

UHL Way Update

Author: [Louise Tibbert, Director of Workforce and Organisational Development (OD) and Bina Kotecha, Deputy Director of Learning and OD] Sponsor: [John Adler, Chief Executive] Date: [Thursday 7 April 2015]

Executive Summary

Trust Board paper L

Context

As reported to the Trust Board in December 2015, the UHL Way is the way we are going to manage change in a consistent and sustainable way, but also in a way that engages and empowers the staff involved in, and affected by that change. The UHL Way also offers a comprehensive framework for patient and public involvement in the improvement of care.

The UHL Way is about embedding a culture of continuous improvement across the Trust which will in turn improve the quality of care we provide to patients, reduce harm, increase efficiency and effectiveness and support cost reduction. Over the next 12 months (2016-17), key benefits / measures of improvement will be set out within individual programmes and overall improvement to staff experience will be monitored at quarterly intervals through the UHL Pulse Check and on an annual basis through the National Staff Attitude and Opinion Survey (see separate Staff Survey Report dated 7 April).

The three components to the UHL Way as set out in the attached UHL Way Implementation Plan (2016-17) are:

1. **Better Engagement:** Continuing Listening into Action – moving into Year 4
2. **Better Teams:** Targeted improvement and development
3. **Better Change:** Adopting the best in change and improvement methodology

These components are supported by the UHL Academy and a Community of Experts

Questions

What is included in our overarching UHL Way Implementation Plan as set out by the Executive Workforce Board and UHL Way Steering Group?

Conclusions

Better Engagement: We have set our Listening into Action achievements over the last 12 months and key progress made on our LiA journey so far, spanning a number of years. As we move into year 4 of LiA implementation we plan to build on the good work we have already done and deliver against eight LiA work streams as detailed within the attached plan.

Better Teams: We are preparing for our first cohort on the Better Teams programme to commence in June 2016 and are assessing the suitability of teams that have come forward. Over the next 12 months we will support 2 intakes (approximately 24 teams) and will put on further bespoke programmes, on a targeted basis, to support major change programmes.

Better Change: We plan to proceed incrementally and are in the process of agreeing an “exemplar” from each of our main areas of improvement/change activity. These exemplars (shown on page 61 of the report) will be substantial projects with sufficient complexity to justify deploying the Better Change methodology. We are also identifying local quality improvement

projects that will be put forward as exemplars, in ensuring that the Better Change methodology is tested against a range of large and small scale projects.

UHL Academy: We have set out our next steps for the Academy which includes the development of a web portal and an approach to ensure that a cadre of people have a set of key skills (at different levels) in order to adopt the UHL Way effectively.

In the next month we will finalise how best to structure oversight and reporting arrangements for the components of the UHL Way, noting the need to dovetail with rather than duplicate existing structures.

Input Sought

The Trust Board is asked to note progress with and support the implementation of the components of the UHL Way, as detailed within the attached implementation plan.

For Reference

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	[Not applicable]
Board Assurance Framework	[Yes]

3. Related **Patient and Public Involvement** actions taken, or to be taken: Patient partners will be involved in progressing this work

4. Results of any **Equality Impact Assessment**, relating to this matter: [Insert here]

5. Scheduled date for the **next paper** on this topic: [February 2016 – TB Thinking Day]

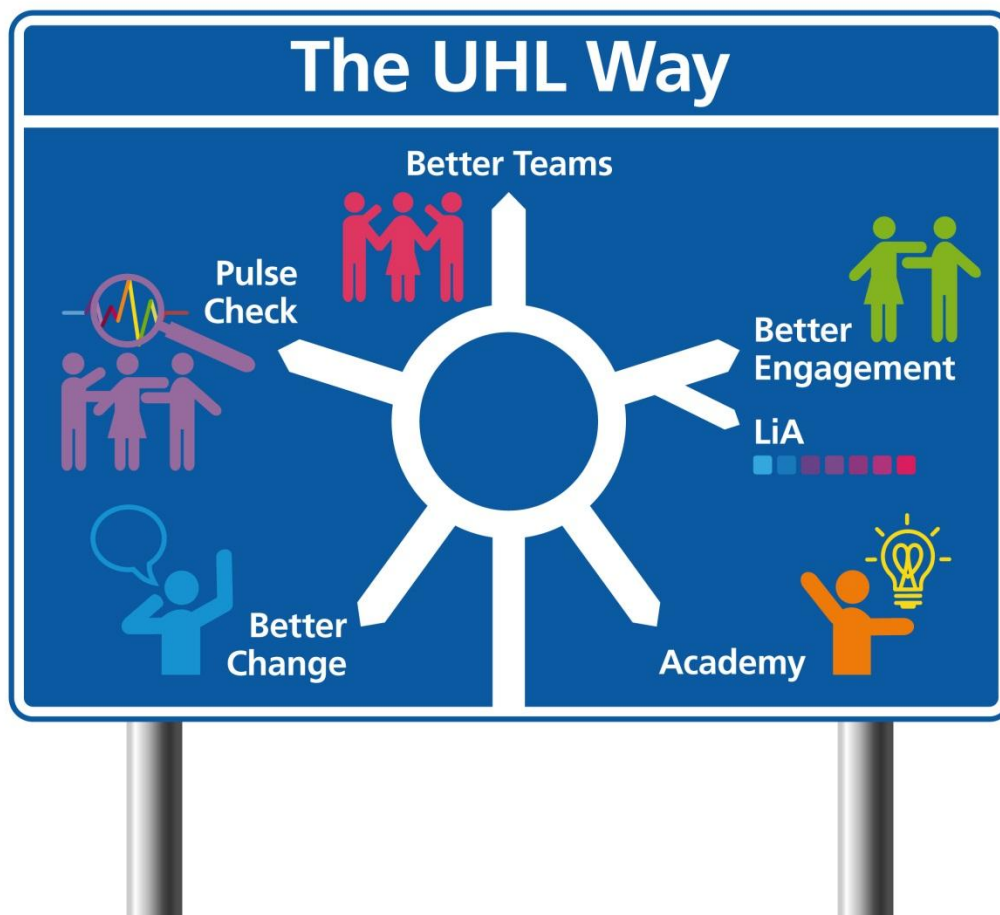
6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages**. [Detailed plan attached]



UHL Way Implementation Plan 2016-17

(Trust Board review on 7 April 2016)



Report By: Bina Kotecha, Deputy Director of Learning & OD and
Linsey Milnes, Listening into Action Lead

V1.3. 7 April 2016



Welcome and Introduction

It gives us great pleasure to welcome you to the UHL Way. The UHL Way is the way we are going to manage change in a consistent and sustainable way, but also in a way that engages and empowers the staff involved in, and affected by that change. The UHL Way also offers a comprehensive framework for patient and public involvement in the improvement of care.

The UHL Way is about embedding a culture of continuous improvement across the Trust which will in turn improve the quality of care we provide to patients, reduce harm, increase efficiency and effectiveness and support cost reduction. Over the next 12 months (2016-17), key benefits / measures of improvement will be set out within individual programmes and overall improvement to staff experience will be monitored at quarterly intervals through the UHL Pulse Check and on an annual basis through the National Staff Attitude and Opinion Survey.

The three components to the UHL Way as set out in this Implementation Plan are:

- 1. Better Engagement: Continuing Listening into Action – moving into Year 4**
- 2. Better Teams: Targeted improvement and development**
- 3. Better Change: Adopting the best in change and improvement methodology**

These components are supported by the Academy and a Community of Experts

As set out in this plan, we are pleased to share that Listening into Action will continue and we will build on the good work we have already done. As we move into our fourth year of LiA implementation, we will be doing more of what we have been doing and continuing its expansion to support the UHL Way.

Whilst we have detailed planned implementation activity against each of the components separately in this plan, we recognise that the components significantly overlap. Also the timeframes set out in this plan are based on pre-planned corporate activity and we emphasise that other bespoke activity will take place over the next 12 months in continuing to address patient, staff and organisational priorities.

We look forward to celebrating the successes of implementing the UHL Way, at various times during the year, and demonstrating the 'so what' difference from exposure to development interventions provided through the UHL Academy.

The UHL Way has brought together a wide range of staff and their different skillsets from across our organisation with a desire to help others. Thank you to those individuals for their work and commitment in taking the UHL Way forward.

John Adler, Chief Executive

Louise Tibbert, Director of Workforce & Organisational Development



Listening into Action

Better Engagement - The UHL Way Year Four 2016/2017





SECTION

Overview of Listening into Action – Year 4

Mission

What is LiA about?

LiA Sponsor Group

The journey so far...

Celebrating Success

LiA Reach

Year 4

- **Workstream One – Classic**
 - **Workstream Two – Thematic**
 - **Workstream Three – Management of Change**
 - **Workstream Four – Enabling**
 - **Workstream Five – Nursing into Action**
 - **Workstream Six – Involvement into Action**
 - **Workstream Seven – Autonomous Teams**
 - **Workstream Eight – Medics into Action**
-



Overview of Year 4



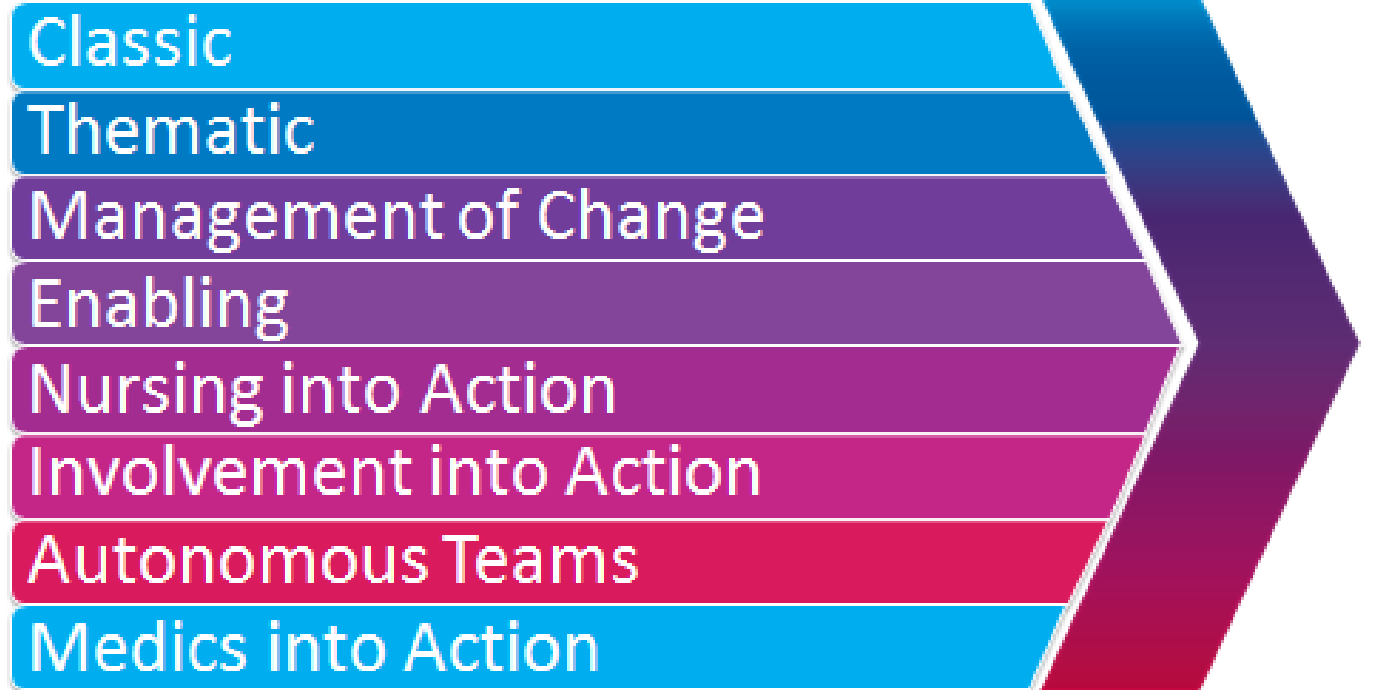
Listening into Action



Year 4

University Hospitals of Leicester NHS Trust

Caring at its best





Our Mission

To achieve a fundamental shift by engaging and empowering staff to make changes happen, that will benefit our patients, our teams and our Trust



