

To:	Trust Board						
From:	John Adler, Chief Executive Kate Bradley, Director of Human Resources						
Date:	29 August 2013						
CQC regulation:	Regulation 23 Outcome 14: Supporting Workers						
Title:	Listening into Action (LiA) Progress Report						
Author/Responsible Director: John Adler Chief Executive and Michelle Cloney LiA Lead							
Purpose of the Report: To update the Trust Board on progress in relation to adopting the Listening into Action (LiA) approach across UHL.							
The Report is provided to the Board for:							
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Summary / Key Points:			
UHL is a national pioneering organisation for adopting Listening into Action. Adopting Listening into Action requires the organisation to work through a number of key milestones, using the LiA optimal Framework, which focus on three dimensions of change:- - 1) quality and safety; - 2) the patient experience; and - 3) working together. Outputs from the LiA Events have been synthesised and grouped into key themes and actions have been identified: Quick Wins and Enabling Our People (EoP) Schemes. Further details on the Quick Wins and Enabling Our People Schemes are included in this report. In addition 12 LiA Pioneering Teams have been selected to take LiA forward at a local level, supported by the LiA Team and sponsored by the Executive Team. Since the last report, the Enabling Our People Schemes have been included within the Improvement and Innovation Framework as one of the 7 pillars, and as a consequence of this inclusion a highlight report on the progress of the EoP Schemes will be presented to the IIF Board.			
Recommendations:			
The Trust Board is asked to acknowledge: - The extensive work programme underway by Pioneering teams and Enabling Our People Schemes as they progress within Phase 3 of LiA 'Mobilising and empowering clinicians and staff to drive change', and - The corporate work undertaken to deliver Quick Wins.			
Previously considered at another corporate UHL Committee?			
Strategic Risk Register: Risk 3		**Performance KPIs year to date:** Baseline measures detailed within the report	



<p>Resource Implications (eg Financial, HR): This work is led by John Adler, Chief Executive, Director of Human Resources and the LiA Leadership Team (from 1 May 2013), working in collaboration with the UHL LiA Sponsor Group.</p>
<p>Assurance Implications: All staff should have rewarding and worthwhile jobs, with the freedom and confidence to act in the interest of patients. To do this, they need to be trusted and actively listened to. They must be treated with respect at work, have the tools, training and support to deliver care, and opportunities to develop and progress.</p> <p>UHL has committed to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.</p>
<p>Patient and Public Involvement (PPI) Implications: Patient Advisers attended Listening events. Initial focus of LiA is around staff engagement and as the LiA journey unfolds further opportunities to involve patients / carers / patient advisers will be sought. To date, a PPI event was held on the Enabling Our People Scheme for Car Parking and a further event for Childrens CBU Pioneering team. In addition, Pregnancy Assessment Service Pioneering Team are gathering patient stories to help influence the change process within their service.</p>
<p>Stakeholder Engagement Implications: The UHL LiA Sponsor Group will continue to actively engage with key internal and external stakeholders, in successfully adopting LiA across the Trust.</p>
<p>Equality Impact: Part of the analysis examines event representation against the nine protected characteristics.</p>
<p>Information exempt from Disclosure: No</p>
<p>Requirement for further review? The Executive Team and UHL LiA Sponsor Group will monitor on-going progress at regular meetings. An update will be presented to the Trust Board at quarterly intervals.</p>

REPORT TO: UHL Trust Board

REPORT FROM: John Adler, Chief Executive
Kate Bradley, Director of Human Resources

DATE: 29 August 2013

SUBJECT: Listening into Action Progress Report (LiA)

1. Introduction

- 1.1 This report sets out progress in Phase 3 of the LiA Route Map associated with 'Mobilising and empowering clinicians and staff to drive change'. Specifically an update is provided on:
- Quick Wins
 - The adoption of LiA by the 'First 12 Pioneering Teams' and Enabling our People (EoP) Schemes as they progress through the 7 Steps of the LiA optimal framework
 - Inclusion of Enabling Our People Schemes as a pillar of the Improvement and Innovation Framework (IIF)
 - Support provided by Executive Sponsors to LiA teams or schemes to 'unlock the way' and

2. LiA Quick Wins

- 2.1 Quick Wins aim to build belief in the LiA process and demonstrate that we mean business. They are a series of high impact; visible actions which address the issues from the Listening events and can be implemented quickly to get some rapid improvements.
- 2.2 A number of Quick Wins have been published and delivered since June 2013, including:
- 2.2.1 Top 10 Eyesores

In June 2013, staff were able to vote on the Top 10 estates eyesores across the Trust so that a plan of action would be developed to fix them.

