

**Trust Board paper F**

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	James Birrell, Chief Executive
<b>Date:</b>	30 August 2012
<b>CQC regulation:</b>	16

<b>Title:</b>	Appreciative Enquiry										
<b>Author/Responsible Director:</b>	James Birrell, Chief Executive S.Hotson, Director of Clinical Quality C.Ribbins, Director of Nursing										
<b>Purpose of the Report:</b>	To provide assurance to the Board on actions taken following the Appreciative Enquiry visit to the Trust in April 2012.										
<b>The Report is provided to the Board for:</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 25%;"></td> <td style="width: 25%;">Discussion</td> <td style="width: 25%;">√</td> </tr> <tr> <td>Assurance</td> <td>√</td> <td>Endorsement</td> <td>√</td> </tr> </table>			Decision		Discussion	√	Assurance	√	Endorsement	√
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Assurance	√	Endorsement	√								
<b>Summary / Key Points:</b>	<ul style="list-style-type: none"> <li>Throughout 2011/12 there were a number of challenges within the Trust including access targets (flows and performance against the 4 hour A&amp;E standard and referral to treatment times), high volumes of cancelled operations, sustained non-elective bed pressures and a lack of progress against the national staff survey results.</li> <li>Based on these concerns, the Chief Executive, following discussion with the Strategic Health Authority (SHA) and PCT Cluster asked the SHA to lead an Appreciative Enquiry visit to the Trust to explore issues around quality and patient safety.</li> <li>The visiting team made clear that no immediate patient safety risks were found during the visit. The team reviewed a range of practice, and found much of it good or excellent, and found staff both interested and engaged. All the staff they met were very helpful to the visiting team and staff were congratulated on their commitment to both the Trust and to the delivery of good patient care.</li> </ul> <p>10 recommendations have been made; plans are in place where actions have not been completed.</p> <p>The Board is asked to note that this report will also be presented at the Cluster and three CCG Boards.</p>										
<b>Recommendations:</b>	The Trust Board are asked to receive and note the content of this report.										
<b>Considered at another UHL Corporate Committee ?</b>	Yes – Executive Team 21 August 2012										
<b>Strategic Risk Register</b>	Included	<b>Performance KPIs year to date</b>									
<b>Resource Implications (eg Financial, HR)</b>	Yes										

<b>Assurance Implications</b> Yes
<b>Patient and Public Involvement (PPI) Implications</b> N/A
<b>Equality Impact</b> N/A
<b>Information exempt from Disclosure</b> No
<b>Requirement for further review?</b> At Governance and Risk Management Committee

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**Report To:** Trust Board

**Report From:** Sharron Hotson, Director of Clinical Quality  
Carole Ribbins, Director of Nursing

**Date:** 30 August 2012

**Title:** **SHA Appreciative Enquiry**

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### 1. Introduction

Throughout 2011/12 there were a number of challenges within the Trust including access targets (flows and performance against the 4 hour A&E standard), high volumes of cancelled operations, sustained non-elective bed pressures and a lack of progress against the national staff survey results.

Based on these concerns, the Chief Executive, following discussion with the Strategic Health Authority (SHA) and PCT Cluster asked the SHA to lead an Appreciative Enquiry visit to the Trust to explore issues around quality and patient safety.

An Appreciative Enquiry is a form of rapid investigation. It takes account of a broad range of data sources to determine the scope of enquiry and is based on a broad review of clinical services and active engagement with patients, and staff to assess the standard of clinical services provided.

This methodology provides a structured and systematic approach to review organisations. It triangulates 'hard' and 'soft' data and intelligence, the views and experiences of patients, the opinions of staff at multiple levels within the organisation and the outcome of clinical visits by experienced clinicians to areas within the organisation. The process tests an organisation's clinical strategy and its implementation at a granular level

The visit focused on the leadership and governance arrangements within the Trust regarding quality and safety issues, including an assessment of patient safety and experience.