What is LiA about?



Listening into Action (LiA) ...

- Is one of the components of The UHL Way along with Better Teams and Better Change and sits in the Better Engagement strand.
- Engages all the right people to deliver better outcomes for our patients, our staff and our Trust.
- Aligns ideas, effort and expertise behind the patient experience, safety and quality of care.
- Radically improves how engaged and how valued people feel.
- Builds the confidence of managers and leaders to 'lead through engagement'.
- Gives teams 'permission' to get on and make positive changes happen together.



LiA Sponsor Group



UHL Listening into Action Sponsor Group: Terms of Reference

LiA is about 'breaking paradigms, creating ambition, and raising the bar' so we can deliver the best care for our patients. The Sponsor Group is a small team of committed people who are passionate about making a success of this will give it their unwavering commitment, and who, between them, have the ability to influence all key groups of staff across the Organisation.

Role and Focus of the Team Sponsor Group

- Leading and championing use of the Listening into Action (LiA) approach in the Trust.
- Meet once a month to navigate and lead this journey, make decisions and act as a 'sanity check', and do everything possible to cut through all the usual reasons why not to unblock the way ahead.
- Sharing successes every step of the way.
- Spotting opportunities to apply LiA thinking to other challenges as a simple way to focus and accelerate results.
- Doing everything you can to embed LiA as 'the way we do things around here'.



Constitution

Membership:

- Chief Executive and Chair of Sponsor Group
- Director of Workforce and Organisational Development
- Deputy Director of Learning and Organisational Development
- Listening into Action Lead
- Listening into Action Facilitators
- CMG Medical Director
- Chief Nurse / Deputy Chief Nurse
- CMG Lead
- Deputy Director of Communications and Engagement
- In attendance: Listening into Action Administrative Assistant

Membership may be reviewed in line with new workstream priorities.

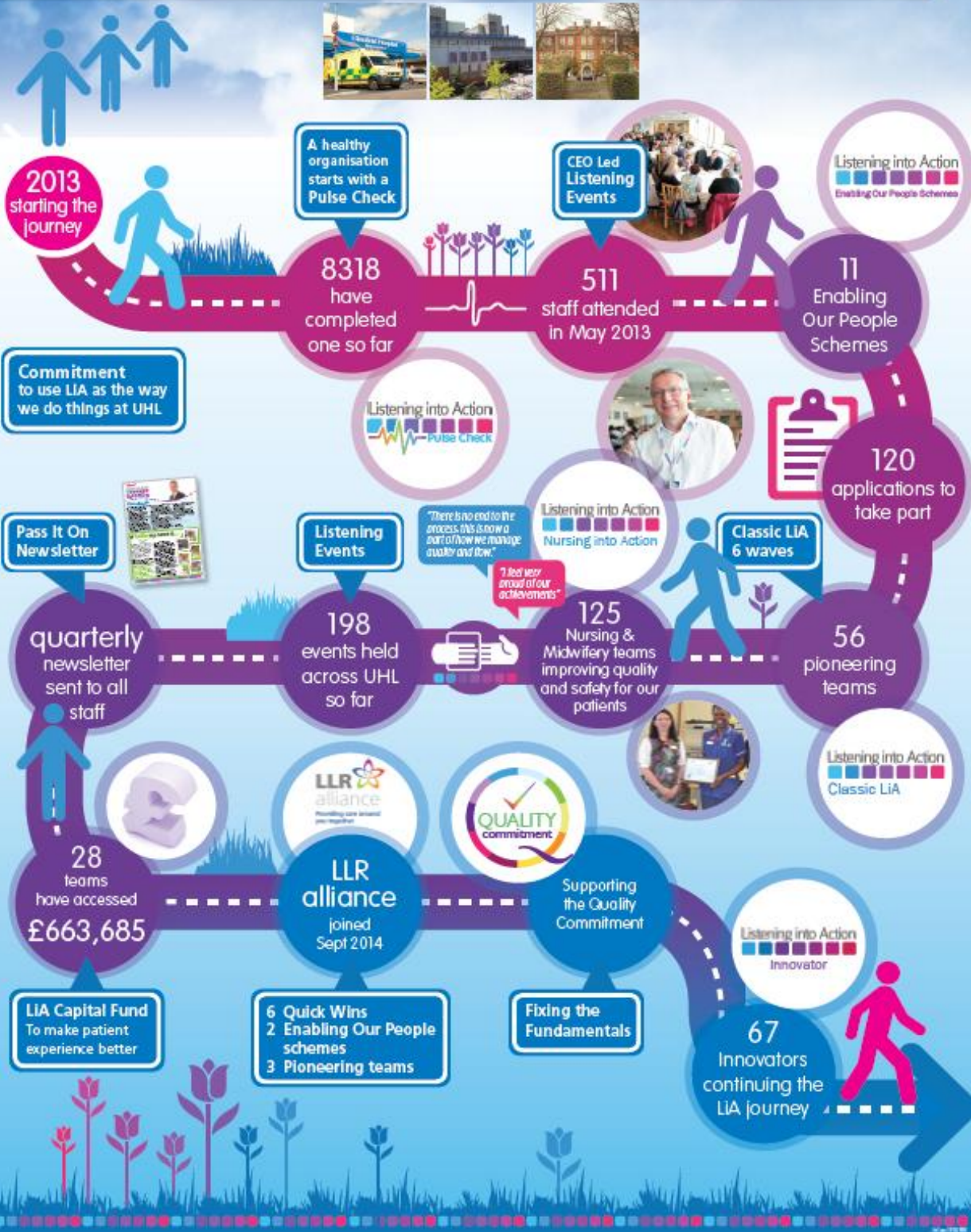
Administration of LiA Sponsor Group will be provided by LiA Team



The journey so far...



Listening into Action The Journey so far... 2013 onwards





Celebrating Success



Paediatric Cystic Fibrosis Team

Our Mission

We would like to focus on providing ready-made antibiotic treatment for parents to administer to their child or young person at home to avoid hospital admission and therefore improve their opportunity to access education, college or work. This development will need the support of community chest physiotherapy in order to optimise antibiotic therapy during an acute phase.

Why we needed change

- Parents are affected by high child care costs, difficulty in maintaining work commitments and loss of earnings.
- There are high levels of separation anxiety caused by excessive periods of time away from families and siblings.
- Reduced risk of hospital acquired infections .
- Opportunity to work across primary and secondary care with the specialist chest physiotherapist to provide care at home.
- To provide an equitable service across the client group which is not currently available.
- During periods of increased acute activity there will be improved access to treatment for CF patients.

How we made the change

The Team have engaged with community groups and purchased four Nippy Clearways machines for therapy at home, employed a Band 6 nurse specialist and physiotherapist which will allow the team to run the IV service in the future. An improved IV Home Protocol which includes management plans/care plans. They have developed summary cards for each patient and family with training information regarding the Home Therapy Service.

The difference we made

- The newly recruited Physio and Specialist Nurse have spent valuable time with the children and their families to support parents now administrating ready-made treatment to children at home.
- In the year that this has been running we have saved 300 bed days.
- This means that 18 patients and their families have had the benefits of home therapy; privacy and dignity, being with family, reduced anxiety, being able to go to school, socialising and better food.
- Due to antibiotics needing no preparation more parents are able to use them and the case load is increasing.





Ward 32 & Catheter Suite, Glenfield Hospital

Our Mission

To focus on finding an effective way to ensure a smooth patient journey through their elective cardiac procedure through to nurse led discharge.

Why we needed to change

To improve the overall experience of short stay cardiology patients and their carers by systematically streamlining the current system to include the improved management of the bed base available to elective cardiac patients.

How we made the change

A radial lounge was developed to enable patients to be admitted into hospital for their procedure and be fully assessed, treated and discharged whilst fully dressed. Walking down to the Catheter Suite to have their angiogram has meant that patients are seated so not in a bed.

The difference we made

- Patients and carers to wait in a comfortable seated environment where patients remain fully clothed for their procedure.
- Enhanced the patient experience by improving privacy and dignity.
- Reduction in availability and waiting for beds.
- In the average week the radial lounge is used by 30- 35 patients therefore bed capacity on the ward has improved.
- We have been able to reduce the cardiology bed base from 16 beds to 12.
-





Listening into Action

Equipped to Care

Our Mission

To create a Trust wide Medical Equipment Library to ensure staff have access to equipment fit for the job.

Why we needed the change

The Trust has over 2700 infusion pumps but clinical staff always found it difficult to locate the pump they require when required to provide patient care.

How we made the change

- Dedicated space for medical equipment libraries was made available at both LGH and LRI sites.
- Pump ownership was transferred from each clinical area to the central libraries.
- Equipment library staff engaged and worked with clinical teams to ensure the transfer of pump ownership took place at an agreed time and date, and then agreed the levels of pump supply required by each ward on a daily basis.
- Library staffs now undertake daily ward rounds to pick up used pumps and take away for decontamination and return to the library stock.
- Library staffs also replenish the numbers of pumps to the agreed levels for each ward.

