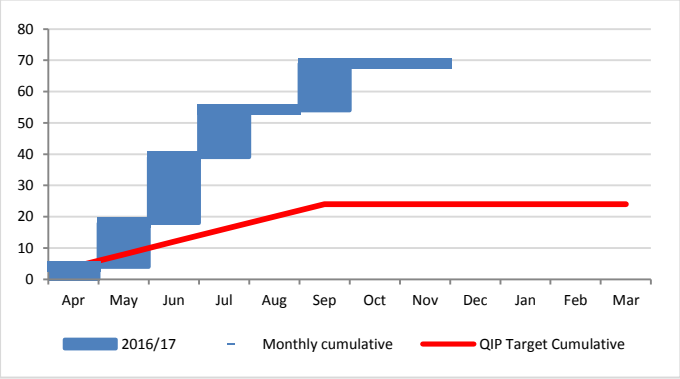
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	0%	67%	67%					
QIP Target	100%	100%	100%	100%	100%	100%	100%	100%

In November there were two formal bullying and harassment cases open, both of which had not yet reached the 28 day indicator.

1| MAKING THE LAS A GREAT PLACE TO WORK

1.10 Staff trained in bullying and harassment investigations

Target 2016/17	Actual	Variance	RAG
Cumulative: 24	Cumulative: 69	45	

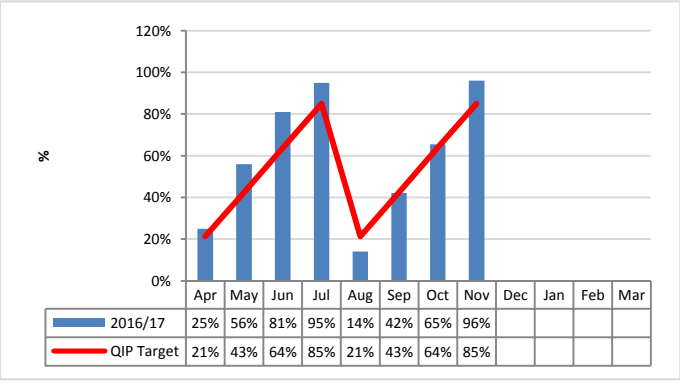


This data table now shows the monthly and cumulative position for this indicator.

We have delivered bullying and harassment investigation training to a total of 69 staff this year, exceeding the QIP target of 24.

1.11 Clinical staff completing their Core Skills Refresher (CSR) training

Target – November 2016	Actual	Variance	RAG
85%	96%	11%	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	25%	56%	81%	95%	14%	42%	65%	96%				
QIP Target	21%	43%	64%	85%	21%	43%	64%	85%				

We run 3 CSR courses per year and all clinical staff have to attend all 3 courses. CSR 2016.1 ended in July with a 95% compliance rate. In November, 3,000 staff attended CSR 2016.2 training and this represents 96% attendance against the monthly target of 85%.

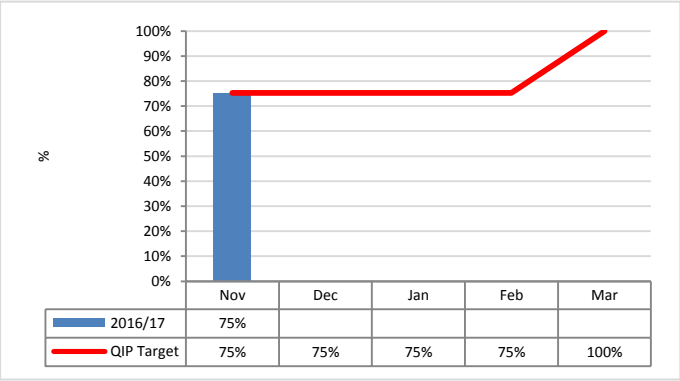
CSR 2016.2 training modules include:
Maternity
Advanced Life Support
Documentation
Manual Handling
Equality & Diversity

85% is the target for the four month duration of the particular CSR programme.

1| MAKING THE LAS A GREAT PLACE TO WORK

1.12 Staff with all training recorded on an online system

Target – November 2016	Actual	Variance	RAG
75%	75%	0%	



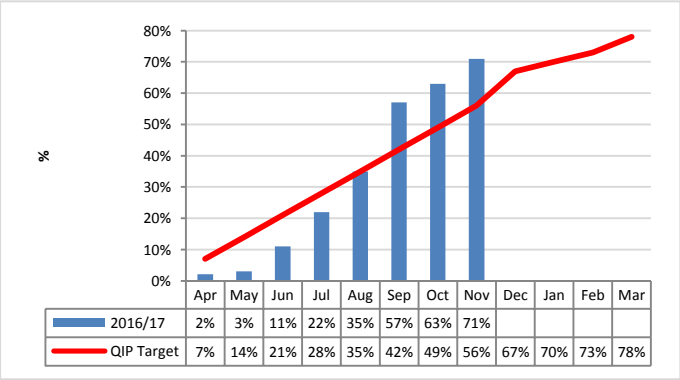
120,000 requirements for statutory, mandatory and essential training have been loaded against staff in ESR across 36 competencies (training requirements).

We published the very first LAS ESR Mandatory Training Report this month to all managers. This covered the Phase 1 Reporting period (Apr-16 to Oct-16), reporting against 23 of the 36 competencies (90,000 requirements).

The remaining 13 competencies will be included in Phase 2 and reported in the Mar-17 ESR Mandatory Training Report.

1.13 Appraisal rates from April 2016

Target – November 2016	Actual	Variance	RAG
56%	Cumulative: 71%	15%	



Since April there have been 3,039 appraisals completed (71% compliance). Operations have so far achieved 68% against their end of December target (64%).

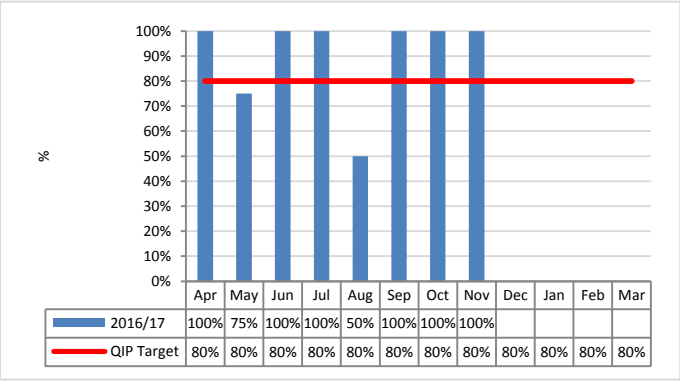
Corporate areas have delivered 92% against their target of 100% (31st July).

NB. Please note that these figures exclude those on long-term sick leave, career break, maternity leave and those who have worked for less than 9 months at LAS.

1| MAKING THE LAS A GREAT PLACE TO WORK

1.14 Planned Director visits take place

Target 2016/17	Actual	Variance	RAG
80%	100%	20%	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	100%	75%	100%	100%	50%	100%	100%	100%				
QIP Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

The following director visits took place in November 2016:

- 2nd – Jill Patterson, walkabout PTS
- 4th - Paul Woodrow, Sector visit - North Central with Peter Rhodes.
- 6th - Andrew Grimshaw, Sector visit – North Central.
- 6th - Fionna Moore, Clinical shift.
- 12th - Managers briefing –Fenella Wrigley, Paul Woodrow, Fionna Moore, East Central.
- 12th - Corporate staff road show –Fenella Wrigley, Paul Woodrow, Fionna Moore, East Central.
- 14th - Fionna Moore, Clinical shift.
- 18th - Paul Woodrow, Sector visit, South East.
- 20th - Charlotte Gawne, Sector Visit, North West.
- 30th – Jill Patterson, walkabout Safeguarding, Community Responders and Risk Management.

The original submission of October 2016 data was incorrect as sector visits had not been accurately recorded in the agreed manner required to reflect all sector visits. An email was sent via the CEO office to all ELT and their PA's reminding them of the importance to accurately maintain the corporate calendar including sector visits and staff engagement.