### 2. Appreciative Enquiry Findings

The visiting team made clear that no immediate patient safety risks were found during the visit. The team reviewed a range of practice, and found much of it good or excellent, and found staff both interested and engaged. All the staff they met were very helpful to the visiting team and staff were congratulated on their commitment to both the Trust and to the delivery of good patient care.

The team visited forty-two clinical areas across the three hospital sites and met staff, patients and carers in focus groups to talk to them about their experiences – in general, patients and carers were very complimentary about the care they had received. Despite operational difficulties and a perceived lack of clarity over direction, the clinical staff

remained passionate about wanting to provide excellent care.

The team found no significant cause for concern on the Glenfield and Leicester General Hospital sites. In general the wards on these sites were judged to be calm and well run, providing good standards of care. The standards of care on the Leicester Royal Infirmary site were also reported as generally good. The team felt the LRI site was clinically very busy through the management of acute medical admissions on this site did give them cause for concern.

The team reported that the Emergency Department on the LRI site frequently became overheated. The planned withdrawal of twelve junior doctors from the ED in August 2012 and the lack of a robust plan about how their contribution to the workload was to be replaced (in addition to substantial vacancies in the department at consultant level), brought in the view of the reviewers, an unacceptable level of risk to the department.

Staff concerns were also raised about the recently introduced practice of a thirty minute transfer rule to the Acute Medical Unit (AMU) from the Emergency Department (ED). This rule appeared to have contributed increasing number of patients on trolleys and chairs in the AMU. The reviewing team received mixed messages from staff as to whether this rule was still in place. The recommendation was that the trust should urgently explore ways that it can improve the flow of patients through the ED and onto the wards. Many staff reported delays in discharging patients from hospital and the reviewers thought that this appeared to be contributing to the problem of bed availability.

The reviewing team were informed by a variety of staff of concerns about the management. While the visibility and approachability of the Chief Executive and Executive Directors was reported as good, they were told about several examples of what was described as 'reactive management' with staff feeling that the focus was on money rather than quality. In particular, many staff spoke of their concern about how decisions were made to open and close capacity at short notice in the absence of planned escalation and operational processes, which could be understood by all.

It was stated that the Trust faced significant financial challenges including a cost improvement programme for this year and for several years to come. The reviewers identified that the trust had not identified its full cost improvement requirement for this financial year and were concerned over the lack of a strategy to deal with what appeared to be a potentially worsening financial situation.

The team were assured that clinical staff had been involved in devising and delivering the cost improvement programme with plans approved by the Trust Nurse and Medical Directors before submission to the board. Key performance indicators were noted to be in place to monitor any unintended consequences and systems in place for providing the Board with assurance on these.

The team stated that long-term financial stability would only be secured with transformational change that delivers both improved quality with increased efficiency and that this must be supported and driven by a clear clinical strategy.

The team felt that the Trust had not yet started this transformational journey and no one they spoke to could articulate what the future vision for the Trust was. They believed that this lack of an articulated vision and clinical strategy risked inhibiting improvement in clinical care at UHL.

The suggestion was that the Trust should review urgently how it 'messages' the trust vision, clinical priorities and goals and define a clear strategy for transformational change within the organisation with the involvement of all stakeholders both within and outside of UHL underpinned by strong clinical engagement across all specialties.

The Enquiry contained ten recommendations and these are listed at Appendix 1.

### **3. Trust response to the Enquiry**

The Trust has welcomed the support from the Appreciative Enquiry and accepted the helpful and constructive feedback. Although a number of plans for improvement were already underway at the time of the visit in April, further action has been either taken or set in train to address the recommendations.

A comprehensive action plan is attached at Appendix 1 detailing actions completed/to be completed, timescales and monitoring arrangements.

### **4. Monitoring Progress**

The Trust Board will receive information on progress via the minutes of the Governance and Risk Management Committee.

Commissioners will be able to monitor any outstanding actions through the Clinical Quality Review Group.

### **5. Recommendations**

The Trust Board is asked to receive and note the content of this report.