The difference we made

- Initial surveys showed that 73% of pumps held on ward areas were not actually being used at any one time.
- Pumps were found hidden and being hoarded in case staff couldn't find one when they needed one.
- After implementing the library process at LGH follow up surveys showed that now only 27% of pumps found on ward areas that were not being used (mostly accounted for by the holding levels agreed for each ward; which are now located in dedicated storage areas on each ward; so that staff now know where to find a pump when they need one).
- Staff confidence has grown in being able to locate a pump when they need one to provide clinical care. As a result the overall numbers of pumps within the Trust are being reduced; lessening the burden and cost on maintenance, replacement budgets etc.





Listening into Action
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Coronary Care Unit

Our Mission

Nursing into Action - Improving quality, safety and care for our patients.

Why we needed change

Nursing into Action is about all wards and departments in the Trust holding listening events to look at changes to the way they are currently working improve the care, experience and safety for their patients.

How we made the change

Introducing motion sensors for confused, wandering patients at night, implementation of role cards for all members of staff involved in cardio-pulmonary resuscitation, improvements made to the handover process and an increase in the amount of patients that have telemetry to monitor their vital signs.

The difference we made

- Improvements in safety for confused patients who are prone to wandering.
- Streamlined care and improved safety during resuscitation.
- Reduced handover time by 15-30 minutes, freeing up more time to care.
- Privacy and dignity has been improved for patients on telemetry.





Ward 27, Leicester Royal Infirmary

Our Mission

To improve the Chemotherapy process in Ward 27 day care from community blood tests to administration, right through to discharge with oral medication.

Why we needed to change

Following significant refurbishment, our service changed to provide day-care chemotherapy to teenagers and young adults, (age 13-24). This has meant that we have had to think differently about the way that services are provided.

How we made the change

Development and introduction of Chemotherapy pathways including nurse led assessments which have been accompanied by the development of a varied Patient Group Direction medication list and pre packed medications. We now provide hand held games consoles for patients to use whilst receiving their treatment and reward certificates for unpleasant treatments.

By implementing the Chemotherapy pathways and performing nurse led assessments it has ensured patients who are mid-cycle of their treatment are not waiting for prolonged periods of time. We have seen reduced waiting times for patients being discharged.

The difference we made

- First audit carried out early 2014, pre pathways. 28 episodes of chemotherapy administration occurred between ward and day care over 2 week period: Average of 86mins (1hr 26mins) wait from arrival to administration
- Second audit carried out early 2015, with pathways in use on day care. 44 Episodes of chemotherapy administration occurred between ward and day care over 2 week period: Average of 59mins





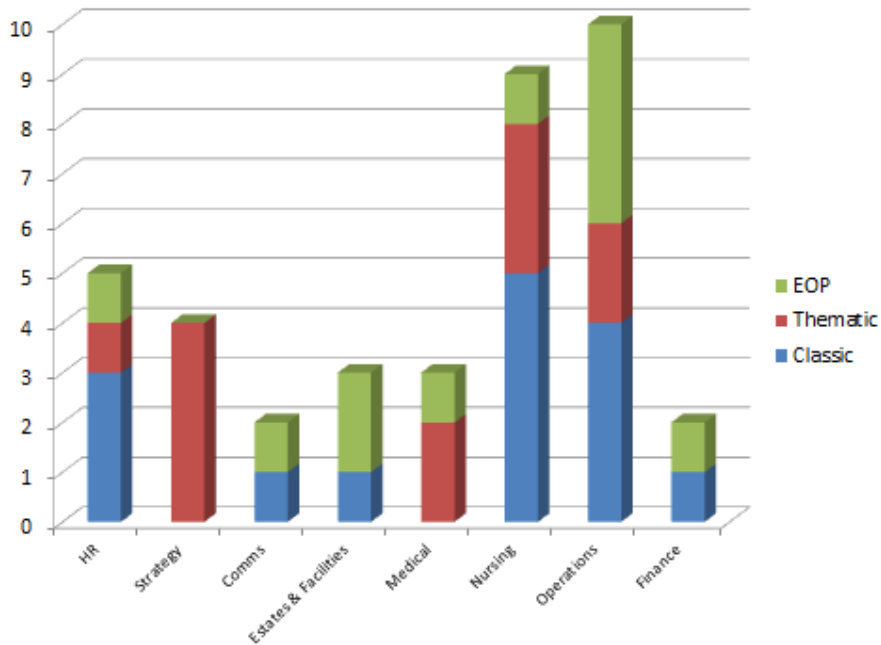
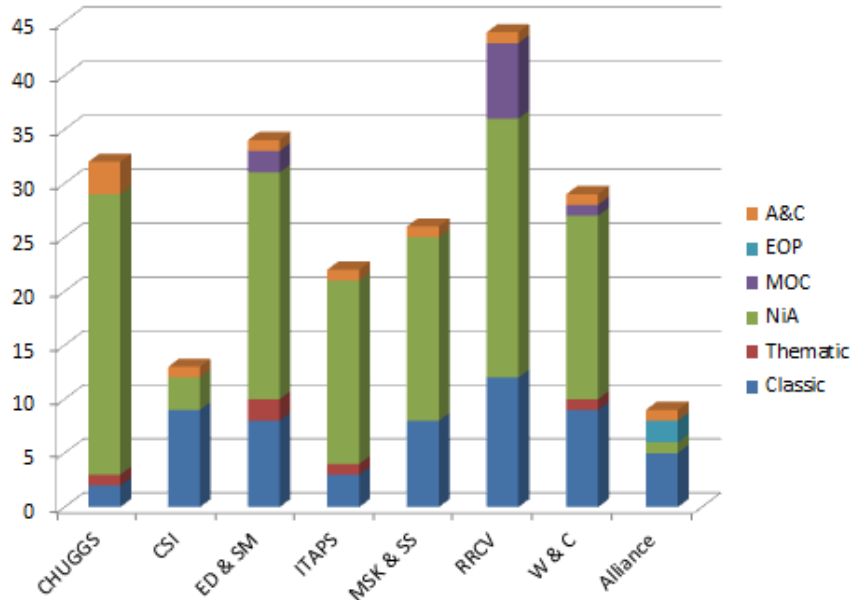
LiA Reach



Listening into Action



LiA Reach shows where Listening into Action has been used in the Trust. The number of teams is shown against which CMG or Directorate they belong to and also which workstrand of LiA they fit into. In total 247 different teams have used LiA to connect and engage with staff, and the Year 4 plan will see this reach even further.





Year Four by Work Stream



Classic

- Supporting two waves of Pioneering Teams to adopt Listening into Action at a local level. Wave 7 will commence in May 2016 and Wave 8 in November 2016. The number of teams will be determined by applications received. Support includes facilitation of five surgeries where teams have the opportunity to network with peers, share achievements and work through obstacles. Innovators i.e. past Pioneering Team and Enabling our People Scheme Leads are invited along to provide advice and support as required.
- Supporting a network of LiA Innovators. Support surgeries will be held every six months that are open for all to attend to ensure that longer term actions are on track.
- Running Pass It On Events at the end of each wave in order to 'pass the baton' on to the next Wave and share achievements and success.
- Publishing the LiA *Pass It On* Newsletter quarterly to help spread the word.



Classic Schedule 2016-17

Apr-16				May-16					Jun-16				Jul-16				Aug-16					Sep-16			
4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26
Wave 7 Applications close			Final team selection at LiA Sponsor Group			PIOE	Welcome Wave 7 & Pulse Checks open			Pulse Checks Close	Listening Surgery					Action Plan Surgery					Support Surgery		Wave 8 applications open		Support Surgery

Oct-16					Nov-16				Dec-16				Jan-17				Feb-17				Mar-17				
3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30	6	13	20	27	6	13	20	27
	Wave 8 applications close		Pass It On Surgery		PIOE	Welcome Wave 8 & Pulse Checks Open			Pulse Checks Close	Listening Surgery					Action Planning Surgery					Support Surgery					Support Surgery



Thematic

- Supporting senior leaders to host Thematic LiA activities. These activities will respond to emerging priorities within the Trust.
- Each Thematic event will be hosted and led by a member of the Executive / Senior Leadership Team or delegated lead.
- Provision of a Thematic LiA resource pack and support with planning and organising the listening event is provided by the LiA Team when requested, along with pre and post administrative support.



Management of Change

- LiA Engagement Events are held as a precursor to change projects associated with service transformation and for HR Management of Change (MoC) initiatives. This links with the Better Change component of the UHL Way to engage with stakeholders and involve them in ideas and solutions.
- Supporting and monitoring the range of activities associated with Management of Change LiA, and reporting this through the Organisational Health Dashboard.
- Providing 'Train the Facilitator' sessions to ensure that the principles of LiA are adopted across the Trust and that there is a *genuine* sense that staff are being listened to within each engagement event. This has been done with HR leads to support management of change events and plans for Year 4 will see this roll out to Transformation leads in the Trust to equip them further with tools to engage with members of staff and patients in their work.
- Supporting activities under Better Change.



Enabling

- Responding to the identified Strategic Priorities for the Trust by prioritising the engagement activities needed.
- Supporting Listening into Action in LLR Alliance.
 - *Continuing work on Quick Wins ensuring that these are communicated to all staff.*
 - *Supporting and guiding two Enabling Our People Schemes; communication and clinic capacity.*
 - *Supporting two waves of Pioneering Teams to adopt LiA at a local level. Wave 3 will commence in May 2016 and Wave 4 in November 2016. The number of teams will be determined by applications received. Support includes facilitation of five surgeries where teams have the opportunity to network with peers, share achievements and work through obstacles. Innovators i.e. past Pioneering Team and Enabling our People Scheme Leads are invited along to provide advice and support as required.*
 - *Development of a roll out plan for Nursing into Action and support for the ongoing team.*
 - *Provision of resources and guidance for Admin and Clerical LiA.*
- Co-ordinating responses and feeding back on staff frustrations reported at the Delivering Caring at its Best sessions.
- Working with facilities staff to improve working lives and processes.
 - Large scale listening events to be hosted by Chief Executive and Director of Estates and Facilities to help welcome and integrate facilities staff to the Trust, exploring what is good and what requires improvement.
 - This will be followed later in the year by listening events that will help shape how services are provided.