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 OPS 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	Nov 2016		
		Complete	Delayed	At Risk
Risk Management	Sandra Adams			
Capability and capacity of Health, Safety and Risk function	Sandra Adams			
Improving incident reporting	Sandra Adams	1		
Duty of Candour	Sandra Adams			
Operational planning	Pauline Cranmer	1	1	
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			

Outstanding actions
EOC – Operational Planning 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.

2| ACHIEVING GOOD GOVERNANCE

Forecast View

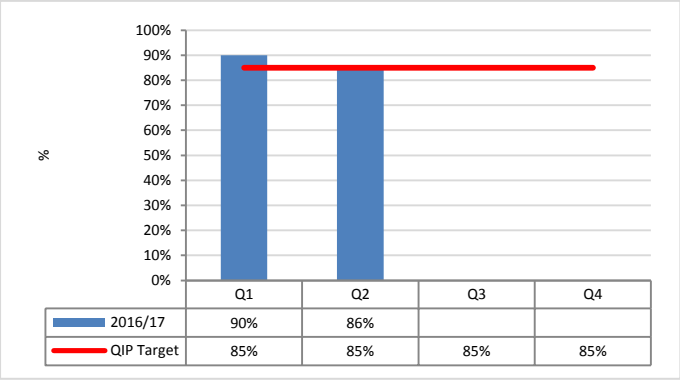
Focus for next month	Key risks and challenges
• To deliver improvements on benchmarking and horizon scanning • Continue to focus on preparing the Trust for the comprehensive inspection by the CQC in February 2017.	

Deliverable	Lead	Dec 2016				Jan 2017			
		Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Risk Management	Sandra Adams		1						
Capability and capacity of Health, Safety and Risk function	Sandra Adams								
Improving incident reporting	Sandra Adams		1				1		
Duty of Candour	Sandra Adams		1						
Operational planning	Paul Woodrow								
Listening to patients	Fenella Wrigley								
Blue light collaboration	Karen Broughton								
CQC reinspection	Fionna Moore		1						
Business intelligence systems	Jill Patterson	1	1						
Internal audit	Sandra Adams		1						
Policy and guidance review	Sandra Adams		1						

2| ACHIEVING GOOD GOVERNANCE

2.0 Updated local risk registers

Target 2016/17	Actual	Variance	RAG
85%	Q2: 86%	1%	



As a result of feedback from the Internal Audit Committee the grading for local risk registers has become more detailed.

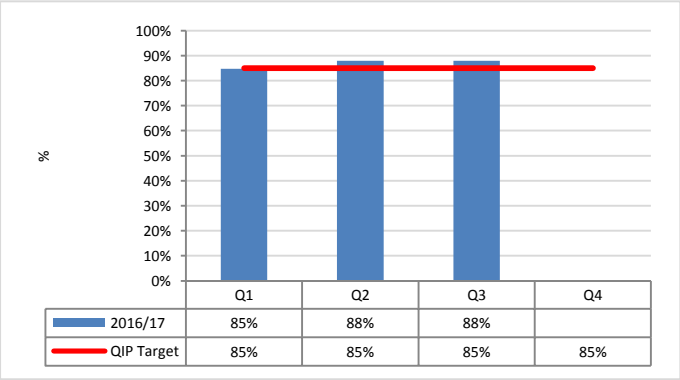
Each risk register has been assessed on four criteria;

a) Is there a risk register in place,
b) Is there a risk review meeting in place,
c) Are risks reviewed in line with their net rating and,
d) Is the risk record complete.

Based on these ratings in October out of 41 risk registers, 9 rated as green for all four factors, 10 rated as green for 3 factors and amber for 1, 19 rated as green for 2 factors and amber for 2. 2 registers are green for 1 factor and amber for 3. Those registers without green ratings for all four categories have been focused on for more attention since October.

2.1 Managers trained in risk management

Target 2016/17	Actual	Variance	RAG
85%	Q3: 88%	3%	



As Risk Management training for managers has become business as usual across the Trust the number of trained managers continues to increase.

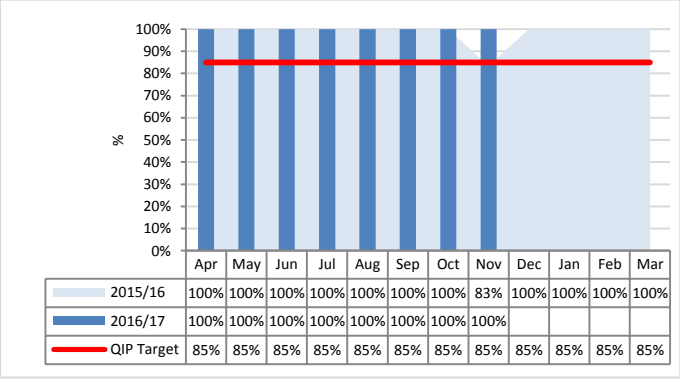
In addition to formal sessions the Governance and Assurance department has provided several drop in sessions for staff of all grades to review their risks and boost their confidence in discussing risk.

In addition to this there have also been two Risk Management sessions for senior operational managers to review risks and associated processes.

2| ACHIEVING GOOD GOVERNANCE

2.2 Percentage of Serious Incidents (SIs) reported on STEIS within 48 hours of being declared

Target 2016/17	Actual	Variance	RAG
85%	100%	15%	

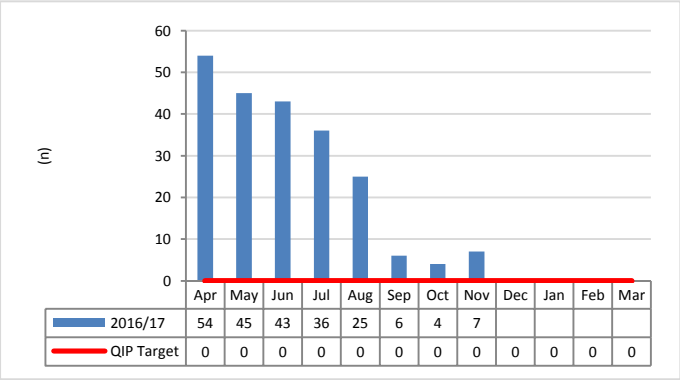


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	100%	100%	100%	100%	100%	100%	100%	83%	100%	100%	100%	100%
2016/17	100%	100%	100%	100%	100%	100%	100%	100%				
QIP Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

The Trust continues to meet the target of reporting 100% of Serious Incidents within 48 hours of being declared.

2.3 Complaints Response (Over 35 days)

Target 2016/17	Actual	Variance	RAG
0	7	7	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	54	45	43	36	25	6	4	7				
QIP Target	0	0	0	0	0	0	0	0	0	0	0	0

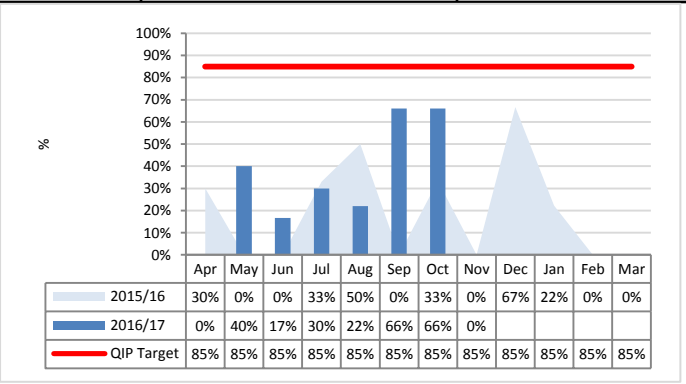
Complaint numbers have increased by 28% over the past 2 months with a 4% increase in complaints relating to attitude and behaviour issues.

This has resulted in a higher number of requests for crew statements which is the predominant reason for the delay in completing our final responses - in some cases statements have taken over 30 days.

