



2016/17 QUALITY IMPROVEMENT PROGRAMME

Progress Report: June 2016

July 2016







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
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Definitions

Project Delivery

-  All scheduled activities have been completed
-  The scheduled activities are on track for completion by the due date
-  The scheduled activities have been delayed and are no more than 4 weeks
-  The scheduled activities are at risk and have delays over 4 weeks

Project Performance

-  Performance has been met or is over 95% towards the agreed trajectory / target
-  Performance is between 85-95% towards the agreed trajectory / target
-  Performance is below 85% of the agreed trajectory / target

EXECUTIVE SUMMARY

June 2016



Progress this month

- There were high numbers of activities to be delivered in June, and programme performance for the month resulted in 88% of scheduled activities being delivered.
- The finalisation of the funding to deliver the Quality Improvement Programme remains outstanding, however discussions continue to take place with Commissioners to mutually agree a position.
- The scheduled Clinical Review visit led by NHS Improvement was completed during June, and this assurance exercise was to assess how the Trust is progressing against actions to address areas identified as requiring improvement by the CQC. The review was extensive and included the submission of documentary evidence, selected focus group sessions, site visits to stations and A&E Departments, and observational ride outs with frontline staff on shift.
- The Making the LAS Great campaign was launched across the organisation to promote the Trust vision and values and to engage staff to contribute to improvement works. The campaign also supported the recent launch of the revised appraisal process.
- A deep dive review was presented to the Clinical Quality and Review Group in June which focussed on progress on the Patient Transport Service and improvements to the care of Mental Health patients.

| Theme | Executive Director | # Complete | % Complete | RAG |
|-------------------------------------|--------------------|------------|------------|--------|
| Making LAS a great place to work | Karen Broughton | 9/10 | 90% | Red |
| Achieving good governance | Sandra Adams | 16/19 | 84% | Yellow |
| Improving patient experience | Briony Sloper | 3/3 | 100% | Blue |
| Improving environment and resources | Andrew Grimshaw | 4/5 | 80% | Yellow |
| Taking pride and responsibility | Fenella Wrigley | 5/5 | 100% | Blue |

PROGRAMME SUMMARY

Forecast View



Programme:

- There are fewer activities to be delivered during July and August compared to June, however there are a high number of activities to be delivered in September. Project teams will utilise the next two months to recover any activities that are reporting as delayed and to progress activities due at the end of quarter 2.
- Following the outcome of the Clinical Review, areas noted as requiring further improvement will be reviewed and an action plan will be in place to address these issues. This will be regularly monitored by Executive Director Leads and the Quality Improvement Group.
- A formal review will be undertaken in July of the Programme Management Team to ensure that the structure in place remains fit for purpose to deliver the remainder of the Quality Improvement Programme and is equipped to help the organisation prepare for a CQC reinspection.
- A deep dive review on Fleet and Logistics will be presented to the Clinical Quality and Review Group in July, with specific focus on progress made with blankets, infection control, and the outcome of the make ready pilot for vehicles in North East London.

| | | July 2016 | | | | August 2016 | | | |
|-------------------------------------|--------------------|-----------|----------|---------|---------|-------------|----------|---------|---------|
| Theme | Executive Director | Complete | On Track | Delayed | At Risk | Complete | On Track | Delayed | At Risk |
| Making LAS a great place to work | Karen Broughton | | 4 | | | | 1 | | |
| Achieving good governance | Sandra Adams | | 2 | | | | 2 | | |
| Improving patient experience | Briony Sloper | | 3 | | | | | | |
| Improving environment and resources | Andrew Grimshaw | | 2 | | | | | | |
| Taking pride and responsibility | Fenella Wrigley | | 3 | | | | | | |
| Total | | | 14 | | | | 3 | | |



WORKSTREAM PROGRESS REPORTS



1 | MAKING THE LAS A GREAT PLACE TO WORK

Executive Lead: Karen Broughton



HIGHLIGHTS THIS MONTH

Recruitment

- To ensure the LAS is promoted as a prospective employer to graduate paramedics, and to build a future pipeline of recruits, the clinical tutors based at the four partnership universities have been taking forward key messages as part of the 'keep in touch sessions' to build relationships with trainee paramedics.

