Moving from Special Measures to Good and beyond.

London Ambulance Service

11th June 2018
Aim of session

Share the LAS ‘journey’
Share approaches to improvement
Talk about how we make quality BAU
Share our approach to sustainability
Share Lessons learned
How we care for the capital

- 2 Emergency Operations Centres
- Non-Emergency Transport Service
- Operating out of over 70 sites
- 111 Services (recently rated as Good by CQC)
- Cycle response unit
- Motorcycle response unit
- 2 HART teams
Some facts about London

- Multicultural Capital city
- 300 languages
- 620 square miles
- c8.9m Population
- Tourism: Population swells everyday
- On severe alert
- 5 STPs in London
- 5 NHS Clinical Commissioning Groups
- 32 Police forces
- 3 Airports
CQC Context: Years 1 and 2

- LAS put into special measures and rated inadequate 2015-16,
- 2016-17 Requires improvement, SM retained
Since June 2015 Leadership …

- 2 Chairs & 3 CEOs
- 2 Directors of Operations
- 3 Directors of Finance
- 6 Directors of HR (& 2 title changes!)
- 2 Director of Comms
- 3 Directors of Performance
- 1 Medical Director
- 2 Directors of Corporate Affairs
- 3 Chief Quality Officers (formally Director of Nursing)
- 6 Chief Information Officers (formally Director of IM&T)
- 1 Director of Strategic Assets and Estates
- 2 NHSI Improvement Directors
CQC Approach over first 18 months…

- Substantive posts to leadership team
- Funding from commissioners/NHSI (medicines management and Make Ready roll out)
- Task focused approach re CQC actions
- Monitoring via QIP Programme Board: corporate and operational focus - > 100+ actions
- Chair and Chief Executive and Board monitoring
- Communications strategy
- Focus on safety and medicines management due to Section 29a Warning Notice
Focus on Medicines Management

- Set up system of checks and audit to ensure drugs removed from packs have been given to patients
- Appoint Medication Safety Officer
- Review system of code access arrangements for medicine packs
- Set up control systems for medical gases
- Address under-reporting of incidents
MedMan

- Internal drug tracking and audit system
  - Developed in-house
  - Utilises existing data streams
- Able to track and trace drugs removed from packs and given to patients by
  - Pack number
  - Drug
  - Batch number
  - Member of staff
Perfect Ward

- Mobile auditing of medicines
- Compliance reports
KitPrep

- Bespoke system designed for LAS drugs system
- Real-time booking in/out of drugs packs
- Provides data on drug pack movements and usage
- Management of station-based individual drugs
February 2017 – Moved to Requires Improvement, Special Measures retained

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Our approach 2017-18 to date...

Not a normal nine months...!!!
Lessons learned from 2016-17

- Governance and risk systems/processes still under-developed
- Silo working in operational and corporate teams – ‘ownership’ ??
- Inconsistency and variation across operational teams/sectors still evident
- Monitoring not built into quality assurance processes – no front line to Board quality monitoring
- Duplicate plans across corporate teams
- Inability to easily access data and information- when did it start going wrong?
- No QI methodology, limited QI capacity and capability
- Variation in capacity and capability across directorates – new executive team focus on re-structures
- Systems and processes not ‘business as usual’ – focused delivery for inspection
Our Approach 2017-18 contd....

- Reviewed all of the current Trust action plans and completed a gap analysis against the newly defined KLOE’s
- Compiled a single plan for the Trust, combining all quality deliverables aligned within the 2017/18 Business Plan, Well Led analysis and CQC Action Plan into one Quality Improvement Plan
- This new Improvement Plan incorporated both impact and progression KPIs, all within a clear reporting framework via the newly created Programme Board
- Introduced Agile and Burn Down improvement techniques- increased focus and pace of change to enable to ‘get to good’
- Also developed a framework to ensure the Trust was prepared and ready for the next CQC inspection – PMO funding 250k from NHSI
- In addition to the re-structuring and systems and process changes, we ensured that the Trust had sustainable quality improvement, assurance mechanisms and corporate and clinical governance
- Leadership development high priority