2| ACHIEVING GOOD GOVERNANCE

2.4 Completed investigations and reports within 60 working days of a serious incident being declared

Target 2016/17	Actual	Variance	RAG
85%	0%	85%	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	30%	0%	0%	33%	50%	0%	33%	0%	67%	22%	0%	0%
2016/17	0%	40%	17%	30%	22%	66%	66%	0%				
QIP Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

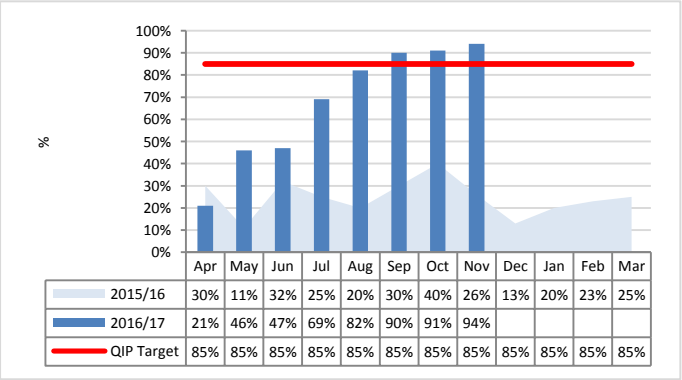
As projected last month the percentage of reports submitted within 60 days dropped significantly this month. 5 reports were submitted in November, all of which were overdue. The average number of days to complete the investigations was 81. As at 30 November the number of overdue SIs is 3 at an average of 17 days overdue.

The number of incidents declared in 2016-17 is 40% higher than at the same point last year.

The Governance and Assurance department are working closely with individual lead investigators to support them to complete the overdue reports as soon as possible and to a high standard. The number of Serious Incident reports that need to be submitted over the next three months to ensure there are no overdue investigations has been presented to ELT for discussion and noting.

2.5 Patient safety incidents reported on DatixWeb within 4 days of incident occurring

Target 2016/17	Actual	Variance	RAG
85%	94%	9%	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	30%	11%	32%	25%	20%	30%	40%	26%	13%	20%	23%	25%
2016/17	21%	46%	47%	69%	82%	90%	91%	94%				
QIP Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

The Trust continues to improve the speed and efficiency of reporting patient safety incidents on to DatixWeb. Since the implementation of DatixWeb in May 2016 the percentage of patient safety incidents reported within 4 days of the incident occurring has increased from around 20% to over 90%.

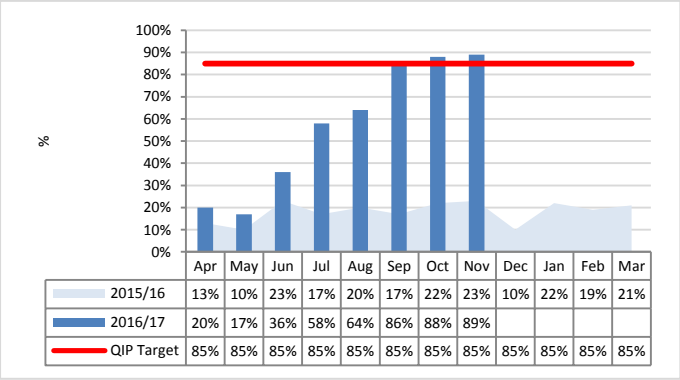
This is enabling the Trust to respond to incidents quicker and allow for a more responsive SI process. Over the last three months we have seen 216 Patient Safety Incidents reported in September, 262 in October and 254 so far in November.

It should be noted that in month reporting figures are currently running 10% higher than retrospective figures due to the length of time LA52s take to process.

2| ACHIEVING GOOD GOVERNANCE

2.6 Staff safety incidents reported on DatixWeb within 4 days of incident occurring

Target 2016/17	Actual	Variance	RAG
85%	89%	4%	

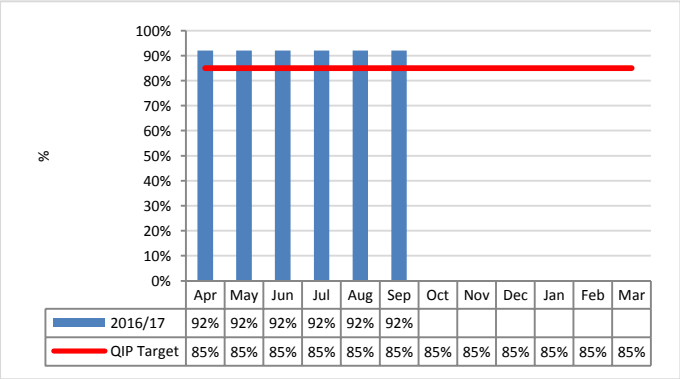


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	13%	10%	23%	17%	20%	17%	22%	23%	10%	22%	19%	21%
2016/17	20%	17%	36%	58%	64%	86%	88%	89%				
QIP Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

The Trust continues to improve the speed and efficiency of reporting staff safety incidents on to DatixWeb. Since the implementation of DatixWeb in May 2016 the percentage of staff safety incidents reported within 4 days of the incident occurring has increased from around 20% to over 88%.

2.7 Frontline staff trained in Duty of Candour

Target 2016/17	Actual	Variance	RAG
85%	92%	7%	



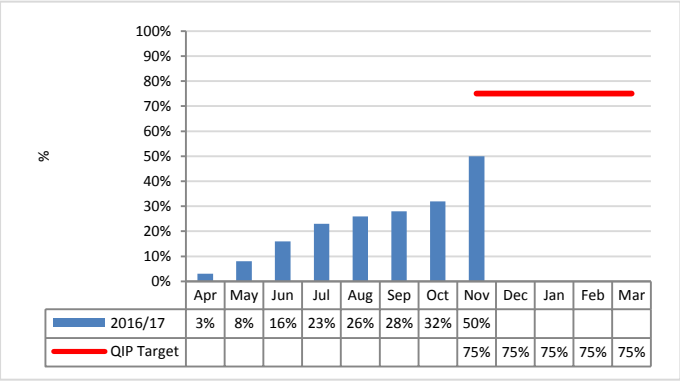
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	92%	92%	92%	92%	92%	92%						
QIP Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Clinical staff completed Duty of Candour training as part of their statutory, mandatory and essential training for the 2015/16 financial year. The Trust has decided on a 3 year refresher period for clinical staff. On that basis, Duty of Candour will be refreshed as part of the statutory, mandatory and essential training for 2018/19.

2| ACHIEVING GOOD GOVERNANCE

2.8 Support staff trained in Duty of Candour

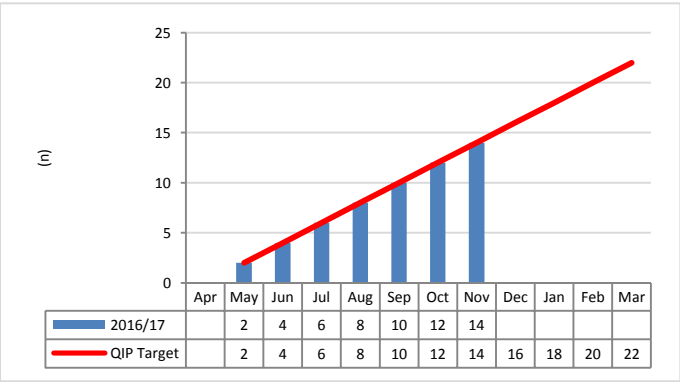
Target 2016/17	Actual	Variance	RAG
75%	Cumulative: 50%	25%	



Following a communications push there has been a significant increase in the number of support staff who have completed Duty of Candour e-Learning. Further communications including completion rates will be sent out on a monthly basis in order to achieve the 75% target for the end of this financial year.