Bullying and Harassment

- The agreed target to provide 400 staff with bullying and harassment awareness training across the Trust has been achieved, and exceeded at the end of June.
- An introduction to mediation workshop was held in June, and 60 staff from across the service the Service attended. Mediation training will promote a new way of working, including courageous conversations which is a skills based course to help staff learn how to facilitate difficult messages in a positive way and will empower staff to resolve issues as soon as they arise.
- In addition, there will be practical mediation skills training workshops made available to staff over the coming months.
- 38 staff have completed the Investigations Training conversations workshops.

Training

- The new corporate induction programme has been completed and all new inductions will be conducted using the new format from July onwards. A dedicated Induction Administrator has been appointed who will be the main point of contact for the induction process across the Trust. The new format includes an element of eLearning, however once OLM is in place this will be replaced with some further elements around the vision and values of the Trust. All presentations are now in a standard format aligned with the corporate branding and hand outs new recruits require are accessible via the Trust intranet.





1 | MAKING THE LAS A GREAT PLACE TO WORK

Executive Lead: Karen Broughton

HIGHLIGHTS THIS MONTH

Equality and Inclusion

- A new interim Equality and Inclusion Manager has been appointed, who will be working for the Trust on a part time basis. The focus of this role is address the Equality and Inclusion concerns raised in the CQC report, specifically to undertake a baseline assessment of the Trust position, to review current recruitment and promotion practices to ensure best practice and compliance with legislative requirements. It is anticipated that there will be short term delays in delivering these activities with the recent introduction of the Equality and Inclusion Manager, therefore they will form an initial view on the Trust position and QIP activities may be developed accordingly.
- A review of the Workforce Race Equality Standard is currently being completed and will be submitted in July 2016 in alignment with the national deadlines.
- Equality and Inclusion training was included as part of the statutory and mandatory training matrix launched in May. This is an online elearning module, and reporting completion of this training will be included in the QIP KPI report following implementation of the new system to capture and record staff training in September 2016.

Staff Recognition and Engagement Plan

- The 2016/17 staff recognition and engagement plan has been approved by both the Director of Transformation and Strategy and Director of Communications. This will be made available to staff from the Trust intranet site.





1 | MAKING THE LAS A GREAT PLACE TO WORK

Progress – June 2016

| Deliverable | Lead |
|--|------------------|
| Advert to Action (Recruitment) | Julie Cook |
| Bullying and Harassment | Karen Broughton |
| Training | Karen Broughton |
| Equality and Inclusion | Andrew Buchannan |
| Vision and Strategy | Karen Broughton |
| Supporting Staff | Karen Broughton |
| Retention | Greg Masters |
| Workforce and Organisational Development | Karen Broughton |

| June 2016 | | |
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| Complete | Delayed | At Risk |
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| Outstanding actions |
|---|
| <p>At Risk</p> <ul style="list-style-type: none"> Negotiate the funding for 'The London Package' as part of contracting round 2016/17 <p>Discussion and negotiations continue with Commissioners and it is anticipated that the contract will be agreed as soon as possible.</p> |



1 | MAKING THE LAS A GREAT PLACE TO WORK

Forecast View



| Focus for next month | Key risks and challenges |
|--|---|
| <ul style="list-style-type: none"> A two-day complex investigation training session has been created, and has been designed to assist all staff in the facilitation of robust investigations across the Trust Continued work to reaffirm the Trust vision and values across the organisation and to drive the completion of 100% of personal development reviews for all corporate services by the end of July | <ul style="list-style-type: none"> Operational pressures mean that some staff who wish to attend the workshops are currently unable to, however the B&H Specialist is working with the Assistant Directors or Operations for each of the sector groups to address this |

| Deliverable | Lead |
|--|------------------|
| Advert to Action (Recruitment) | Julie Cook |
| Bullying and Harassment | Karen Broughton |
| Training | Karen Broughton |
| Equality and Inclusion | Andrew Buchannan |
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| July 2016 | | | |
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2 | ACHIEVING GOOD GOVERNANCE