Ethos of ‘business as usual’ and sustainability
Quality Assurance Visits

- Purpose is to enable stations to test if they meet the Key Lines of Enquiry (KLOE) set out by the CQC
- Carried out every quarter and included:
  - An observational review of premises and facilities
  - A review of key evidence
  - A discussion with staff
- The visits were planned to be a regular ‘business as usual’ activity
- All evidence uploaded to Health Assure
- All monitoring of progress (alongside other performance indicators) as part of newly developed quality assurance framework
  - Clinical governance framework review
  - Frontline to Board reporting and Performance Management
  - Implement Health Assure – monitor variation and compliance

ALL STAFF INVOLVED IN PEER REVIEW PROCESS
Online CQC reporting, self-assessment and evidence gathering provide assurance against the fundamental standards, Key Lines of Enquiry and clinical review tools.

Launch date **26 January 2018** following a 4 week window for linking of evidence and actions to the CQC Domains and Key Lines Of Enquiry

140 colleagues trained to date – additional training dates to be released

Floor walking, champion training and support for staff

New X drive location for policy links

Additional documentation and pointers for KLOEs and is applicable to LAS will be configured

New CAS module to support with the management and dissemination of the Department of Health’s Central Alerts to key stakeholders across the Trust
Reporting views – supported by Audit Apps and automatic downloads to system
Risk Management Programme 2017 / 2018 – Incidents

You said - we did, user feedback and engagement sessions on system design, configuration process and workflow

Feedback email functionality is now built into the incident workflow

Revamped incident classification and mapped to the NRLS - continue to reflect LAS incidents

Developing an e-learning induction training package for all staff on incident reporting and manager investigations

Weekly overdue incidents and unapproved risks report Integrating Datix shared with senior managers - with Tranman to resulting in a continued overall streamline the processing reduction of overdue incidents of vehicle accidents /

Duty of Candour stage 1 now appears on the reporting form

Removed all existing paper incident forms

Introduction of a Quality Checking process for all incidents to review the data quality and NRLS requirements
Risk Management Programme 2017 / 2018 - Risks

Redesign and Reconfiguration of Risk Register in line with risk management ‘best practice’

Introduction of a ‘back to basics’ Risk Awareness course for all risk owners, risk leads and risk coordinators training process
Developing a ‘tool kit’ - easy to use for risk staff

Developing risk e-learning packages for training

New Datix Risk system training on the revised escalation process ‘station to board’ and vice versa

Training materials ready for relaunch ‘station to board’ and vice versa
Overview of Agile Process: Ensuring we ‘Get to Good’
Overview of Agile Process and roles

**AGILE BURN DOWN PROCESS**

- Sprint Planning Meeting
- Daily Cycle
- Sprint Review
- Sprint retrospective
- Update Product Backlog
- Agreement of what we are going to do before mid-December
- Vision and expectations
- Initial Product Backlog
- Initial Release Plan
- Stakeholder buy-in
- Define & assemble Team

**ROLES**

- Scrum master
- Team members
- Product owner
- Stakeholders
- Users

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London Ambulance Service NHS Trust
Agile Burn Down Chart illustration only

Burndown against agreed targets
- Task/time tracked daily/weekly

Variations
- Managed via daily stand ups
- Retrospective reviews ensure quality
- Over 130 actions completed within 3 month time period
- Evidence of completion and on-going monitoring within governance processes
2017-18 CQC ratings: Good and removal from special measures

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Embedding and sustaining change, reducing variation
To make the journey from Good to Outstanding we will:

• Continue to accept the challenge at Executive level and across the Trust
• Prioritise our activity and allocated resources to achievement based on revised gap analysis
• Manage delivery dependencies effectively
• Fully deliver the Quality Improvement Plan – One Plan
• Deliver on the Trust Strategy and Transformation Programmes which support the journey to Outstanding
• Embed QI build capacity and capability
• Continue to develop quality assurance processes
• **Leadership development, cultural change focus – staff survey champions**

• **Quarterly Staff Surveys....!!!**
### QI Capability Model for LAS – by Staff Group and Role