Listening into Action

Apr-16					May-16					Jun-16				Jul-16				Aug-16					Sep-16							
4	11	18	25		2	9	16	23	30	6	13	20	27		4	11	18	25		1	8	15	22	29	5	12	19	26		
Enabling - Alliance	Alliance Wave 3 Applications Close			Final team selection at Alliance LiA Sponsor Group			PIOE	Welcome Alliance Wave 3 & Pulse Checks open				Pulse Checks close	Listening Surgery							Action Planning Surgery				Support Surgery			Wave 4 applications open		Support Surgery	
Facilities														3 Large Scale Listening Events																
Frustrations	Leadership & Management Issues				Interserve					Communication				Staff Well Being				Environment					Follow Up							

Oct-16					Nov-16				Dec-16				Jan-17				Feb-17				Mar-17							
3	10	17	24	31	7	14	21	28		5	12	19	26		2	9	16	23	30	6	13	20	27		6	13	20	27
	Wave 4 applications close		Pass It On Surgery		PIOE	Welcome Wave 4 & Pulse Checks Open				Pulse Checks close	Listening Surgery								Action Planning Surgery				Support Surgery					Support Surgery



Nursing into Action

- Supporting all nurse led wards and departments to host a listening event and implement any associated actions related to improving the quality of patient care and experience.
- Every two months a new set of 14 ward/departments commence Nursing into Action (NiA). The final set (Set 12) launches in May 2016.
- Launch events, support surgeries and celebration events are arranged per set.
- Provision of a resource pack including electronic materials given to all teams.
- Annual Nursing & Midwifery Conference which includes a celebration of the achievements from the Nursing into Action teams.
- The next stage of NiA will see teams follow the Better Teams component of the UHL Way.



Apr-16				May-16					Jun-16				Jul-16				Aug-16					Sep-16			
4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26

Set 9 Support Surgery, Set 10 Action Planning Surgery		Set 11 Listening surgery		Set 10 Support Surgery		Set 12 Launch Event		Set 10 Support Surgery, Set 11 Action Plan Surgery		Set 9 Celebratory Surgery, Set 12 Listening Surgery		Set 11 Support Surgery			Set 10 Celebratory Surgery, Set 11 Support Surgery, Set 12 Action Planning Surgery				Set 12 Support Surgery				Set 11 Celebratory Surgery	Set 12 Support Surgery
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Oct-16					Nov-16				Dec-16				Jan-17				Feb-17				Mar-17				
3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30	6	13	20	27	6	13	20	27

						Set 12 Celebratory Surgery																			
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Involvement into Action

- Working collaboratively with the Patient and Public Involvement Team to provide a process for engaging and involving patients in changes that are planned in the Trust.
- Using a co-design approach with staff and Patient Partners to develop resources that will guide and support the process of involving patients in change from the very beginning.
- Support will be provided to the PPI Team around hosting Involvement into Action events.
- Selection and support of a pilot team to use Involvement into Action.
- Linked with the Better Change component of the UHL Way.



Autonomous Teams

- *The aim of the pilot is to explore whether allowing an Autonomous Team to operate with significant decision-making powers and freedoms (as defined within the Terms of Reference) could provide the potential benefits of improved staff engagement and patient experiences and outcomes.*
- *It will be based within the Orthopaedics Service for the purpose of operating the Trust's Elective Orthopaedics, Trauma and Theatres Team.*
- *The team will be known as the Trauma, Orthopaedics and Theatres Leadership Board with membership supported by front-line staff.*
- *It will remain within the confines of the existing CMG governance structure, but being ring-fenced as its own business unit; reporting to the MSS and ITAPS CMG boards.*
- *Improvements will come from an active involvement of staff in decision-making and therefore having more control over their affairs; creating a virtual sense of ownership.*
- Supporting the development of a Terms of Reference and listening events associated with the creation of an Autonomous Team.
- Co-ordinating responses and feedback reported at the launch event of the Autonomous Team.
- Publishing the Autonomous Team handbook and newsletter to help spread the word.
- The next stage will see us supporting the team by providing 'Train the Facilitator' sessions to key personnel to ensure that that the team is appropriately equipped to host engagement events and use the 7 Steps of LiA.



Listening into Action



20th October 2015

30.11.15

- Steering Group is established and meetings arranged.
- Project monitoring and reporting agreed.
- Terms of Reference draft has been developed and emailed to CMG project leads for consultation.

08.01.16

- Finalised agreement on how the Oxford University Research Project will link into the Pilot Programme.
- Phase 1: names of potential interviewees gathered.
- Times, dates and venues arranged for interviews.

09.02.16

- LiA Launch Event of UHL's Autonomous Teams Pilot:**
1. **Shaping the Vision**
 2. **Getting the Board of the Ground**
 3. **Agreeing Next Steps**

19.04.16

- Chair has agreed on how they would like to approach and organise the pilot as well as the support required from LiA.
- Outcomes, parameters and metrics of the Board have been agreed and finalised by the Chair, MSS and ITAPS Heads of Ops.
- Newsletter is sent out to the wider teams involved in the pilot.
- Handbook has been communicated more widely to corporate teams.

30.05.16

- Trauma, Orthopaedics and Theatres Leadership Board first meeting is completed and subsequent meetings arranged.
- Round 2 of Oxford University Interviews are arranged and completed.

June 16

November 15

December 15

January 16

February 16

February 16

March 16

April 16

May 16

May 16

15.12.15

- Autonomous Team Leadership Board membership is agreed.
- Date for the LiA launch event is chosen and venue booked.
- Sign off on Terms of Reference draft (to be circulated during the launch event).
- Invitation email sent out to invited members.

09.02.16

- Round 1 of interviews completed.
- LiA Pulse Check emailed to Trauma, Orthopaedics and Theatres Teams for completion.
- Comprehensive Handbook has been developed for members of the Board which includes support to be provided from CMG finance, Contracts and Commissioning etc.
- Format, roles and responsibilities of the launch event are organised.
- Final papers e.g. Terms of Reference etc. have been sent out.

15.03.16

- Feedback from the LiA Launch Event has been collated and reviewed.
- LiA Pulse Check is reviewed.
- Final membership of the Board is agreed following consultation.
- The Chair of the Board has been chosen.
- Accountability issues are agreed by the Steering Group.
- Pump prime funding has been agreed for the Board.

23.05.16

- Incentivisation is discussed and agreed.
- Terms of Reference will be finalised and signed off by Steering Group and Board.
- First meeting of the Board is arranged.

Next steps will be dependent on the approach the Chair would like to take going forward.

06.06.16

- Quarterly reviews meetings with the Steering Group are organised.
- Leadership Board feedback session is organised on the 30/06/16.



Medics into Action

The Medics into Action (MiA) workstream is to focus on engagement with all medical staff from students to Heads of Service.

- Medical Students
 - *Commenced in November 2015 when UHL joined forces with the University of Leicester (UoL) to identify what improvements need to be implemented to enhance training for medical students.*
 - *A joint UHL and UoL sponsor group is committed to driving this work forward.*
 - *Provision of resources and support to progress the actions.*
- Heads of Service
 - *Working in collaboration with the Organisational Development Team to support the Medical Director in exploring, with Heads of Service, what support and development they require in the role.*
 - *Provision of resources and facilitation of the listening event including pre and post administrative support.*
- FY1s and FY2s
 - Supporting Clinical Directors and CMG Education Leads with MiA for doctors in training.
 - Provision of resources and support to facilitate the listening events and guidance as needed.



Listening into Action



University Hospitals of Leicester **NHS**
NHS Trust

Caring at its best



University Hospitals of Leicester

Better Teams Programme

**‘We are one team and we are best
when we work together’**

**Year 1
2016-17**



Introduction

Better team working is important to University Hospitals of Leicester, as the relationship staff have with their team, can make a real difference to their experience at work, and the care patients experience.

It is important to examine and address staff engagement at a team level as engagement can help staff to develop strong positive feelings and attitudes towards their work and the team. This can really help them to give their best, even when times get tough.

Being a part of the Better Teams Programme will give teams the opportunity to improve and sustain team working, with guidance and support at each step of the 26 week journey.

The programme is co-ordinated by the Better Teams Facilitators.



What is the Better Teams Selection Process?



Better Teams Selection Process

The Better Teams programme is most appropriate for teams with less than 40 members (in relation to team size), working towards a shared purpose. Initially we will select from teams that have expressed an interest in following the Better Teams Programme. We are pleased that Expressions of interest have been received from all CMG areas (including Corporate applications).

At the next phase we will be adopting a targeted approach working closely with CMG / Directorate leads in identifying teams that will benefit from accessing the Better Teams programme.

In assessing the suitability of teams for the programme, our Better Teams Facilitators will work through key criteria covering the following areas:-

- Core areas for team improvement
- Better Teams programme objectives/outcomes
- Team representation on the programme (at workshops)
- Commitment of time to participate in the programme
- Team biggest challenges
- Team issues
- Progress with completion of Pulse Check by all members of the Team (described in this report)
- Previous team development activity undertaken (inc. outcomes / achievement)



What will teams get
from the Better Teams
programme?



Diagnostic Report

The Better Teams diagnostic is a questionnaire that members of staff within the team complete. It helps to identify how engaged they feel, and the extent they demonstrate engagement behaviours at that moment in time.

It also helps to identify what it is about the way teams currently function, that is helping to enable or hinder team work. By understanding what may be enabling team working, the Better Team lead can identify what is currently working well. By understanding what is hindering team working, they can identify what needs to change or improve about the way their team currently functions.

The report will also provide them with guidance on what can be done to change or improve the way the team currently performs. It will suggest which tools from the Better Teams toolkit may be best to improve team working according to that team's specific needs.



Toolkit

The Better Teams toolkit has drawn upon the best practice from existing staff engagement initiatives and added further engagement techniques. The programme allows the team leads to learn and understand more about the Better Teams tools available, so that they can select those that are most applicable to their team's specific needs, and understand how to put them into practice.

They will attend a two day awareness workshop, that will help them to interpret and reflect upon their team's diagnostic report, gain further understanding of the tools within the Better Teams toolkit, select the core and supplementary tools that they would like to apply, and create an action plan.



The Workshops

Day 1

Introduction to the Better Teams pathway

Interpretation and reflection of your diagnostic report

Awareness of the four core Better Teams tools:

- Communications cells and visual management
- Listening events
- Exposure techniques (walkabouts, back to the floor, shadowing, organisation raids)
- Team charters and team building

Day 2

Awareness of the four supplementary Better Teams tools:

- Coaching techniques
- Building resilience and wellbeing
- Personal development techniques
- Celebrating successes

Selection of at least one core Better Teams tool, relevant to the team's specific needs.

Creation of an action plan.



Action Learning Sets

Over the 26 week Better Teams journey, the team leads will attend three action learning sets alongside leads from other participating teams. This will allow teams to share with others the successes and challenges of applying the Better Teams tools. It is also an excellent way to gain further support and guidance from others who are going through the same process.