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

APPRECIATIVE ENQUIRY - ACTION PLAN AUGUST 30<sup>TH</sup> 2012

Item Number	Recommendation	Action completed/planned	SRO	By When	Reported to (Group)	Sign Off/Date of Completion	RAG
1.	The Trust needs to articulate clearly to staff what its vision and goals are. It needs to engage with senior clinicians to develop this into a clinical strategy underpinned by an integrated business plan – this will inform the transformation agenda and signal the ‘big dot’ issues for change / development.	Trust purpose, vision and strategic direction finalised and communication plan developed for sharing with staff and stakeholders	Mark Wightman Director of Communications/ Abi Tierney Director of Strategy	August 30 <sup>th</sup> 2012  To stakeholders by mid September 2012	Trust Board/Executive Team		Green
2.	The Trust should consider how it communicates its top clinical priorities and goals by developing an outcomes framework as this may support the work you are doing regarding the Trust’s clinical strategy and make it easier for staff to understand. A reinvigorated staff	Clinical priorities and goals are described in the strategic direction  A refreshed OD plan to be developed with an increased focus on quality and clinical engagement	Kevin Harris, Medical Director/ Mark Wightman Director of Communications/ External Relations  Kate Bradley Director of Human Resources	August 30 <sup>th</sup> 2012  Sept 30 <sup>th</sup> 2012	Trust Board/Executive Team		Amber  Green

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Item Number	Recommendation	Action completed/planned	SRO	By When	Reported to (Group)	Sign Off/Date of Completion	RAG
	engagement and communication campaign should also be considered.						
3.	We strongly suggest the Trust arranges an external review of the Emergency Department and urgent care pathway.	ECIST revisit held recommendations provided are being progressed by the Acute Divison.	Kevin Harris Medical Director  Monica Harris Divisional Manager  Doug Skehan Divisional Director	August 21 <sup>st</sup> 2012  Further refinement August 28 <sup>th</sup> 2012  September 2012	Executive Team Shared with ECN-Delivery group		Green   Green
3i	Review the 30 minute rule transfers to AMU, ensure that all staff understand the process for transfer of patients.	30 minute rule process reviewed with clinical protocol for fast track of patients within the escalation plan clarified and communicated to staff.	Monica Harris Divisional Manager  Doug Skehan Divisional Director	August 30 <sup>th</sup> 2012	Executive Team		Green
3ii	Ensure that staff in the Emergency Department are involved in the plan to maintain adequate medical cover when the 12 FY2s are	The Deanery mandated the reduction in the existing Academic FY2 posts within ED as these posts no longer met the GMC requirements.	Kevin Harris Medical Director  Monica Harris Divisional Manager	September 30 <sup>th</sup> 2012	Executive Team		Amber

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	withdrawn from ED in August 2012.	<p>Long term workforce plan with result in improved senior input to patient care and improved decision making.</p> <p>Gaps minimised by accelerating the plan including adjustment of skill mix, development of novel roles, an active recruitment campaign and use of newly constituted FY posts split between ED and the medical school. Project underway to ensure the training program within ED is both attractive and sustainable to allow the development of the workforce of the future.</p>	Doug Skehan Divisional Director				
4.	The Trust should ensure that all staff understand the capacity management	Capacity management and Escalation plans integrated, to be communicated with staff	Kevin Harris Medical Director	Escalation plans (3 <sup>rd</sup> September)	Emergency pathway steering group	Escalation plans signed off August 25 <sup>th</sup> 2012	Green

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APPRECIATIVE ENQUIRY - ACTION PLAN AUGUST 30<sup>TH</sup> 2012