Executive Lead: Sandra Adams



HIGHLIGHTS THIS MONTH

Risk Management

- The latest audit identified that 87% of risk registers were RAG rated as green, which demonstrated that high quality registers were recently updated and have been maintained, appropriate mitigating actions identified and consistent scoring applied. Work is being undertaken with the risk owners of the 13% which were not green and this is also highlighted through Risk, Compliance and Assurance Group (RCAG) and the Executive Leadership Team (ELT).

Capacity and Capability of Health, Safety & Risk Function

- As reported last month, the backlog of incident reports was cleared a month ahead of schedule and the team continue to process incident reports as and when they are received to prevent a backlog building up again.
- The Health & Safety consultation was not launched in June, however job descriptions are being written and will be submitted for banding. It is the intention the consultation will be launched in July and brought back on schedule for implementation by the end of September.

Improving Incident Reporting

- The Health and Safety Team produced and published a newsletter on 16/06/2016. This newsletter included information on fire safety, manual handling, display screen equipment at work and how to access further Health and Safety training on e-learning
- LA52 availability inspections were undertaken by QGAMs in each area with pads available on all stations and vehicles that were inspected except two vehicles which were addressed at the time.
- The single point of access for incident reporting was launched on 27 June. It has been launched on an 8am-8pm basis for 4 weeks whilst the team embeds the new processes and will then roll out further to become a 24 hour service. The service will have quarterly reviews to assess call volume, team capacity and what impact this service is having on incident reporting.
- Datixweb training has now been delivered to 240 staff out of 350 who require the training. Further sessions are being offered throughout July at different sites across LAS. The training delivery will be reviewed at the end of July to identify any gaps and what else can be done to address those gaps.
- Communications on the Trust's new incident management processes has been included in the RIB every week and a case study is being developed to be published in July.

Duty of Candour

- Information on Duty of Candour has been in the RIB and on the LIA facebook page. Work is now proceeding to design a leaflet which will be attached to all payslips during Q2



2 | ACHIEVING GOOD GOVERNANCE

Executive Lead: Sandra Adams



HIGHLIGHTS THIS MONTH

Operational Planning

- A formal review of the Out of Service Policy has been undertaken by a cross-organisational working group. This policy revision has identified a minimum equipment list for vehicles, and refined the definition of the Out of Service codes to provide greater clarity which will allow us to more accurately assess what is most commonly leading to vehicles going out of service.
- The review of the rest break policy is being reviewed by the Executive Leadership Team and recommendations will be agreed to be taken forward.

Listening to Patients

- We now report on activity, throughput performance and emerging themes in relation to complaint feedback to the Improving Patient Experience Committee. We triangulate a variety of qualitative measures including reporting on changes that have been achieved arising from complaints, with case examples, and the outcome of cases that have been referred to HSC. We are also now starting to report in more detail about where cases are upheld or partially upheld.
- Discussions have been held with local operational management teams to ensure that complaint feedback is always provided to staff, particularly where wider learning has been identified. We are also devising a systematic approach to improve the reporting of actions taken by local teams as part of the Trust's move towards better evidencing of outcomes across all feedback mechanisms. This will be further supported by Datix going forward.

Preparing for the next CQC inspection

- A Clinical review was undertaken by NHS Improvement, and in preparation for this a range of communications had been arranged and a series of unannounced inspections were carried out. The majority of these unannounced inspections were positive and any concerns were escalated to relevant managers.

Internal Audit

- Internal Audit recommendations were reported to the Executive Leadership Team in June and for the first time all outstanding and overdue actions were completed.

Policy & Guidance Review

- The terms of reference for the new Policy group have been written and the group met for the first time on 5th July. The group will manage the process for updating out of date policies and will ensure they are reviewed in a timely manner going forward. The group will also give a steer to policy owners about how extensive a review they expect.