Better Teams Celebration Event

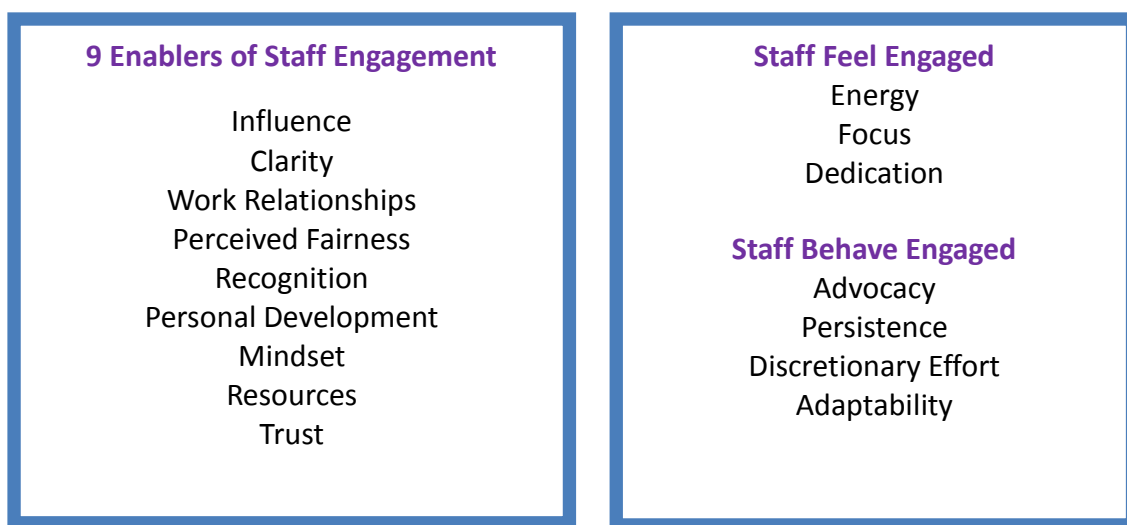
At the end of the 26 week journey, the teams will have the opportunity to present their success stories at a celebration event. The event showcases and celebrates all that has been achieved by the teams, and allows them to pass on their knowledge and experiences to the next cohort of teams. The event will well attended by staff, leaders and directors across the organisation.



What results can the Better Teams expect?



By taking part in Better Teams programme, the team leads will learn some new skills and tools that will be important to engage staff within their team in the future. The process will help them to develop important leadership skills. They can also expect to see improvements in staff engagement, which will be measured using the Better Teams diagnostic. This looks at;



The measurements taken are compared with those from the organisational UHL Pulse Check.

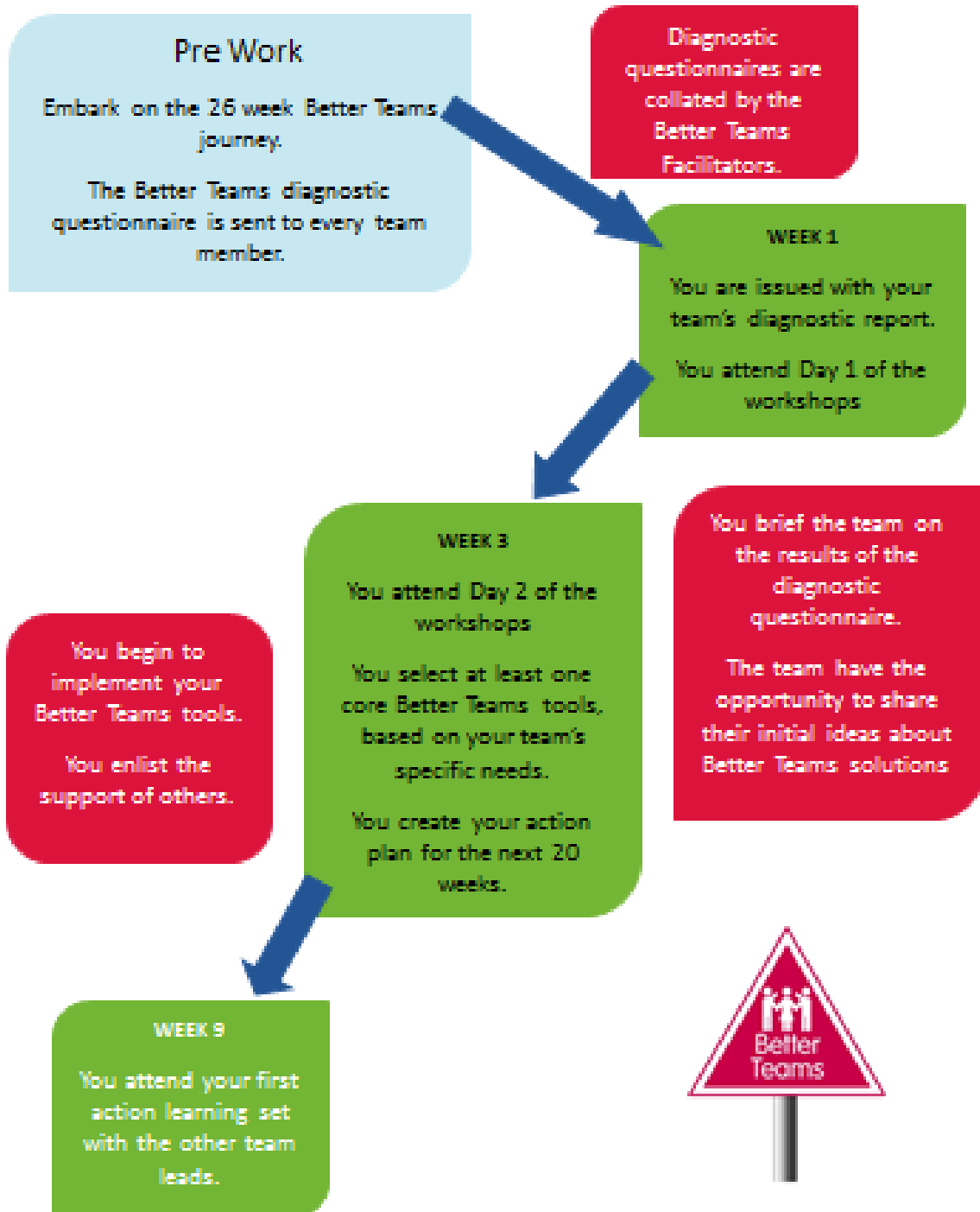
Better Teams is not a short term solution and the leads need to sustain levels of team working beyond 26 weeks. If this is achieved, over time they may start to see additional outcomes such as improvements in staff morale, sickness absence, team performance, retention of staff and patient experience.



Better Teams Journey

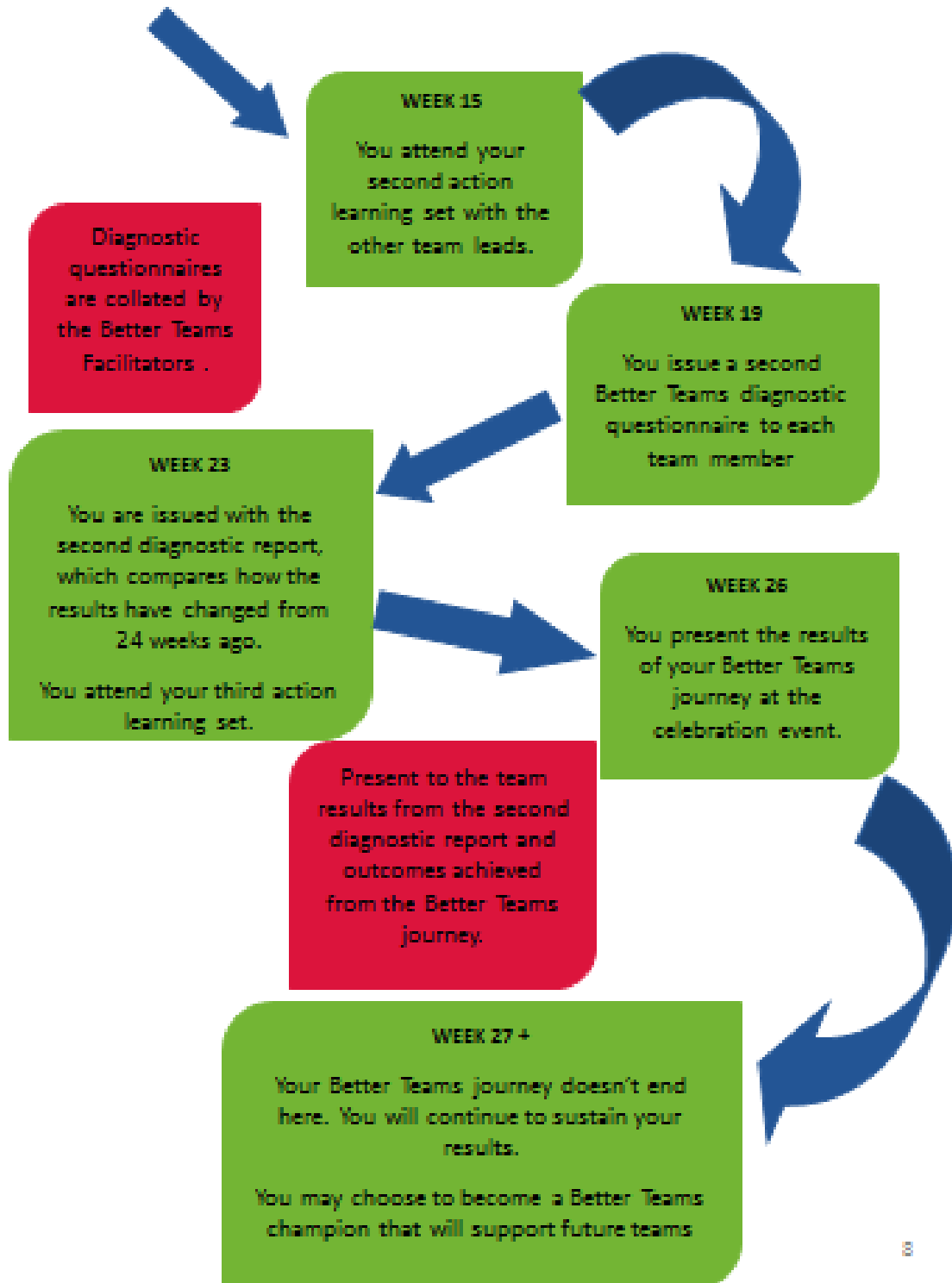


The Journey





The Journey





How will Better Teams be supported?



Better Teams Facilitators

The team are responsible for managing and facilitating the teams during their journey. They will provide general information regarding the Better Teams programme. They will offer guidance on the diagnostic and toolkit, and will oversee that teams achieve their objectives at each stage of their 26 week itinerary. They also organise the celebration event.

Better Teams Executive / Senior Sponsors

Each Team will have an Executive or senior management level sponsor. They will be accessible to offer any support they may need including unlocking barriers, visiting the team, and acknowledging the work that the team are doing.