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<th>Knowledge/skills needed</th>
<th>What’s involved</th>
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<td>- Introduction to improvement &amp; model for improvement</td>
<td>Introductory e-learning sessions (incl. at induction)</td>
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<td>- Identifying issues, developing &amp; testing ideas</td>
<td>Online/self-accessed</td>
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<td>- Measurement &amp; variation</td>
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<td>- Deeper understanding of improvement methods, variation and measurement</td>
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<td>- Goal-setting, leading and managing for improvement</td>
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<td>- As above, plus sophisticated enabling and coaching skills for individuals and teams</td>
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<tr>
<td>- Direction-setting, “mood” &amp; leading for improvement</td>
<td>Applied learning in teams over time linked to opportunities in real work</td>
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<tr>
<td>- Link to strategy and overall priorities; appreciation of systems; making variation and trends visible</td>
<td>Access to coaching</td>
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<tr>
<td>- Deep Dive methodology incl. of QI theory and science</td>
<td>Embedding into existing programmes</td>
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<tr>
<td>- Spread and implementation</td>
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<tr>
<td>- Coaching/mentoring, teaching</td>
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<td>- Applied learning through doing/coaching</td>
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<td>- Reflection and peer support</td>
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<td>- “Masterclasses”</td>
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<td>- Careful objective setting, review and planned (career) development</td>
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### Eventual Coverage Needed

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<td>5,000 total</td>
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### Staff Group Breakdown

1. **Front line staff**
   - 400 staff members
   - 100% coverage needed

2. **Clinical & operational leaders**
   - n/a
   - 50% coverage needed

3. **Coaches**
   - 3 coaches
   - At least 50% coverage needed

4. **Exec & Board**
   - n/a
   - At least 50% coverage needed

5. **Experts**
   - n/a

*Coaches drawn from wide variety of professions and grades*
Two key aims:
1. To accelerate delivery of the highest quality, best value care, and best staff experience across LAS by 2020
2. To embed continuous improvement into daily operations at LAS and to ensure best support to services across LAS

Outline plan

Build will

Create alignment and deploy infrastructure

Build improvement capability and capacity

Apply, monitor assure

1. Listen to staff and patients to determine priorities
2. Develop and tell our quality/QI narrative
3. Celebrate successes, showcasing existing work
4. Hold learning and awareness events
5. Visits to exemplar sites
6. Set up QI microsite (intranet and internet)
7. Develop a network of Quality Champions

1. Have patient/carer involvement in all improvement work
2. Align service strategies, objectives, expectations and reporting with improvement aims; also align key trust initiatives, e.g., Quality Account, Clin Quality indicators,
3. Align individual goals/time with improvement aims (job plans, appraisal, prof. development, revalidation)
4. Develop informatics & analytics to support improvement

1. Initial assessment of current capability, gaps & priorities
2. Recruit core QI team & establish internal secondments
3. Find and train experts
4. Build capability & capacity in different intensities & formats
   a. Introductory training
   b. In-depth longitudinal/applied training for teams
   c. Develop coaches to support teams & initiatives
5. Executive and Board development
6. Embed in professional and leadership education

Through two main tracks – with rigorous measurement of quality and efficiency/quality assurance framework
2. Local priorities: Each sector/station to work to a local QI objective
We will also need to continue to ensure:

• Systems & Processes are developed to fit recognised best practice
• Culture, specifically, attitudes and behaviours are developed to support outstanding quality performance
• Trust performance in its Use of Resources will have to be upper decile with no drop off in quality or patient care and experience
• Makes use of digital technology and systems to ensure leading edge and innovative and patient focussed
• Continue to embed ‘business as usual practices’ with on-going and continuous monitoring using measurement for improvement statistical techniques
Conclusion:

• Need to ensure you are getting feedback regularly from your staff and act on it…
• Communication strategies that work…
• Use different approaches to focus on high risk issues and those that ensure rapid improvement
• Build approaches to engage with staff
• ‘Sell’ governance and assurance
• Leadership stability and development are critical
• Maintain the momentum
• Requires relentless focus, pace and hard work!!
Breakout session 3

- Procurement’s lean methodology journey (Bishopsgate 2)
- Transforming organisational culture in patient safety (London Wall)
- Beyond patient experience – rhetoric into reality (Bishopsgate 1)
- Creating a culture of continuous improvement to deliver high quality care (Broadgate 1)
- Embedding quality improvement – the role of QI academies, leadership, governance and values (Broadgate 2)