2 | ACHIEVING GOOD GOVERNANCE

Progress – June 2016



| Deliverable | Lead | June 2016 | | |
|---|-----------------|-----------|---------|---------|
| | | Complete | Delayed | At Risk |
| Risk Management | Sandra Adams | 2 | 2 | |
| Capability and capacity of Health, Safety and Risk function | Sandra Adams | 1 | 1 | |
| Improving incident reporting | Sandra Adams | 5 | | |
| Duty of Candour | Sandra Adams | 1 | | |
| Operational planning | Paul Woodrow | 1 | | |
| Listening to patients | Fenella Wrigley | 2 | | |
| Blue light collaboration | Karen Broughton | | | |
| CQC reinspection | Fionna Moore | 1 | | |
| Business intelligence systems | Jill Patterson | | | |
| Internal audit | Sandra Adams | 1 | | |
| Policy and guidance review | Sandra Adams | 1 | | |

| Outstanding actions |
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| <p>Delayed</p> <ul style="list-style-type: none"> <p>Complete a strategic risk review of the Trust risk register</p> <p>This was set to be discussed and completed at a Trust Board meeting at the end of June however had to be delayed due to other organisational priorities. A meeting will be rearranged to complete this action.</p> <p>Risk management training for NEDs and Executive Directors</p> <p>A skills audit for the Trust Board is underway, therefore it is proposed that requirements for risk management training is aligned with this and deliver of this activity moved to September. A change request has been prepared.</p> <p>Commence staff consultation on proposed changes to Health and Safety function</p> <p>The launch of the consultation with the Health and Safety team was not completed in June, however is due to be launched in July.</p> |



2 | ACHIEVING GOOD GOVERNANCE

Forecast View



| Focus for next month | Key risks and challenges |
|--|---|
| <ul style="list-style-type: none"> Ensure that all delayed actions from June are recovered and brought back on track to ensure no further delays To progress activities that are scheduled for delivery in September actions to prevent any delays | <ul style="list-style-type: none"> No specific risks to July and August delivery |

| Deliverable | Lead |
|---|-----------------|
| Risk Management | Sandra Adams |
| Capability and capacity of Health, Safety and Risk function | Sandra Adams |
| Improving incident reporting | Sandra Adams |
| Duty of Candour | Sandra Adams |
| Operational planning | Paul Woodrow |
| Listening to patients | Fenella Wrigley |
| Blue light collaboration | Karen Broughton |
| CQC reinspection | Fionna Moore |
| Business intelligence systems | Jill Patterson |
| Internal audit | Sandra Adams |
| Policy and guidance review | Sandra Adams |

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3 | IMPROVING PATIENT EXPERIENCE

Executive Lead: Briony Sloper



HIGHLIGHTS THIS MONTH

Meeting People's needs – Bariatric Patients

- The multidisciplinary bariatric working group, which includes a patient representative, has continued to meet. The group has been analysing serious incidents reported and the Trust Health and Safety data to understand any issues that have been raised for both patients and staff in the respect of caring for bariatric patients and manual handling.
- The group has been working with the Business Intelligence team to develop a baseline of Trust data to understand the number of bariatric patients currently accessing the service and plan accordingly. There is also work to forecast the potential number of patients for the next 3-5 years using data from NHS England and Public Health England. The Business Intelligence team are looking into an alternative model to determine levels of activity, by focusing geographically on the prevalence of obesity in the London population as opposed to LAS activity alone.
- Based on available data, it is estimated that the LAS receives an average of approximately 1.5 calls from bariatric patients per day. The group has identified the current inadequacy of data and the need for a more robust process for collecting data in relation to this patient group is required. Any change of data collection process at call taking may impact on call taking performance and may require changes to the CAD system. Consideration will also be given to changing the current PRF so that additional data about this patient group can be collected and analysed retrospectively.
- Updated clinical guidance has been prepared by the LAS Senior Clinical Advisor, and the implication of implementing the policy in relation to airway management, staff training requirements, and procurement of equipment is under review by the bariatric working group. The guidance provides a definition for bariatric patient to LAS staff when considering the needs of the patient.
- A clinical aide memoire for inclusion in the LAS mobile app is also in development. This aide memoire will support staff with advice on how to manage the patient until transport arrives (if required).
- In view of the current estimated patient numbers and the new guidance, consideration will be given to optimising the Trust's existing resources whilst more reliable and accurate data becomes available on current patient volumes. The group has commenced the review of specialist equipment currently available, and this will inform our need to provide training, or to procure any additional equipment or vehicles.