2.9 Emergency Operations Centre (EOC) management surgeries held

Target 2016/17	Actual	Variance	RAG
22	2 (Cumulative: 14)	0	

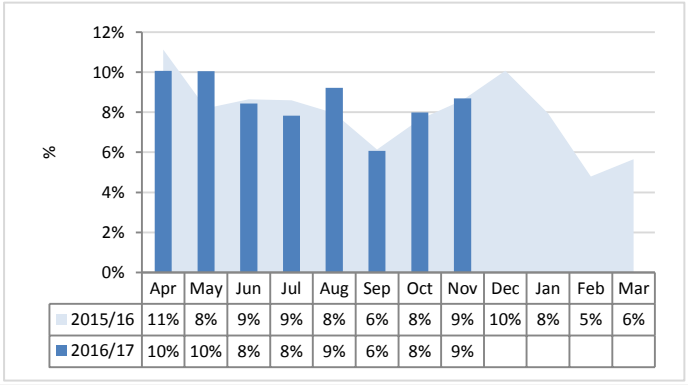


Open surgery discussion were held on 18th and 23rd November, led by the Watch General Managers and assisted by Katy Millard, DDO Control Services. Discussion threads focused on issues related to attrition rates, promotion and progression, consistency across watches and maximising the use of NETS and 111. Staff also discussed the need to ensure housekeeping problems were kept to a minimum, and taking responsibility for ensuring the Control Room and rest areas were kept clean and tidy to minimize hazards.

2| ACHIEVING GOOD GOVERNANCE

2.10 Staff taking a rest break during shift

Target 2016/17	Actual	Variance	RAG
[TBC]	9%	[NA]	[NA]



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	11%	8%	9%	9%	8%	6%	8%	9%	10%	8%	5%	6%
2016/17	10%	10%	8%	8%	9%	6%	8%	9%				

The number of staff taking a rest break during their shift has increased slightly this month. The work to determine the requirements and compliance with rest breaks is being aligned with the review of the rest break policy which remains on-going.

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 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 Josephs 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 PEOPLES 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 – Caru 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	Nov 2016			Outstanding actions
		Complete	Delayed	At Risk	
Patient Transport Service	Paul Woodrow	1			
Meeting peoples needs	Briony Sloper/ Paul Woodrow				
Response Times	Paul Woodrow				
Learning from experiences	Briony Sloper				

3| IMPROVING PATIENT EXPERIENCE

Forecast View

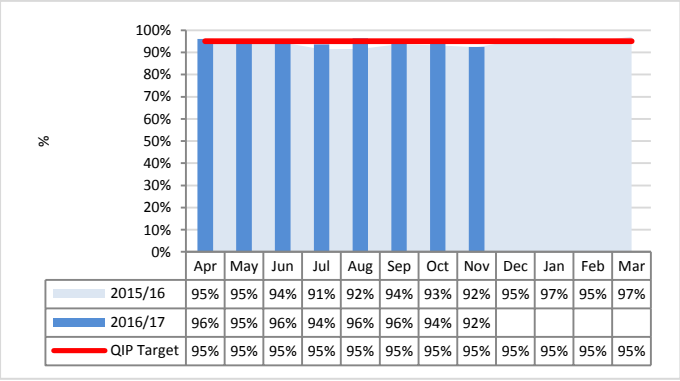
Focus for next month	Key risks and challenges
• Delivering the roll out of a single process for pre-booking palliative care patients following the pilot. • Delivering the evidence on how we have learned from incidents, risks, feedback and external inquiries.	

Deliverable	Lead	Dec 2016				Jan 2017			
		Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Patient Transport Service	Paul Woodrow			1					
Meeting peoples needs	Briony Sloper / Paul Woodrow								
Response Times	Paul Woodrow								
Learning from experiences	Fenella Wrigley		1						

3| IMPROVING PATIENT EXPERIENCES

3.0 Patient Transport Service patients will not wait longer than the 60 min contracted departure window

Target 2016/17	Actual	Variance	RAG
95%	92%	3%	

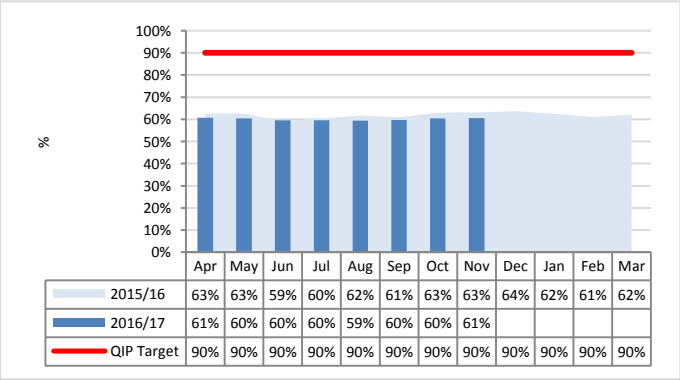


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	95%	95%	94%	91%	92%	94%	93%	92%	95%	97%	95%	97%
2016/17	96%	95%	96%	94%	96%	96%	94%	92%				
QIP Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Two factors had a direct influence on the departure KPI in November: an increase in short term sickness and consultation meetings with staff regarding the withdrawal from PTS. Disruption was minimized through the use of third party resources.

3.1 Handover to green (ambulance conveyances/non blue calls) take place within 15 minutes

Target 2016/17	Actual	Variance	RAG
90%	61%	29%	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	63%	63%	59%	60%	62%	61%	63%	63%	64%	62%	61%	62%
2016/17	61%	60%	60%	60%	59%	60%	60%	61%				
QIP Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

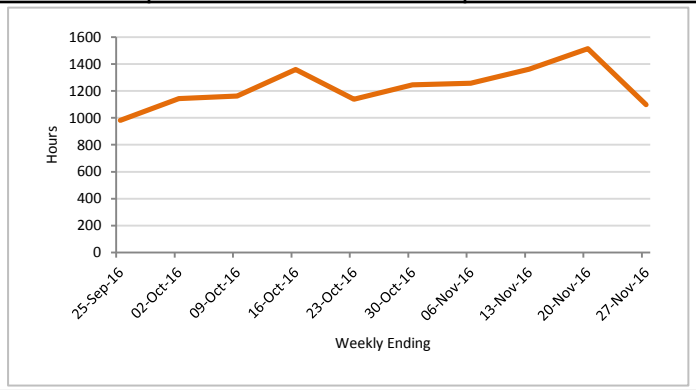
In November 2016, we achieved 61% of handovers to green within 15 minutes. An action plan has been developed to address and improve this position and continues to be implemented in Operations.

Progress against the action plan will be regularly reviewed by senior managers in the Operations Directorate as part of the newly introduced performance management framework. This action plan will be aligned with the work underway to address the Trust's job cycle time.

3| IMPROVING PATIENT EXPERIENCES

3.2 Number of hours lost for arrival to Handovers Over 15 minutes - LAS

Target 2016/17	Actual	Variance	RAG
[NA]	5,230	[NA]	[NA]



Over the last 10 weeks 25% (3,083 hours) of the total time lost for the LAS (12,258 hours) for handovers over 15 minutes originated entirely from Kings College, North Middlesex, Royal Free and University College hospitals.

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 complete 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 ADO 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	November 2016		
		Complete	Delayed	At Risk
Fleet / Vehicle Preparation	Andrew Grimshaw			
Information Management and Technology	Andrew Watson			
Infection prevention and control	Fenella Wrigley			1
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		1	

Outstanding actions
Complete the roll out of PPE Complete the roll out of epaulettes and soft shell jackets

4| IMPROVE ENVIRONMENT AND RESOURCES

Forecast View

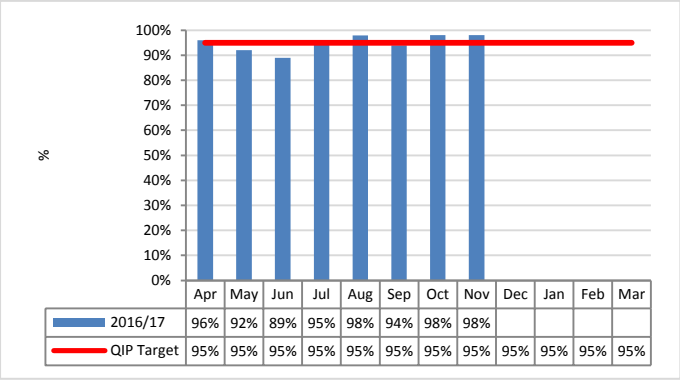
Focus for next month	Key risks and challenges
• Maintain progress against delivery timeline and continue stakeholder meetings with upcoming roll out sites. • Finalise Fleet Strategy for approvals process in early January. • Finalise hypothetical options model and define the timeline. • Perfect Ward - 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	**Fleet/Vehicle Preparation: Make Ready** • Contractor recruitment is a key risk to the timely roll out of gold service vehicle preparation hub sites.