In total 616 surveys were completed, both electronically and paper based, and once the non-estates related comments were filtered out the Top 10 Eyesores list was compiled.

	Eyesore	Number of Votes
1	Smoking	275
2	Area between Windsor/ Sandringham / Osborne	58
3	General state of and equipment stored in corridors	57
4	Balmoral entrance	38
5	A&B Car Park	36
6	Broken Beds in Corridors	31
7	All front of house reception areas	29
8	Knighton Street Offices and Outpatients	29
9	Junk awaiting disposal	25
10	Emergency department entrance	23



2.2.2 Announcing the Top 10 Eyesores

The Top 10 Eyesores were communicated globally to all staff via email and through July's Chief Executive (CE) Briefing. In addition information was included on INsite on the Listening Into Action webpages. The communication to staff included a plan of action for each of the 10 eyesores which was developed by NHS Horizons who will work in partnership with Interserve to deliver against each eyesore.

2.2.3 No new external consultancy will be employed without the approval of the Chief Executive. If it is ever necessary in future we will explain why.

A global email was sent to all staff from John Adler informing them that *"..there may from time to time be a need to employ management consultants or interims, but that this should be kept to a minimum. We need to look hard at the internal possibilities first. I think this chimes with the views of staff as expressed at the Listening Events. I have therefore issued instructions that in future no new external consultant or interim may be employed without my written approval. In addition, should the need remain for the use of external expertise then I will provide the rationale for this decision through the monthly CE Briefing"*. A webpage on INsite was created to inform staff of the change in process.

2.2.4 All of the Leadership Community will be expected to attend the monthly Chief Executive Briefings and cascade that information in their own, at least monthly team meetings.

The leadership community at UHL (some 350 people in total) are now required, every month, to attend the Chief Executive's Briefing where they have the opportunity to hear, directly from John Adler, what is going on in the Trust currently and plans for the future. It is an opportunity to ask questions and raise issues with the CEO in a safe and supportive environment, away from the shop floor. In addition, staff were informed that they should use the briefing as the basis for regular team meetings, supplemented with local items.

2.2.5 Blue Print Bulletin

Staff stated at the listening events, that they wanted to know what was happening with the estate, for example, what is moving where, when and why. Blueprint is a newsletter designed to keep staff informed about the Trust's plans to transform and reconfigure services in line with our strategic direction and estates strategy. The first edition was published on 7 August 2013.

2.2.6 Leadership into Action – Leadership Qualities and Behaviours Framework

Staff expressed concerns about the lack of visible leaders, meaningful team meetings and wanted to see an improvement in communication both to and from managers and therefore following extensive staff consultation and engagement the Leadership Qualities and Behaviours Framework was launched. The Framework provides a self-assessment checklist to enable staff to benchmark their performance against what a **good leader at UHL** should be.

A Leadership Into Action listening event is scheduled to take place on 19 August to further develop the concept of what a good leader at UHL is and what collective action is required to make this a reality for all managers and leaders, so that patients receive the best possible care at all times.



2.3 Quick Wins in the pipeline

2.3.1 Staff Areas within all Restaurant Facilities

Work is on-going to secure staff areas within all restaurants, which are mindful of the investment already underway by Interserve. Discussions have been held with Interserve, NHS Horizons and the LiA team to describe what is needed within the refurbished facilities. Further updates on progress will be communicated within the next Trust Board Paper on LiA.

2.3.2 Raising awareness amongst staff of Leicester Hospital Charity

A series of road shows are planned for late August and early September across all hospital sites to distribute a *Fast Track to Charitable Funds* booklet. The aim of the booklet is to ensure that staff are aware of how charitable funds can be appropriately accessed and how they can also support fund raising should this be necessary for the specific item of equipment or resource required. The LiA team will be attending the Annual General Meeting and will also be distributing the booklet.