3 | IMPROVING PATIENT EXPERIENCE

Executive Lead: Briony Sloper



HIGHLIGHTS THIS MONTH

Patient Transport Service

- The engagement with the stakeholders is complete. St Joseph's Hospice in E8 has been confirmed as the pilot site for pre booking palliative care patients
- The commencement of the pilot has been slightly delayed whilst final arrangements were confirmed with the Hospice, and the pilot is expected to start at the beginning of July. The pilot will operate for two weeks to identify any modifications required to the booking process, prior to a pan London roll-out planned by the end of July (as per milestone).
- The Non Emergency Transport Service is already delivering a number of palliative care journeys captured through the Healthcare Professional line in the Clinical Hub.

Response times

Following the hospital hand over workshop at the end of February hosted by representatives from Commissioning Groups, the Director of Operations and the Head of Delivery and Development, North West London are meeting on a monthly basis and have developed an action plan to address ongoing issues. Updates on progress against the plan are provided to ROG.

Patient engagement strategy

This updated document is on track for presentation at the Executive Leadership Team meeting, and relevant sub committees of the Trust Board. In addition, the strategy will be shared with Trust board members for initial comment to ensure that the strategy is reviewed and approved at the public board meeting in July.



3 | IMPROVING PATIENT EXPERIENCE

Progress – June 2016



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

| June 2016 | | |
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| Complete | Delayed | At Risk |
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| Outstanding actions |
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3 | IMPROVING PATIENT EXPERIENCE

Forecast View



| Focus for next month | Key risks and challenges |
|--|---|
| <ul style="list-style-type: none"> • The roll out of the pan- London process for pre-booking palliative care patients • Work with fleet, operations and clinical education has already started to scope any implementation plans and require training in respect of new processes or vehicles. • The patient engagement strategy is due to go to Trust Board at the end of July | <ul style="list-style-type: none"> • Lack of participation of providers using the pre-booking option for palliative patients • Summer holiday annual leave impacts on communication with providers on the roll out for the palliative care pilot. • Additional recruitment required to back fill for those NETS crews taking a development option and moving to a TEAC role. • Lack of robust data on number of patients means that there could be an over or under estimation of the requirements for bariatric patients |

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

| July 2016 | | | |
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| Complete | On Track | Delayed | At Risk |
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| August 2016 | | | |
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| Complete | On Track | Delayed | At Risk |
| No milestones for Theme 3 in August 2016 | | | |



4 | IMPROVE ENVIRONMENT AND RESOURCES

Executive Lead: Andrew Grimshaw



HIGHLIGHTS THIS MONTH

Fleet/Vehicle Preparation: Workshops

- The zero tolerance maintenance work continues to be carried out with over 600 jobs completed in the period November 2015 to May 2016. The number of zero tolerance jobs has steadily declined from 136 jobs in November 2015 to 78 jobs in May 2016 with processes now embedded and working.

Infection Prevention and Control

- Review of the protective clothing pack contents is now complete with recommendations from Infection Prevention and Control team included. 750 packs have been ordered with deliveries commencing in early July for implementation. It is anticipated the roll out will be completed by the end of September 2016.

Facilities and Estates

- Approval has been granted for contractor services to proceed with the cleaning of garages. The roll out of the extended cleaning services has commenced with 67% of sites now compliant, and an expectation that the roll out will be completed by the end of August 2016.
- Internal audits against the new cleaning specification have commenced and results will be available from mid July.