Deliverable	Lead	Dec 2016				Jan 2016			
		Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Fleet / Vehicle Preparation	Andrew Grimshaw		1				1		
Information Management and Technology	Andrew Watson				1				
Infection prevention and control	Fenella Wrigley				1				
Facilities and Estates	Andrew Grimshaw		1				1		
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				1				

4| IMPROVING ENVIRONMENT AND RESOURCES

4.0 Available vehicles that enter the clean and equip process in the North East area pilot

Target 2016/17	Actual	Variance	RAG
95%	98%	3%	

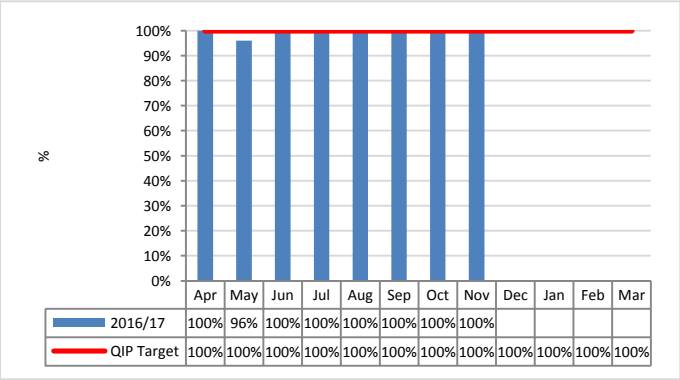


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	96%	92%	89%	95%	98%	94%	98%	98%				
QIP Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Performance maintained.

4.1 Available vehicles that are made ready with essential kit in the North East area Pilot

Target 2016/17	Actual	Variance	RAG
100%	100%	0%	



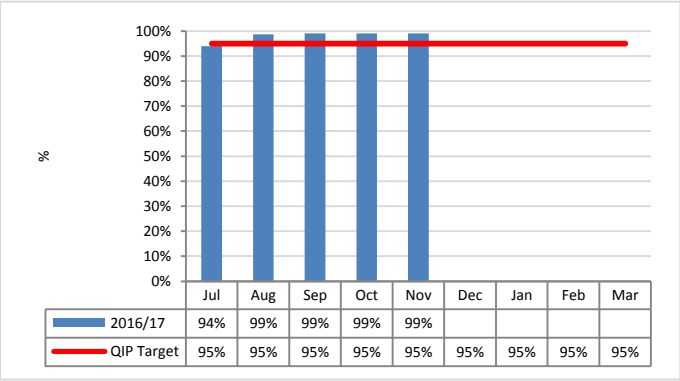
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	100%	96%	100%	100%	100%	100%	100%	100%				
QIP Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Effective performance is being maintained.

4| IMPROVING ENVIRONMENT AND RESOURCES

4.2 Available vehicles that enter the clean and equip process across the Trust

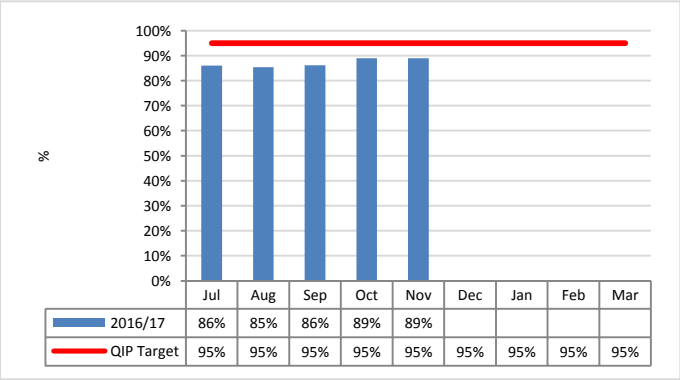
Target 2016/17	Actual	Variance	RAG
95%	99%	4%	



Resilient performance maintained.

4.3 Available vehicles that are made ready with essential kit across the Trust

Target 2016/17	Actual	Variance	RAG
95%	89%	6%	

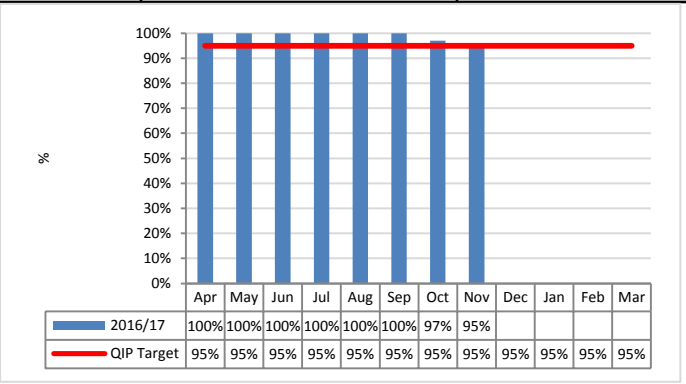


There will be a roll out of further hub sites in December to support improved performance.

4| IMPROVING ENVIRONMENT AND RESOURCES

4.4 Vehicle deep clean completed as a rolling average every 6 weeks

Target 2016/17	Actual	Variance	RAG
95%	95%	0%	

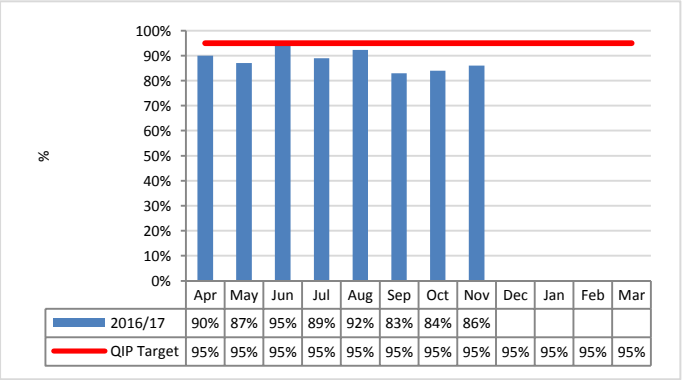


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	100%	100%	100%	100%	100%	100%	97%	95%				
QIP Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Performance is on target.

4.5 12 week cycle planned maintenance/servicing to be completed against schedule

Target 2016/17	Actual	Variance	RAG
95%	86%	9%	



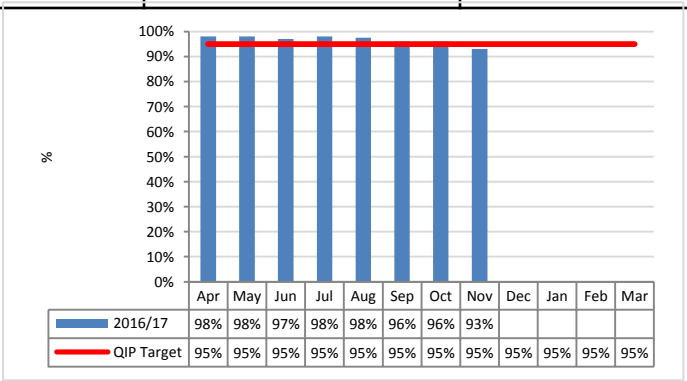
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	90%	87%	95%	89%	92%	83%	84%	86%				
QIP Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Inadequate deliveries of vehicles on time to workshops has impacted on performance. Additional daily monitoring of none or late delivered vehicles is in place.

4| IMPROVING ENVIRONMENT AND RESOURCES

4.6 Planned maintenance of vehicles to be completed within 48 hour target

Target 2016/17	Actual	Variance	RAG
95%	93%	2%	

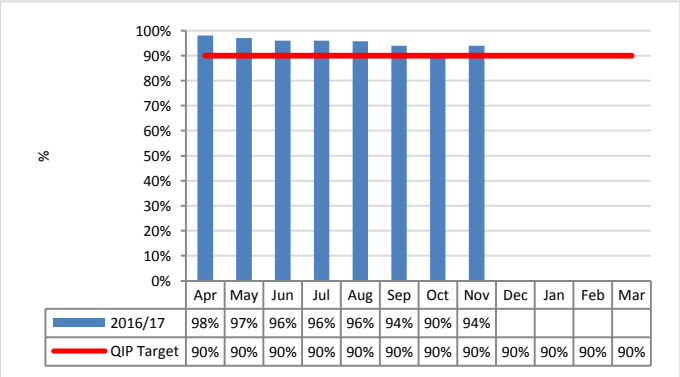


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	98%	98%	97%	98%	98%	96%	96%	93%				
QIP Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Overdue vehicles are under further scrutiny to establish why delays have occurred.