Better Teams Schedule 2016/17

Apr-16				May-16					Jun-16				Jul-16				Aug-16					Sep-16				
4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	
	Issue 1st Better Teams (BT) Diagnostic surveys to Cohort 1			BT Diagnostic surveys close. Results analysed		Panel to select Better Teams Cohort 1	UHL Way Steering Group - final decision. Teams informed		Day 1 Better Teams Training. Diagnostic reports issued.		Day 2 Better Teams Training Cohort 1						1st Action Learning Set Cohort 1						Advertise for Better Teams Cohort 2	2nd Action Learning Set Cohort 1		

Oct-16					Nov-16				Dec-16				Jan-17				Feb-17				Mar-17					
3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30	6	13	20	27	6	13	20	27	
Issue 2nd Diagnostic survey Cohort 1	Issue 1st BT Diagnostic Survey to Cohort 2	BT Diagnostic surveys close. Results analysed	3rd Action Learning Set. Diagnostic reports issued	BT Diagnostic surveys close (Cohort 2). Results analysed		Panel to select Better Teams Cohort 2	UHL Way Steering Group - final decision. Teams informed		Celebration Event. Day 1 Better Teams Training (Cohort 2). Diagnostic reports issued.		Day 2 Better Teams Training Cohort 1						1st Action Learning Set Cohort 2					Advertise for Better Teams Cohort 3	2nd Action Learning Set Cohort 2			Issue 2nd Diagnostic survey Cohort 2





University Hospitals of Leicester

Better Change Programme

'We focus on what matters most'

**Year 1
2016-17**



Introduction

Every job affects patient care, we all have our part to play. Each one of us finding a way to do our job a little better ultimately improves the quality of care we give.

To help this we have developed our Better Change 5 Stage Approach which is open to everyone although adopted on an incremental basis over the next 12 months. It uses small changes in our everyday work to make big overall improvement over time. Change isn't random, it's carefully planned and it's a chance for us to use our ideas to make a difference.

More formally we can say Better Change is a method for developing, testing and implementing changes so that improvements can be made quickly but in a planned way.

With lots happening at UHL and pressures on budgets it can be tough to think about improving when our working day already feels pretty full but the point is we're not talking huge complex projects often it's the smallest changes that have the biggest impact like standardising the way we do things to ensure each step happens or creating little nudges that transform everyday behaviour. It might be as simple as double checking our work, learning from mistakes as a team or avoiding duplication and waste.

These changes should be thoughtful, meaningful and become part of our normal work and they will help all of us deliver Caring at its Best.

Essentially we make a plan to do something we try it out, see what happens and then act on the result to tweak things the next time around the trick is to keep it rolling to build up lots of small changes that add together to make the big difference.

The cumulative effect can be really significant and benefit patients across the organisations and beyond and it's our ideas that can make this happen, we want to support everyone to get involved and each of us can contribute to developing the culture of continuous improvement.



What are the 5 Stages of the Better Change Approach?



The **Better Change** element of the UHL Way is based on best practice and derived from the NHS Change Model, NHS Model for Improvement and brings in the best from the Private Sector. It is designed to ensure consistency in approach and delivery and to reduce the number of different ways in which we currently approach change and improvement.

Better Change is a form of Plan Do Study Act (PDSA) cycle and has 5 stages:

1. Initiate – define what needs to be achieved and how it relates to things you really care about – get the right people involved right from the start and communicate the right things to the right people

2. Diagnose – understand the things you need to improve – collect data/ feedback to define the problem

3. Trial – generate ideas - test out your ideas on a smaller scale – learn from ideas that work as well as those that do not – what will you measure that will change if things improve?

4. Implement – implement the best solution

5. Sustain – embed the new way of working - celebrate achievements and learning - the improvement becomes the norm – look for other opportunities for continuous improvement.

Change management and improvement activities associated with each of the stages of the Better Change approach are shown below:-



UHL Better Change 5 Stage Approach – Change Management and Improvement Activities



1. Initiate	2. Diagnose	3. Trial	4. Implement	5. Sustain
Are the project aims, objectives SMART? How will patients, staff, services and external partners be impacted by change?	Is the problem clearly defined? Are you working on the right problem? Do you have a plan on how data will be collected?	Have solutions been developed with staff, patients and stakeholders?	Have you tested or run a pilot for the new ways of working before considering wider adoption?	Are performance measures being tracked and are they delivering the desired outcomes?
Is the proposed change an improvement and are you clear how this will be measured?	Have you mapped the current process, collected baseline data and have clear comparison data?	Have you tested solution(s) small scale using the 'Plan Do Study Act' (PDSA) approach?	Have you reviewed the results against project aims, objectives and measures?	Have you put Operational Policies and Training Plans in place for the new ways of working?
Have you considered who the Core Project Team will be, including Project Lead and a Senior Sponsor?	Have you considered how you will gather additional Project Team, patient, staff and partner feedback?	Have you measured the change identified in the previous phase?	Can you identify any opportunities for transfer of learning? If so, how will you approach this?	What else do you need to do to ensure changes are embedded and sustained?
Have you Identified your key stakeholders. <i>i.e. the people you need to involve?</i>	Do you have appropriate project measures? Are there other benefits to this work?	Have you communicated what you have achieved from the testing (PDSA) to stakeholders?	Have you put together an Implementation Plan and Communication Plan to engage others?	Have you communicated key steps, actions and learning from the project to team/stakeholders?
Have you a single page Project Plan, which identifies the resources needed and how you will communicate the plan?	What are the risks associated with your project and have developed plans to address these?	Have you considered any further risks and have you developed plans to address these?	How will you ensure that the new ways of working are adopted? Have you developed an Evaluation Plan for assessing success?	Is the change considered 'business as usual'? What learning is there from things that didn't go as planned?
Have you registered your project and are you clear on the reporting arrangements?	Is there anything you learn from work carried out by others?	Have you communicated risks and concerns in line with your reporting process?	What has been the learning from implementing the plan?	Have you celebrated and shared success and your experience to help other teams?





UHL Better Change '2016-17 Exemplar Projects'



As set out by the Chief Executive and members of the Executive Team, we will adopt an incremental approach to implementing the Better Change methodology.

During 2016-17 we will focus on “UHL Better Change Exemplar Projects”, from each of our main areas of improvement / change activity including:-

- Productivity/CIP
- Strategy
- Operations/Performance
- Quality
- Workforce

Exemplars will be substantial projects with sufficient complexity to justify deploying the Better Change methodology. Executive Leads for each of these areas are in the process of identifying Exemplars with the UHL Way Steering Group, as shown in the table on the next page.

A small number of local quality improvement projects recently registered by front line staff will also be put forward as Exemplar Projects. In addition projects that Transformation Leads are about to commence in CMGs will be given consideration. Local projects (6 in total) will be further explored by members of the UHL Way Steering Group during April 2016.



UHL Better Change Exemplar Projects aligned to main areas of improvement / change activity – Working Progress

Project Title	Activity	Executive Lead	Project Lead	Project Charter	UHL Way Steering Group Comments
To ensure appropriate HR/Workforce combined team intervention to support the Emergency Floor Transformation Agenda	Workforce	Louise Tibbert	Richard Ansell	✓ Plus presentation	Suitable project further work required on project refinement and clarification of objectives
Next Steps for Cancer patients	Performance	Richard Mitchell	Charlie Carr	✓ Plus presentation	Suitable project further work required on clarification of objectives
ICS expansion	Strategy (1)	Richard Mitchell	Helen Seth/Sam Tancock	Presentation only	Project at Implementation Stage - Gateway Review to be undertaken by ST in testing prior stages of the BC Methodology
	Strategy (2)	Paul Traynor / Mark Wightman			PT/MW will respond during early April following further discussions with newly assigned teams
Reducing delays in the inpatient process (aka "Why are We Waiting?" or "3W")	Productivity	Richard Mitchell	Sam Leak	✓ Plus presentation	Suitable project further work required on clarification of objectives and Key Milestones
7 Day Services (note the connection with 3W)	Quality	Andrew Furlong/ Julie Smith	John Jameson	✓	This is a Vanguard Project and supported by LIIPS. Suitable project as this enables us to test how the Better Change Methodology aligns with the Vanguard and LIIPS Framework



How will we support
the implementation of
the Better Change 5
Stage Approach?



Coaching and 1:1 Support from a Team of Better Change Experts

We have devised a Better Change Project Charter and this is a document that staff leading exemplar Better Change Projects will complete at the start of their journey. The Better Change Exemplar Project Charter will be used to set out:-

Project Aims

Rationale

Key Areas of Improvement / Change

Project Start Date

Better Change Project Teams will be assigned a Better Change Coach and the coach will assist the Project Team to set out SMART Project Objectives and Key Benefits. The assigned Coach will also work through the stages of the Better Change approach and assist Project Teams in setting key project milestones.

At the Initiate Stage the Project Team (with coaching support) will need to provide senior sponsor(s) and the UHL Way Steering Group assurance that:-

- People with appropriate skills & experience are deployed on the project
- All stakeholders understand issues involved
- The project is ready to progress onto the next stage
- Visibility of realistic time and cost targets



One important fact to consider is that there are certain critical elements for success which should be continually considered throughout the life of the project. These are listed below:-

1. Stakeholder engagement and involvement
2. Sustainability
3. Measurement
4. Risk and issues management
5. Project documentation
6. Gateway criteria - to make sure all of the essential tasks have been completed successfully (and signed off by the Project Sponsor) at the end of each stage and before moving onto the next stage.

The UHL Way Steering Group is working on drafting the project documentation and defining the Better Change Gateway criteria and review process in consultation with key stakeholders.

All potential Better Change Coaches will undergo a development programme to ensure effective use of the Better Change resources described in this section of the plan.



A programme of Workshops

The UHL Way Steering Group is working with internal / external change experts in devising a programme of workshops. Example workshops will cover:-

‘Project Start UP Workshop’ – with a focus on useful tools that will benefit at the initiate stage

‘How to Measure for Improvement’ - with a focus primarily on the technical aspects of measuring for improvement, helping you to produce run charts and graphs.

‘Why Measure for Improvement’- will provide an overview of the importance of measuring for improvement, helping you to ask the right questions to get the right data so you can interpret what needs to be done.

The UHL Way Steering Group will work closely with Better Change Exemplar Project Teams on drafting a Programme of Better Change Workshops that address priority development needs.

A ‘Train the Trainer’ Programme will be developed in order to support the delivery of workshops. We will work with Corporate/CMGs leads in identifying suitable individuals to be upskilled in the delivery of workshops.