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	plan and the escalation processes to be used where flow through ED is compromised.	and business continuity follow up planned to ensure robustness.	Monica Harris Divisional Manager  Doug Skehan Divisional Director	31 <sup>st</sup> October 2012		Escalation plans completed September 4 <sup>th</sup> 2012	
5.	Morbidity and mortality multidisciplinary meetings need to be in place for all clinical specialties. The Trust needs to develop a robust sustainable system for reviewing mortality, which is embedded in the day to day working of all directorates/specialties.	M&M process externally tested via CQUIN.  Standard terms of reference agreed for all speciality M&M meetings and shared drive set up for terms of reference and minutes.  Terms of reference for all specialities held centrally.  Monitor M&M performance against agreed terms of reference to include exception reporting	Kevin Harris Medical Director  Rebecca Broughton Head of Outcomes and Effectiveness	January 2012      October 2012  October 2012	Clinical Effectiveness Committee, Quality and performance management Group and Divisional and Clinical Business Unit Boards  Governance and Risk Management Committee  Quality and Performance Management	January 2012	Green  Green  Green

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APPRECIATIVE ENQUIRY - ACTION PLAN AUGUST 30<sup>TH</sup> 2012

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					Group and Governance and Risk Management Committee		
6.	Matrons should be involved in specialty review of all deaths.	All M&M ToR to be reviewed and to include Matron covering Speciality (or delegated representative) as core member of M&M Group.  Job Description for Matrons to explicitly state M&M attendance as part of core duties	Carole Ribbins Director Nursing	October 2012  October 2012	CBU Boards  Nursing Executive		Green  Green
7.	The Trust is developing six day working but should extend this to seven days in acute specialties to improve out of hours care and senior leadership.	Training in job planning undertaken by all clinical and non-clinical managers  Demands vary in each service for the requirement of 6/7 day working, both within and out of hours. Job planning will ensure that these demands are	Kevin Harris Medical Director  Monica Harris Divisional Manager  Doug Skehan Divisional Director	August 13 <sup>th</sup> 2012	Executive Team		Green

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		appropriately met.  Hospital at night is being introduced as part of the transformation across all three sites.  Review of AHP roles undertaken for weekend cover.	Shona Campbell Divisional Director	2013			Amber
8.	The Trust needs to have a clear strategy for IT development to underpin its clinical strategy.	New IT Strategy, focusing on delivering clinical and patient value rather than technology agreed in Sept 2011. Procurement of a commercial partner to assist the organisation in achieving the strategy is underway and expected to finalised in Oct 2012	John Clarke Chief Information Officer	Returns from Bidders on 17 <sup>th</sup> August 2012  Full business case to the Trust Board in October 2012	Managed Business Partner Board (in first instance)  Trust Board Final approval	October 2012 mobilisation Phase, subject to board approval. With a coherent, deliverable programme of activities to be agreed with the preferred bidder prior to contract signature.	Green

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9.	The Trust should look at the current vacancies and undertake a clear risk assessment on the recruitment delays.	Review of recruitment panel processes complete with all nursing, medical and ward based posts now approved by MD or ND. Risk assessment completed  Bottom up acuity process complete with £2 million nursing investment	Carole Ribbins, Director of Nursing/Emma Stevens, Deputy Director of Human Resources	1 <sup>st</sup> August 2012	Nursing Executive	1 <sup>st</sup> August 2012	Green
10.	The Trust should ensure there is an established clear process for the handover of information and pagers between junior doctors (including those doing locum shifts).	Handover is one of the Critical Safety Actions and is being monitored as part of the CQUIN. Work commenced scoping of current practice across the Trust for clinical handover. Web based standardised handover system developed and rolled out to Planned Care division for nurse handover with plan for	Kevin Harris Medical Director  Beverly Collett Associate Medical Director  Claire Rudkin 5 Critical Safety Actions Programme Lead	August 2012   December 2012	Quality and Performance Management Group and Governance and Risk Management Committee		Green  Green

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		roll out to other divisions by Q2/3. Web based standardised handover system currently being used by medical staff in Childrens and renal services Reviewing use of alternative handover system for use with other specialities. UHL Shift Handover document in draft form, to be formally agreed across trust by end of Q2		September 2012			Green

**Table Key-**

Rag rating explained;

Red- Behind plan without a recovery plan

Amber- Dates for achievement have slipped but recovery plan in place

Green- Complete/on plan