4.7 Unplanned jobs (defects) to be completed within 48 hours

Target 2016/17	Actual	Variance	RAG
90%	94%	4%	



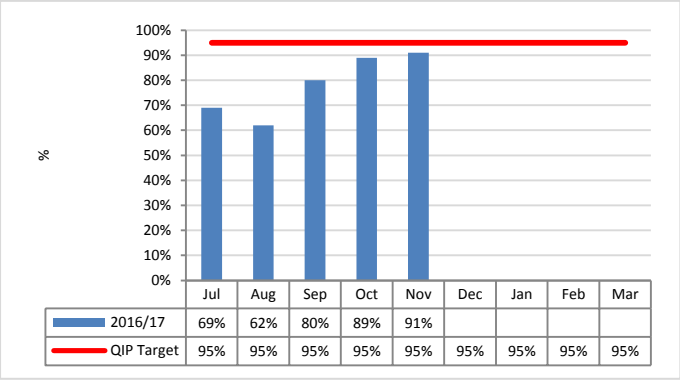
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	98%	97%	96%	96%	96%	94%	90%	94%				
QIP Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

There has been improved performance on unplanned work.

4| IMPROVING ENVIRONMENT AND RESOURCES

4.8 Minimum of 4 blankets available at start of shift

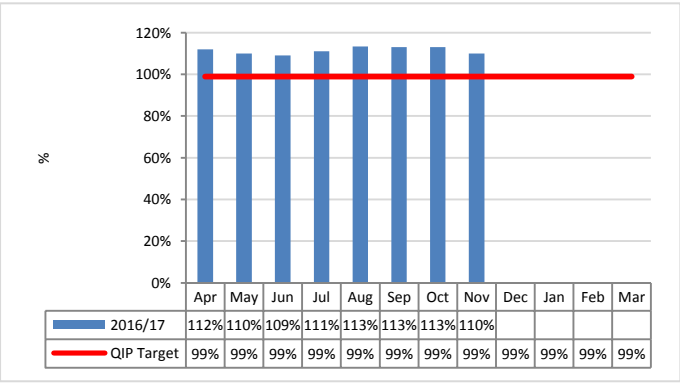
Target 2016/17	Actual	Variance	RAG
95%	91%	4%	



Further, steady improvement has been maintained.

4.9 Number of double crewed ambulances (DCA) available against peak vehicle requirements

Target 2016/17	Actual	Variance	RAG
99%	110%	11%	

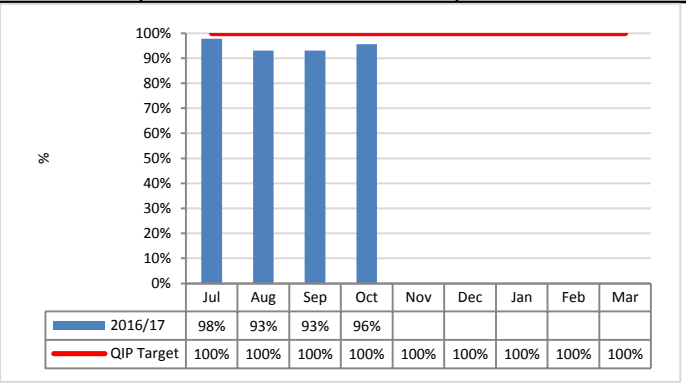


Robust DCA availability has been maintained.

4| IMPROVING ENVIRONMENT AND RESOURCES

4.10 Number of station premises cleaning compliance audits are passed

Target 2016/17	Actual	Variance	RAG
100%	October: 96%	4%	



This KPI is reported one month retrospectively.

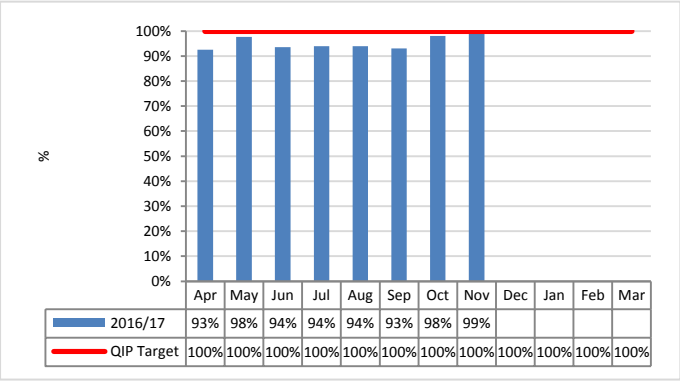
In October the cleaning contractor completed 90 sites cleaning audits and the average score was 96.3%.

Local management completed 16 local site cleaning audits with an average score of 96.1%. The estates department facilities manager completed 21 site cleaning audits with an average score of 94.4%. The pass mark is 90%.

4| IMPROVING ENVIRONMENT AND RESOURCES

4.11 Hazardous Area Response Team (HART) shifts fully staffed with 6 officers per team 24/7

Target 2016/17	Actual	Variance	RAG
100%	99%	1%	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	93%	98%	94%	94%	94%	93%	98%	99%				
QIP Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

In November, we achieved 99% compliance on filling HART shifts against a target of 100%. In line with the national specification, this KPI is required to achieve 100%.

HART rosters are reviewed on a daily basis to maximise capacity as far as possible and overtime incentives are offered to fill gaps in the rosters. The gap experienced in November was due to staff being unavailable because of annual leave and training. The national HART establishment of 84 does not take into account abstractions due to training, annual leave and short term sickness, which results in HART not always being able to produce two complete HART teams of six officers, 24 hours a day. The Trust has therefore increased the HART establishment to 98 and recruitment to these additional posts remains on-going.

In those instances when two full HART teams are not available, we comply with the notification protocols required by NARU and we have systems in place to notify the London Fire Brigade and the Metropolitan Police Service. Our formal agreement with South East Coast Ambulance Service (SECAMB) to provide coverage at Heathrow at times when LAS HART staffing is incomplete was signed in December 2015 and is still active. While 1% of our HART shifts were incomplete in November, it should be noted that (as per our agreement with SECAMB) they did not have to move their HART assets on this occasion because our two HART teams had more than ten officers on duty.

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 issues 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	Nov 2016		
		Complete	Delayed	At Risk
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			

Outstanding actions
• There were no deliverables in Theme 5 in November

5| TAKING PRIDE AND RESPONSIBILITY
Forecast View

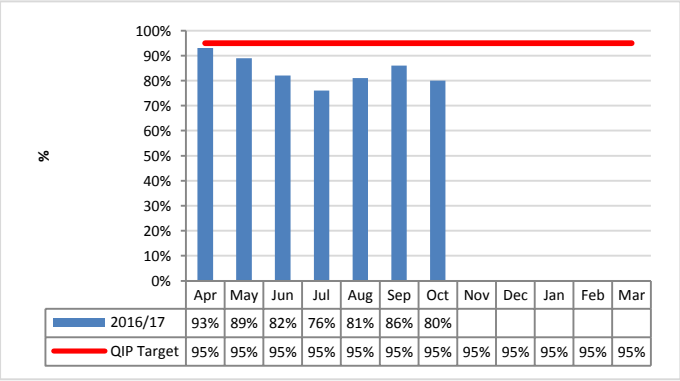
Focus for next month	Key risks and challenges
• Strategy development of the Operating model and education & training strategy. • Deliver the review of the 111 service to further improve the cost of the service.	