Information Management and Technology

- An additional electronic review of current provisions of IMT on station has been completed.
- Review of options to improve access to hot desk areas and assessment of personal issue electronic devices will now be completed and presented to the Executive Leadership Team in July.

Operations Management

- The Operations Management review was completed, and presentation pack has been developed outlining the impact of the new management structure which was presented to the Executive Leadership Team on 29 June. The next steps is to develop a project plan and the Executive Leadership Team will be provided with monthly updates on progress.

Fleet/Vehicle Prep: Vehicle Make Ready

- An evaluation report of the North East Pilot is complete, and the Business Case is now under development to support roll out of the Hub model to remaining sites. Project planning continuing with governance structures established.



4 | IMPROVE ENVIRONMENT AND RESOURCES

Progress – June 2016



| Deliverable | Lead |
|---------------------------------------|--------------------------------|
| Fleet / Vehicle Preparation | Andrew Grimshaw |
| Information Management and Technology | Andrew Grimshaw |
| Infection prevention and control | Fenella Wrigley |
| Facilities and Estates | Sandra Adams |
| Resilience functions | Paul Woodrow |
| Operations Management | Paul Woodrow |
| Improving operational productivity | Paul Woodrow |
| Cost improvement programme | Andrew Grimshaw |
| Frontline equipment and uniforms | Paul Woodrow / Andrew Grimshaw |

| June 2016 | | |
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| Outstanding actions |
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| <p>Delayed</p> <ul style="list-style-type: none"> <i>Scope options to improve access including the assessment of personal issue of electronic device which will allow staff to access information remotely</i> <p>This milestone will not be achieved due to other priorities within the IM&T team. The options paper will be completed and presented to the Executive Leadership Team in July. A change request will be submitted to the QIP Board to realign subsequent activities in light of this delay.</p> |



4 | IMPROVE ENVIRONMENT AND RESOURCES

Forecast View

| Focus for next month | Key risks and challenges |
|---|--|
| <p>Fleet/Vehicle Prep: Make Ready: Continue project planning activities relating to the Vehicle Preparation, and development of the Vehicle Preparation Business Case.</p> <p>Vehicle Procurement: Continue to work with FRU supplier to deliver vehicles in accordance with the revised production plan. Approval being sought for the DCA business case.</p> <p>Information Management & Technology: Ensure the scope of options is completed and presented to the Executive Leadership Team, and to prepare business case to agree preferred option.</p> <p>Infection Control and Prevention: Begin roll out of agreed protective clothing packs</p> | <ul style="list-style-type: none"> • Information Management & Technology: A risk that other priorities within IM&T team causing delay the completion of options paper and business case. • Procurement of Fast Response Units – This remains a challenge due to deadline and on-going issues with supplier. A revised production plan in place, with an agreed timeline for delivery extended to September 16. • Double Crew Ambulance – Final approval of business case has not been received from NHSI. Until approval received, a final date of delivering of 140 vehicles has not yet been confirmed |

| Deliverable | Lead |
|---------------------------------------|--------------------------------|
| Fleet / Vehicle Preparation | Andrew Grimshaw |
| Information Management and Technology | Andrew Grimshaw |
| Infection prevention and control | Fenella Wrigley |
| Facilities and Estates | Sandra Adams |
| Resilience functions | Paul Woodrow |
| Operations Management | Paul Woodrow |
| Improving operational productivity | Paul Woodrow |
| Cost improvement programme | Andrew Grimshaw |
| Frontline equipment and uniforms | Paul Woodrow / Andrew Grimshaw |

| July 2016 | | | |
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| August 2016 | | | |
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| Complete | On Track | Delayed | At Risk |
| No milestones for Theme 4 in August 2016 | | | |