Action Learning Sets

Over the Better Change journey, the Exemplar Project teams will attend three action learning sets. This will allow teams to share with each other the successes and challenges of applying the Better Change methodology. It is also an excellent way of getting further support and guidance from others who are going through the same process.

Better Change Celebration Event

On an annual basis, the project teams will have the opportunity to present their exemplar projects at a Better Change Celebration Event. The event showcase will celebrate all that has been achieved by the teams and allow them to pass on their knowledge and experience to other project teams, leaders and Directors from across the organisation.



Toolkit – Better Change Improvement Tools

NHS Improving Quality has devised a set of proven tools, theories and techniques that can support with successfully adopting the Better Change approach. We are pulling together a framework to support staff in selecting the best tools. It is important to realise that the table below will act as a suggested framework and provide an outline of the stages and the relevant tool. Work is underway in identifying the best tool for each of the improvement / change activities working closely with the UHL Way Steering Group, Subject Matter Experts and Leicester Improvement, Innovation Patient Safety Unit (LIIPS) Partners.

Each project will be different and project teams may find that they do things slightly different for different projects.

NHS Improving Quality Tools Stage of Project – tool overview (currently under review)	Initiate	Diagnose	Trial	Implement	Sustain
A focus on the whole patient journey	X	X		X	
Action planning				X	
Affinity diagram	X				
Balanced scorecard	X				X
Benefits realisation	X		X		X
Bottlenecks		X			
Brainstorming	X		X		
Building trust	X		X		
Bullet proofing	X		X	X	
Cause and effect (fishbone)	X				
Clinical engagement	X	X			
Clinical prioritise and treat					
Commitment, enrolment and compliance	X			X	
Communications matrix	X				X
Creativity tools – an overview	X		X		
Day surgery – treat day surgery as the norm					
Demand and capacity – a comprehensive guide		X			X
Demand and capacity – an overview		X			X
Discharge planning					
Discomfort zone					
DNAs – reducing did not attends					
Empowerment	X			X	
Enhanced recovery programme					
Flow – reduce unnecessary waits					
Force field analysis	X		X		
Four columns – link your project to the organisation’s aims	X				X
Fresh eyes – seek out and use the wisdom of others			X		
Glenday sieve – runners, repeaters, strangers					
How to understand differences between individual	X			X	
Human barriers to change	X				
Identifying problems – an overview		X			
Keep things moving – see and treat patients in order					
Lean					
Lean – seven wastes					
Learning from change					X
Listening – the important of this skill	X				
Making niggling issues visible		X			
Managing conflict			X		

NHS Improving Quality Improvement Tools Stage of Project – tool overview	Initiate	Diagnose	Trial	Implement	Sustain
Managing stress			X		
Mapping the last ten patients					
Methodology for measuring benefits	X		X		X
Modelling and simulation			X		
Pareto					
Patient flow	X				
Patient information					
Patient perspectives	X		X		X
Performance management	X	X	X	X	X
Performance measures sheet	X				X
Plan ahead and know when the next step is ready					
Plan, do, study, act (PDSA)			X	X	
Pool similar work together and share staff resources					
Pre-operative assessment and planning					
Process mapping – alternative conventional methods					
Process mapping – an overview		X			
Process templates		X			
Project management guide	X	X	X	X	X
Protocol based care					
Provocation to help solve problems	X		X		
Reduce things that do not add value to patients					
Reducing cancelled operations					
Reducing variation in clinical pathways to reduce delays					
Reliable design					
Resistance – addressing uncertainty				X	
Resistance – understanding it	X				
Resistance – working with it	X			X	
Responsibility charting	X		X		
Reviving a stalled effort					X
Role design					
Root cause analysis using five whys					
SBAR- situation – background – assessment – recommendation					
Scope your project	X				
Simple rules					
Six Thinking Hats	X		X		
Sort and shine					
Spaghetti diagram					
Staff perceptions	X	X	X	X	X
Stakeholder analysis	X				X
Statistical process control (SPC)		X		X	X
Sustaining the momentum					X
That's impossible			X		
Theory of constraints					

NHS Improving Quality Improvement Tools Stage of Project – tool overview	Initiate	Diagnose	Trial	Implement	Sustain
Tracer study					
Variation – an overview		X			
Variation (artificial) – how to reduce it			X		
Variation (natural) – how to manage it					
Waiting list validation					
Wish for the seemingly impossible			X		



How will we begin to undertake a Lean Transformation?



Lean Transformation Tools / Principals

As we begin to undertake a lean transformation, we will move from understanding tools - to understanding systems - through to aligning all our work strategically. The strategic alignment focuses on aligning work along workflows or pathways that are interdependent. Healthcare systems are complex; there are a lot of stages in a patient pathway for example that cross CMG structures: this means that the work of one team is dependent upon the work of another.

Lean is basically about getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change.

Lean thinking focuses on what the patient values: any activity that is not valued is waste. If we remove the waste, the patient receives a more value added service i.e. focusing on activity that helps patients get better and / or manages their symptoms and comfort.

Better Change Exemplars - When will it work best?

Lean will be a useful approach to designing or redesigning services to ensure that the work we do does add value to patient care. Where there is work or services that do not add value, we can divert resources to those that do add value.

In Lean terms, time spent waiting is not value added so the approach has a strong focus on reducing waiting times. In addition, it helps us deliver a higher quality service to patients by reducing waste in the system.

Better Change Exemplars - How we will use it?

Lean thinking is specific to underpinning our values and beliefs and unique circumstances. However, Womack and Jones

(1996) observed five generic elements which were present in all the Lean organisations which they studied. These are as listed below and we will develop exemplar project teams on range of tools that will test projects against these principles:-

Principle 1 - Specify value

Understanding value is essential, otherwise we will design a service which no one wants or needs. The first Lean principle is to understand what the patient values. The opposite of this is waste.

The intention is to get staff and managers to see what the patient sees as the parts of their journey through UHL. We will achieve optimum results if we understand patients' perspectives and include patients in any improvement activity as they will challenge professional boundaries.

Principle 2 - Identify and visualise the value stream

We now need to understand the sequence of events which make up the patient journey. This is known as the value stream.

There are many ways to visualise the current practices and activities which take place along the patient journey (process mapping). No single approach is correct: we will assist teams to select the right one for their problem.

Principle 3 - Making the value steps flow

Analyse all the obstacles that prevent the free flow of the patient on their journey. One by one, understand the root cause of these problems (5 whys and cause and effect diagrams) and remove the obstacles using tools like PDSA.



We should analyse the whole patient journey because doing work in one place may be more effective for the whole system rather than an individual organisation, department or function.

Principle 4 - Pulling patients along their journey

At UHL, we often push patients from one queue to another. Pulling them from the end of one step to the beginning of the next, may be more effective.

Principle 5 – Perfection

We will aim to continually improve the patient journey through ongoing development of the first four principles.



Better Change Schedule



Better Change Activity	By When
Agree Better Change Exemplar Projects including Executive identified, local quality improvement and CMG transformation projects	April 2016 (12 Exemplar Projects)
Agree Better Change Project Documentation	April 2016
Agree Gateway Criteria for each stage of the Better Change Approach (for testing completion of each stage)	May 2016
Agree Coach Development Programme and Allocation Process	May 2016
Finalise Better Change Toolkit	May 2016
Finalise tools for testing Exemplar Projects against Lean Principals	May 2016
Devise Better Change Workshop Programme / Train the Trainer Programme	Train the Trainer Programme June 2016 / Workshops to commence from July 2016
Run Better Change Action Learning Sets with Exemplar Project Teams	July, Oct and December 2016
Better Change Celebration Event	March 2017





University Hospitals of Leicester

UHL Way Academy

**‘We are passionate and creative in our
work’**

**Year 1
2016-17**



Introduction

Underpinning the UHL Way is the UHL Academy. It builds on existing strengths and will refocus to support the UHL Way, with an emphasis on multi-professional clinical leadership and large scale change team development.

There will be a web portal with direct access to learning tools, materials, publications, workshops and case studies associated with the components of the UHL Way. The Academy will be supported by Community of Experts (working system-wide) with skills in organisational development, change, quality improvement, patient safety and human factors.

The Academy will also help us maintain strong links with external partners including LIIPS (Leicester Improvement, Innovation and Patient Safety Unit) and East Midlands Leadership Academy.



What can the 'Community of Experts' offer?

The first workshop of the Community of Experts took place in February 2016.

During the workshop the Community began to set out what could be offered collectively within UHL, initially focusing on supporting improvement programmes.

<p>Knowledge and Skills</p>	<p>Funding /Revenue streams/Numeracy PMO - Project management & Co-ordinate working Leadership - distributed leadership QI methods training Well – start change / Improve – computer measure, cascade share change Training and accreditation</p> <ul style="list-style-type: none"> • How to..... • Resources and signposting • Time • Space • ‘How to’ guides <p>Partnerships : Patients, Users, with other Trusts Virtual college</p>
<p>Advice and guidance</p>	<p>Directory of who and what they can do Mailbox for posting ideas Match.com – expert profiles Links to other expertise – university Share success / promote MFI Advice & resource & guidance Best practice Revalidation and appraisal of tools and techniques</p>
<p>Experience and Support</p>	<p>Case studies Partnership - support Coaching/Mentoring and supervision Giving people/teams & ideas a “voice” Message / knowledge dissemination Improvement “clinics”</p>

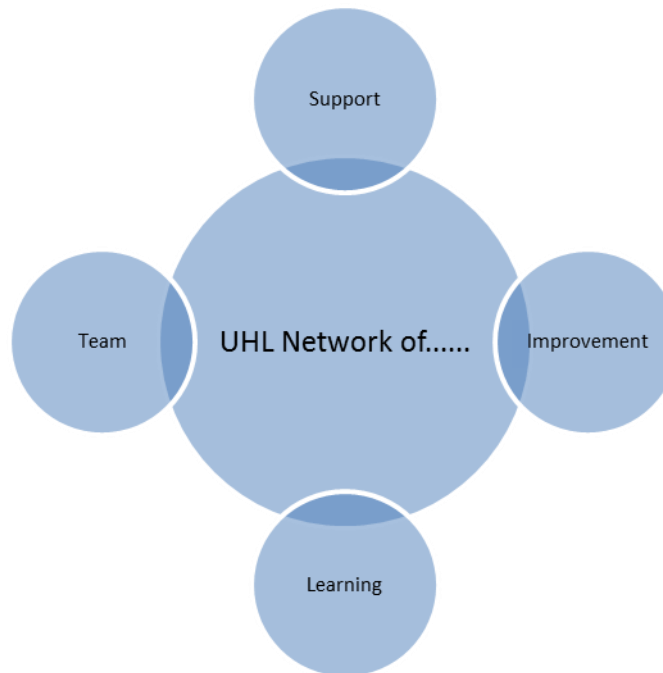
<p>Systems and processes</p>	<p>Models Directory of – previous projects / current projects / ‘unmet’ Projects Resources Digital technology</p>
<p>Tools and techniques</p>	<p>Sharing examples Human factor skills Training Teaching Diagnostics Empowering and building confidence Evaluation – quality and quantity Benchmarking</p>
<p>Development and training</p>	<p>Empowering individuals and teams Common skills / competencies Gross sector exchange (info and resources) Innovation space / time “In – academy” projects / assignments Case study development and dissemination Healthcare leadership model 9 dimension I know someone who can / knows / can help..... Governance and ethics advice Project planning Workshops</p>
<p>Communication, Network, Sharing and learning</p>	<p>Linking individuals QI methodology advice</p> <ul style="list-style-type: none"> • Statistics help • Knowledge • Expertise • Quality improvement skills • Data analysis support <p>Training videos Reflective writing (revalidation) Stories and case studies Google of UHL Clinical skills development Mentoring Knowledge and skills Fellowship development pathways</p>