Deliverable	Lead	Dec 2016				Jan 2017			
		Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Clinical supervision	Fenella Wrigley			1					
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			2					
Developing the 111 Service	Paul Woodrow / Karen Broughton		1						

5| TAKING PRIDE AND RESPONSIBILITY

5.0 Number of eligible Patient Report Forms (PRFs) audited per month

Target 2016/17	Actual	Variance	RAG
95%	October: 80%	15%	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	93%	89%	82%	76%	81%	86%	80%					
QIP Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

This KPI is reported one month retrospectively.

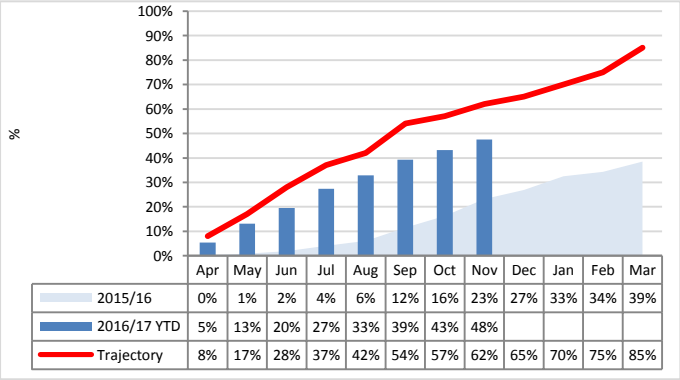
Completion reduced in October following steady increases in the previous two months. The proportion of CPI audits undertaken by Team Leaders remained relatively stable, but there was an 8% decrease in audits completed by 'other staff'.

During certain weeks in October, Team Leaders at Greenwich and Hanwell were entirely operational. Annual leave affected completion rates at New Malden, Newham and Westminster, combined with two vacant Team Leader posts at New Malden, and a reduction in restricted duties staff at Newham.

However, the North East Sector audited 100% of available PRFs for the second month in a row. The North West and South West sectors also maintained high levels of completion.

5.1 Frontline staff completing one operational workplace review annually

Target 2016/17	Actual	Variance	RAG
Cumulative: 62%	Cumulative: 48%	14%	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	0%	1%	2%	4%	6%	12%	16%	23%	27%	33%	34%	39%
2016/17 YTD	5%	13%	20%	27%	33%	39%	43%	48%				
Trajectory	8%	17%	28%	37%	42%	54%	57%	62%	65%	70%	75%	85%

Data shown is for a partial month in November.

After the last monthly update sector teams were asked to reconcile their locally held staff records with the data held centrally on GRS. This exercise has resulted in a significant increase in Operational Workplace Reviews (OWR) completed across the year, improving October's variance from 18% as reported last month to 14% as reported this month.

Sector teams were also asked to:

1. Identify immediate actions to improve OWR completion; due 21st November.
2. Plan all OWRs for all outstanding staff to the end of the financial year; due 30th November.

Both of these actions have now been completed and assurance has been provided to the QIP team.

5| TAKING PRIDE AND RESPONSIBILITY

5.2 Percentage of staff trained to the appropriate safeguarding level by year end

Target 2016/17	Actual	Variance	RAG
95%	October: 289	[NA]	[NA]

		April	May	June	July	August	September	October
Level One	Induction			21	0	22	17	44
	E learning	48	53	71	67	55	55	84
Level Two	New Recruits	22	78	33	51	26	74	57
	Clinical CSR	0	0	0	0	0	0	0
	EOC CSR	0	38	36	51	0	63	31
	EOC New staff	20	0	11	11	10	10	21
	PTS/NETS	0	9	58	0	23	40	0
	111	6	4	2	16	0	11	52
Specific training	Trust Board	4	3	N/A	N/A	N/A	N/A	N/A
	Local Leads	N/A	N/A	N/A	18	N/A	N/A	N/A
Total		100	185	232	214	136	270	289

This KPI is reported one month retrospectively.

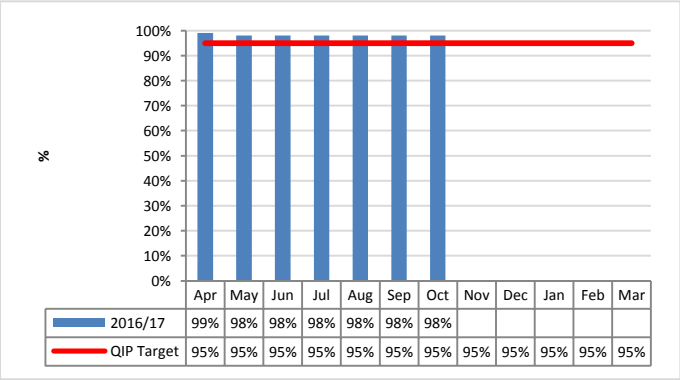
This table shows the actual number who have undertaken training.

Clinical staff are to receive safeguarding training in CSR2016.3. CSR2016.3 begins in December 2016 and includes Safeguarding in a problem based learning format.

The Trust also took part in World Anti slavery day on 18th October with information and educational materials provided on Pulse and in static displays across Trust.

5.3 Audited Patient Report Forms (PRFs) with drug bag numbers recorded if applicable

Target 2016/17	Actual	Variance	RAG
95%	October: 98%	3%	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	99%	98%	98%	98%	98%	98%	98%					
QIP Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

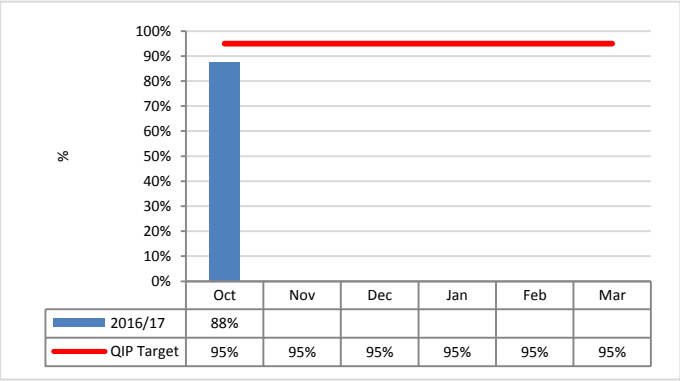
This KPI is reported one month retrospectively.

The number of PRFs which include a drug pack code following drug administration remains high.

5| TAKING PRIDE AND RESPONSIBILITY

5.4 Compliance with completion of drug pack forms

Target 2016/17	Actual	Variance	RAG
95%	October: 88%	7%	



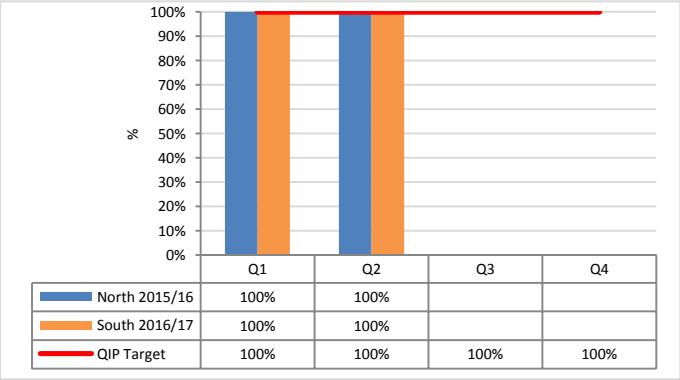
This KPI is reported one month retrospectively.

This is the first month of data reporting for the drug pack compliance KPI therefore there is currently no comparator month.

Compliance is presently under the 95% KPI threshold. However, this is a new process involving a revised form and it is anticipated that compliance will improve in tandem with increased familiarity in using the new paperwork.

5.5 Percentage compliance of drug code changes

Target 2016/17	Actual	Variance	RAG
100%	Q2:100%	0%	



Drug locker codes are changed regularly by local managers to ensure compliance. They are checked as part of unannounced audits.