5 | TAKING PRIDE AND RESPONSIBILITY

Executive Lead: Fenella Wrigley

HIGHLIGHTS THIS MONTH

Clinical supervision

- A draft audit tool to assure the compliance and quality of OWRs (Operational Workplace Reviews) has been designed by the Consultant Paramedics in collaboration with the Operations Directorate. The process will involve three auditors who will who independently review and assess completed OWRs, and the outcome of the audit will be reported and shared appropriately with managers.
- The Deputy Director for Clinical Education and Standards has made a recommendation to reintroduce tutors to complexes, and these team members could help support the Clinical Team Leaders in completing OWRs.
- Operations continue to monitor numbers of completed OWRs (149 OWRs completed in June)

Medicine Management

- A review of eLearning materials is now underway to assess the quality and ongoing suitability.
- Further communication on Medicine Management was included in the latest edition of LAS news and the Routine Information Bulletin (RIB) which included operationally led articles highlighting the progress being made in improving medicines management and changes to the revised medicines management policy.
- A visual field guide or “card” has been developed and has been added to the LAS mobile app and the LAS Facebook pages.
- The Incident Response Officers (IROs) are undertaking regular unannounced station visit to review medicines management compliance , and the outcome of each visit are shared with sector Assistant Directors of Operation (ADOs) and Quality Governance Assurance Managers (QGAMs) to take action as necessary. The number of stations reporting full compliance with medicines management compliance is increasing, and there is focussed action to address stations where there is a shortfall to achieving full compliance.
- An initiative identified by Greenwich station to improve the management of station based drugs is due to commence, and this will be trialled for four weeks followed by an evaluation to determine the effectiveness and feasibility of implementing changes widely across the Trust.

Safeguarding:

- EOC Safeguarding Training is already underway as content is included in the current EOC CSR1.2016.
- CSR safeguarding training is planned for the last CSR (3.2016) this year.
- Delivery of annual safeguarding training to staff within Patient Transport Service and Non-Emergency Transport service is also already under way in the current CSR.
- Between April and June 74 staff attended CSR and 31 new staff were trained.
- Following the delivery of safeguarding training, a self assessment tool has been developed to enable the safeguarding team to determine staff knowledge and understanding of handling safeguarding issues.
- On-going attendance at local safeguarding boards, social services and key stakeholders in conjunction with quality governance assurance managers and stakeholder engagement managers is taking place and progress reported to Quality committee and commissioners monthly.
- The recruitment for additional safeguarding supervision staff continues to progress, however there is a reported delay due to the unavailability of the candidate until the end of July.



5 | TAKING PRIDE AND RESPONSIBILITY

Progress – June 2016



| Deliverable | Lead |
|--|--------------------------------|
| Clinical supervision | Fenella Wrigley |
| Consent MCA | Fenella Wrigley |
| Medicine Management | Fenella Wrigley |
| Safeguarding | Fenella Wrigley |
| Quality and clinical strategy | Fenella Wrigley |
| Operating model and clinical education & training strategy | Paul Woodrow / Karen Broughton |
| Developing the 111 Service | Paul Woodrow / Karen Broughton |

| June 2016 | | |
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| Complete | Delayed | At Risk |
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| Outstanding actions |
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| <ul style="list-style-type: none"> There are no outstanding actions |

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Forecast View



| Focus for next month | Key risks and challenges |
|---|---|
| <ul style="list-style-type: none"> To scope and review the current process for carrying out of routine checks of drug locker security. The completion of the quality and clinical strategy for ratification by the Executive Leadership Team and the Trust Board. | <ul style="list-style-type: none"> There is a current delay to the implementation of the safeguarding supervision model, due to the unavailability of the recently appointed individual who is responsible for developing the scope of how the model will be delivered. A commencement date of 18/06/2016 has been confirmed and a change request will be presented to the QIP Board to agree the delayed delivery of the supervision model. |

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| July 2016 | | | |
|-----------|----------|---------|---------|
| Complete | On Track | Delayed | At Risk |
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| August 2016 | | | |
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| Complete | On Track | Delayed | At Risk |
| No milestones for Theme 5 in August 2016 | | | |