UHL Academy – Direction of Travel (workshop February 2015)

- It will signpost to “how to” and “who to” access support

- Why be part of it
- How do we want patient care to be better



- Use UHL phonebook to build up the network of experts – like LinkedIn
- Expert network
- Can it include ‘team’ #teamUHL
- Build on the Strategy team ‘network of know-it-alls’. Individually it could be ‘I know about...’
- Will provide resource bank to support improvement and innovation
- Access to experts
- Toolkit
- Coaching
- Advice
- Learning and development – face to face / online course



What development
will be provided to the
Academy delivery
team to ensure
effective
implementation of the
UHL Way?



Developing our Community of Experts:-

Community members will be developed to provide consistent support on the UHL Way Toolkit and other resources on finalisation.

We will also develop members to offer coaching support to both individuals and teams undertaking components of the UHL Way.

Members will support us on the delivery of a range of workshops (linked to resources) and we will provide Train the Trainer programmes in advance to ensure consistency in workshop delivery.

Executive/Senior Sponsors:-

The academy will develop Executive / Senior Sponsors in order to enable leaders to understand what is expected in relation to sponsoring the components of the UHL Way. This will enable senior leaders to effectively support teams undertaking programmes the UHL Way.

Alignment of resources:-

It is recognised that across the organisation we may wish to refocus resources in order to maximise the impact of the UHL way. A review of programmes undertaken will be carried out and resource re-directed accordingly. Re-directed individuals / teams will support the effective implementation of the UHL Way and development will be provided as appropriate.



Multi-professional Leadership Development

**What are the different
levels of leadership
within UHL?**



Our leaders have a diverse background in public and private sectors. The majority of our leaders have a clinical background. Leadership development for clinicians continues to be major focus nationally and it is recognised that they have significant influence on how we use resources and lead our teams.

We need to ensure that clinicians are acknowledged in both their formal and informal leadership role. We must continue to see multi-professional and multi-disciplinary as a basis of all our leadership development.

We have identified key leadership roles at various levels across the Trust (draft to be finalised with the UHL Way Steering Group).

Positive action needs to be given to recruiting staff from BME backgrounds as well as encouraging and enabling people from under-represented groups to participate in the full range of programmes aimed at Corporate and Clinical Management Group leadership positions. We need to proactively support members of staff to participate in the local, regional and national development programmes and to capitalise on the work of the Leading Diversity Task and Finish Group instigated by the Trust Board (June 2015).



Draft Leadership Levels

Level	Description	Role examples (indicative only)
1	Individuals who have responsibility, authority and accountability for the strategic and operational management of the whole organisation	Trust Board members – Chairman, CEO, Executive Directors, Non-Executive Directors and other Directors Other Executive Team Members - Clinical Management Group Directors
2	Individuals who are senior managers with a major emphasis on strategic management. Responsible and accountable for all aspects of managing a CMG or significant business element within UHL	Heads of Operation, Heads of Nursing (and Deputies) Deputy, Assistant and Associate Directors CMG Finance Senior Leads CMG HR Senior Leads
3	Individuals who have a significant and substantial managerial role in a senior management capacity. Responsible and accountable for a CMG or the whole of one or more discrete services.	Heads of Service, General Manager, Transformation Leads HR Business Partners Senior accountants

4	Individuals with a middle line manager role as the substantive part of their job. Responsible and accountable for a defined part of a service.	Ward Managers, Matrons Service and Department Managers Consultants Education Leads
5	Individuals who undertake a supervisory or first line manager role. Responsible and accountable for a discrete area within a defined service as a formal part of their job	Charge Hands/ Team Leaders Project Leads Clerical Managers Senior Pharmacists Senior AHP's. & Scientific and Technical staff
6	Individuals who may occasionally undertake a supervisory or first line manager role	Nurse, Midwife, Health Care Professional Education and Practice Development Nurse Estates Officers Admin & Clerical Band 4/5



What development (internal / external) is suitable for the different levels of Leadership?

Please note that the Matrix shown below is draft and subject to UHL Way Steering Group Approval. Role Specific Development is currently being agreed with members of the Executive Quality Board in ensuring priority development takes place in meeting CQC Inspection requirements.

Draft Leadership Development Programmes

Draft Leadership Development Programmes	Leadership Levels						Planned Intakes
	1	2	3	4	5	6	
Brief Programme Overview							
East Midlands Leadership Academy-							
CEO programme	√						TBC
Action Learning Accredited ILM Facilitator Training Programme - The training of facilitators to support the delivery of Action Learning across the region.	√	√	√	√	√	√	TBC
Aspiring Directors Details to be confirmed		√					TBC
Alumni - The Alumni provides a series of events at which delegates that have previously attended Academy	√	√	√	√	√	√	TBC
NEW BME Mid-Level Programme The BME Mid-Level programme aims to develop leaders with the right mindsets, skills, capabilities to create diverse and inclusive organisations.			√	√	√	√	TBC
NEW Inclusive Master class series The series of 6 Master classes will support the building of a diverse pipeline of leaders for the future.			√	√	√	√	TBC
Leadership Development for Integrated Care. A series of development offers is available to Health & Social Care colleagues.							TBC
Clinical and Medical Leadership The Clinical and Medical Leadership programme is an accredited programme, designed to meet the needs of a multi-disciplinary Clinical and Medical.			√	√			TBC
Pathway 1 Medical work stream- Junior Doctors, Specialist Registrars, newly appointed Consultants Pathway 2 Clinical work stream - Midwifery, Nursing and AHPs amongst others.			√	√			TBC
Clinical Fellowships - Clinical Fellowships focus on the development of future clinical leaders through the use of experiential learning.			√	√			TBC
Coaching and Mentoring with a difference							TBC
Coach Training - An accredited ILM coaching qualification to support personal leadership development across CPD for Coaches	√	√	√	√	√	√	TBC
Commercial Awareness Series							TBC
Emerging Leaders - The Emerging Leaders Programme offers development and stretch opportunities to staff wanting to continue to develop further leadership skills in a climate of change.						√	TBC
Executive Coaching -Executive level coaching is available for Board level Chairs, CEO's, Directors and Non-Executive Directors and is subject to availability on request.	√						TBC
Financial Skills Development - The FSD portfolio offers a wide range of development workshops aimed at all financial managers and leaders to support the development of their technical and softer skills.			√				TBC
Mentoring Opportunities - Mentoring is a long standing form of training, learning and development and an increasingly popular tool for supporting personal development.	√	√	√	√	√	√	TBC
Mentoring Supervision - Supervision provides on-going development to support existing mentors and provides the assurance that their mentoring skills are of the highest quality and allows them to continually develop their	√	√	√	√	√	√	TBC
HCLM Framework 360° Facilitation Training- The Academy is delivering Leadership Framework (LF) training to develop individuals to become facilitators and offer feedback to delegates on their 360 degree appraisal report	√	√	√	√	√	√	TBC
Operational Leadership- Practical Leadership a series of 6 workshops designed to support managers in the practical aspects of their roles.			√	√	√	√	TBC
Supporting Transition - Supporting Transition offers a series of workshops to support senior staff through the significant changes in the current NHS climate.			√	√	√	√	TBC
The Board Portfolio - The key theme for Board development this year will focus on Board Effectiveness exploring topical leadership and management challenges	√						TBC
Senior Leadership Offer - Nye Bevan, Directors Programme & Executive Coaching	√	√					TBC
Visible Leaders Network programme - The Visible Leaders network offers opportunities for staff in bands 6-8 from BME backgrounds to network with senior leaders, develop skills and further career pathways.			√	√	√	√	TBC
NHS Institute for Innovation and Improvement							
The Organising for Quality and Value: Delivering Improvement programme has been developed by the NHS Institute for Innovation & Improvement to give frontline NHS staff these vital skills.				√	√	√	TBC
MSc Leadership for Health and Social Care A programme for team and service leaders who really want to challenge the way they lead in the light of a new and emerging healthcare landscape				√	√	√	TBC
UHL Accredited Programmes							
ILM Level 2 Award Team Leading - The Award is designed for aspiring or new team leaders, helping them to develop the core skills needed to perform well in their new role.						Leadership levels not applicable	TBC
ILM Level 3 Award in Leadership and Management skills- The ILM Level 3 Award in Leadership and Management Skills has been designed to develop the leadership and management skills of practicing or aspiring						√	TBC
UHL Internal Programmes							
Accountability into Action Programme - Influencer, Crucial Conversations and Crucial Accountability	√	√	√				Monthly
Knowing your Business E-Learning Modules	√	√	√	√	√	√	TBC
Medical Leadership Development			√	√	√		TBC
Multi-Professional Mentoring Programme	√	√	√	√	√	√	TBC
Mindfulness Training	√	√	√	√	√	√	TBC



UHL Academy Schedule

Activity	By When
Agree on best tools to support each of the components of the UHL Way (web site development)	May 2016
Agree on Publications to be made available (web site development)	May 2016
Completion of Community Member Profile (web site development) and development programme commenced	May/June 2016
Identify suitable case studies (web site development)	May 2016
Finalise content of 'know about' pages (web site development)	June 2016
Devise associated Community initial assessment / referral processes	April 2016
Finalise Community reporting / monitoring arrangements	May 2016
Finalise UHL leadership levels	May 2016
Finalise Leadership Development Matrix	June 2016
Community Development Sessions	Monthly April, May & June 2016



Community Review Sessions	July, October and March 2016
UHL Way Executive Sponsor Development Sessions	May – June 2016
Effective alignment of resources	April – June 2016
E-UHL 2 Live – monitoring of Role Specific Training	June 2016