RISKS AND ISSUES

Risk ID	Risk Description	Gross	Existing Controls (Already In Place)	Risk Owner	Net	Further Actions Required	Action Owner	Date Action to be Completed	Assurance Measures	Target Rating
00-01	The programme fails to achieve tangible outcomes in the first 6-12 months diminishing stakeholder support	15	• * In January 2016, the QIP narrative and milestone plan was published and provides detail of activities to be delivered during 2016/17 • * A robust governance and assurance framework for the QIP is in place to monitor achievement of scheduled activity, and regular reporting obligations to key stakeholders • * A PMO has been established that will central monitor and review programme progress	Karen Broughton	12	* Executive Leads to regularly review upcoming activities, and to give an early indication of any potential risk to delivering project outcomes and to take steps to mitigate the risk or to escalate the matter to the QIG to seek assistance to resolve * Programme KPIs have been set and should be regularly monitored by Executive Leads * In April, Executive Leads have been asked to consider bringing forward activity which may have a positive impact on staff	QIP Exec Leads	ongoing - monthly review	• All assurance groups within the governance of the QIP should provide sufficient challenge to Executive Leads to ensure that tangible outcomes are achieved to time	6
00-02	The programme fails to engage stakeholders on the organisational changes taking place	12	• * In January 2016, the QIP narrative and milestone plan was published externally / internally and key stakeholders will have visibility of activities to be delivered as part of the QIP. • * Stakeholders should be engaged early on in the process through the Quality Summit and LAS should seek to agree commitments • * A communication and stakeholder engagement plan has been drafted to support the work of the QIP to ensure regular updates are provided to our stakeholder groups.	Karen Broughton	8	• Executive Leads to regularly review upcoming activities, and to give an early indication to stakeholders of their input required and to ensure there are mechanisms in place to communicate and consult on required changes.	QIP Exec Leads	ongoing - monthly review	• All assurance groups within the governance of the QIP should provide sufficient challenge to Executive Leads to ensure that tangible outcomes are achieved to time	4

RISKS AND ISSUES

Risk ID	Risk Description	Gross	Existing Controls (Already In Place)	Risk Owner	Net	Further Actions Required	Action Owner	Date Action to be Completed	Assurance Measures	Target Rating
00-03	Funding proposals for resources or identified costs to deliver the QIP do not align with the outcome of 2016/17 contracting discussions with Commissioners, and therefore unaffordable.	16	• Indicative costs have been identified by each of the project workstreams, and will form the basis of contract discussions with Commissioners which is currently underway. However these costs may be subject to change as projects progress delivery of activities, and the outcome following option appraisals may require funding that was not known at the outset	Andrew Grimshaw	12	• * Executive Leads to consider other means of funding initiatives through existing budget or cost savings. If this is not possible, then a robust justification to be provided to ELT for further consideration • * Ongoing discussions and refinement of the funding bid with Commissioners • * As a result of this ELT review and commissioner conversations, any potentially unfunded activities that cannot be delivered will be raised urgently with ELT and the QIP Board	QIP Exec Leads	30 June 2016	• ELT have considered all requests for funding, and prioritised these into a funding bid to Commissioners. • Exec discussions with lead Commissioner and SRG leads are ongoing. • Programme finances will be a regular agenda item to be reviewed by ELT and QIP Board	9
00-04	Activities delivered as part of the QIP does not result in the impact anticipated or meet performance targets	12	• * In developing detailed project plans, Executive Leads should consider any dependencies that would negatively impact on the delivery or performance of their projects and to address any issues at an early stage • * The TDA Improvement Director is in post and has regular meetings with the CEO and Programme Director on QIP performance 11/05/2016 Each sector within the organisation are required to develop a local action plan to deliver the QIP and progress will be reviewed on a monthly basis	Executive Leads	8	• * Executive Leads to ensure full compliance of project deliverables to ensure maximum benefits are realised • * Executive Leads to regularly monitor KPIs and the outcome of audits, and to take action if data indicates unfavourable performance • * NHSI Clinical Review planned in June 2016 to seek assurance of the Trust's progress in addressing concerns raised by the CQC • * Monthly assurance visits planned with Commissioners from June 2016, and scheduled CQRG deep dive reviews on each of the QIP themes	QIP Exec Leads	ongoing - monthly review	• Internal and external assurance groups within the governance of the QIP in place to provide challenge to Executive Leads to ensure that tangible outcomes are achieved to time • The QIP KPI report has been developed to provide assurance and performance against delivery of QIP activities • The QIP internal assurance programme agreed with CQRG will ensure a programme of specialist inspections across the Trust • NHS Improvement (TDA) completed a review of progress against the CQC Warning Notice in March 2016. Feedback from the review has been considered and included in ongoing delivery of the QIP	6

RISKS AND ISSUES

Risk ID	Risk Description	Gross	Existing Controls (Already In Place)	Risk Owner	Net	Further Actions Required	Action Owner	Date Action to be Completed	Assurance Measures	Target Rating
00-05	Imposition of nationally driven directives could divert focus and resources from delivering the QIP	12	* ELT are apprised of intended changes to national standards for A8 performance and resourcing for HART	Executive Leadership Team	9	* Proactive planning to prepare the organisation for likely changes should be initiated as soon as possible, including identification of key stakeholders and resources likely to deliver the change * Regular discussions to take place with NHSE / Commissioners / AACE / NARU of the possible implications on the QIP to deliver national directives	ELT	ongoing - monthly review	Once national requirements are known, ELT should assign an Executive Lead to take action and progress should be monitored regularly to ensure organisational obligations are met	6
00-06	The programme fails to provide external stakeholders relevant levels of assurance in relation to the delivery of the QIP	9	* a review of the CQC Warning Notice is being undertaken in preparation for the TDA audit on 16/03/2016 * The TDA Improvement Director is in post and has regular meetings with the CEO and Programme Director on QIP performance 11/05/2016 * a NHSI-led review of the CQC Warning Notice was completed on 16/03/2016 and a further clinical review to be completed in June 2016	Karen Broughton	6	* regular assurance reporting is provided to the ROG and CQRG * A schedule of QIP audit is in the process of development which will provide assurance of compliance and demonstrate the impact activities are having on operational areas	Karen Broughton	ongoing - monthly review	All assurance groups within the governance of the QIP should provide sufficient challenge to Executive Leads to ensure that tangible outcomes are achieved to time	6

RISKS AND ISSUES

Risk ID	Risk Description	Gross	Existing Controls (Already In Place)	Risk Owner	Net	Further Actions Required	Action Owner	Date Action to be Completed	Assurance Measures	Target Rating
00-07	The Trust is not prepared for the CQC re-inspection or other external assurance audit.	9	* In January 2016, the QIP narrative and milestone plan was published and provides detail of activities to be delivered during 2016/17 * A robust governance and assurance framework for the QIP is in place to monitor achievement of scheduled activity, and regular reporting obligations to key stakeholders * A PMO has been established that will centrally monitor and review programme progress.	Fionna Moore	9	* Executive Leads to regularly review upcoming activities, and to give an early indication of any potential risk to delivering project outcomes and to take steps to mitigate the risk or to escalate the matter to the Quality Improvement Group (ELT) to seek assistance to resolve * A schedule of QIP audit is in the process of development which will provide assurance of compliance and demonstrate the impact activities are having on operational areas * ELT to take priority action following the outcome of any audits or mock inspections. *Priority actions to be put in place over the next four months to address areas that will directly impact day to day staff and patient experience	ELT	ongoing - monthly review	All assurance groups within the governance of the QIP should provide sufficient challenge to Executive Leads to ensure that tangible outcomes are achieved to time and quality.	6
00-08	There is a risk of potential industrial action as a result of national disputes regarding pay and conditions, which will cause substantial disruption on the organisation should it go ahead	16	LAS are aware of discussions to date and further information will be available as to whether the industrial action will eventuate following a ballot on 31/05/2016	ELT	12	*Trade unions are required to provide 6 weeks notice from when a decision has been made, which will trigger activation of Trust protocols and plans will be developed *Continued talks in reference to Band 6 & Band 5 have continued to progress *The Department of Health, NHS Employers and ambulance unions have agreed paramedics will be rebanded nationally from band 5 to a band 6.	ELT	On-going	An impact assessment will be undertaken once the extent of the industrial action is known and plans will be developed and shared widely with senior management within the Trust and the Trust Board	9