3. The adoption of LiA by the 'First 12 Pioneering Teams' and Enabling our People (EoP) Schemes as they progress through the 7 Steps of the LiA optimal framework

3.1 The LiA approach adopted within Phase 3 requires the Pioneering Teams and Enabling Our People Schemes to listen and then take action within a 20 week timeframe.

This involves following 7 simple steps:

Step 1: Be clear about your mission

Step 2: Set up a small Sponsor Group

Step 3: Get the right people on board

Step 4: Prepare for a Listening Event

Step 5: Host a Listening Event

Step 6: Move into action

Step 7: Shout about successes to encourage others and keeping up momentum

3.2 The 20 week journey started in June 2013 with the requirement to have a compelling story to share with others at a **Pass it On** event to be held in November 2013. The *Pass it On* event will allow the team leads to share successes achieved with others in attendance, and to identify what still needs to continue in the longer term to keep the momentum going.

3.3 Enabling Our People (EoP) schemes are about 'enabling' changes to accelerate which have a widespread, positive impact on lots of people. The EoP Schemes are often corporate challenges requiring action from corporate functions, and often include Strategic Priorities which apply to some of the biggest challenges facing the Trust.

3.3.1 Each EoP Scheme has a nominated lead selected by the LiA Sponsor Group. The EoP Scheme was also given a mission statement to achieve which directly linked back to the concerns raised at the Listening events hosted by John Adler.

3.3.2 The 10 Enabling Our People (EOP) Schemes are:

- **Recruitment process:** We will simplify and shorten our current recruitment process from vacancy to start date.

Strapline: RAPID Recruitment.

Listening event held on 26 July 2013.



- **Equipment Fit for the Job:** We will create a Trust-wide equipment library to ensure staff have access to equipment fit for the job.
Strapline: Medical Equipment Libraries – Equipped to Care.
Listening event held on 19 August 2013
 - **Communication:** We will find better ways to communicate with each other and with our patients.
Listening event held on 31 July 2013
 - **Bed management process:** We will review the way we manage our beds to determine what we need to run a more effective and efficient service.
Strapline: Let's get in to beds together!
Listening event held on 22 July 2013
 - **Providing seamless out of hours care (24/7):** We will work towards providing a more seamless care 24/7.
Strapline: Care doesn't stop at 5 o'clock.
Listening event held on 19 July 2013
 - **Reduce and standardise paperwork and processes:** We will reduce and standardise paperwork and processes, removing barriers, duplication and unnecessary steps so staff can spend more time with patients.
Strapline: Paper, paper everywhere – lets standardise to help us care.
Listening event held on 11 July 2013
 - **Car Parking:** We will improve the car parking system across our sites.
Strapline: Travelling alongwith you.
3 staff listening events held on 6 and 7 August 2013 to include Leicester General Hospital, Glenfield Hospital and Leicester Royal Infirmary. In addition on 6 August a further Patient / Public event was held to ensure that the event was reflective of the needs of both staff and the public using our services.
 - **Right staffing for all areas:** To attract and retain the best staff into our organisation.
Listening event held on 25 August 2013
 - **Information Technology:** To use the LiA approach within existing projects to ensure a strong voice for front line users.
Strapline: Together we can do IT.
Listening event held on 29 July 2013.
 - **Procurement:** To use the LiA approach within existing projects to ensure a strong voice for front line users.
Strapline:buying together!
Listening event held on 27 June 2013.
- 3.3.3 All schemes are on track, and are currently moving into or have recently moved into Step 6 which is the transition from listening into action. The only exception to this is Equipment Fit for the Job which held a listening event on 19 August 2013, and is anticipated to be back on schedule by 31 August 2013.
- 3.4 First 12 Pioneering Teams. These teams come from specialties, departments, wards, or pathways who will 'trail blaze' adoption of LiA on the ground, engaging all the right people around specific outcomes which they want and need to improve.



3.4.1 More than 120 teams expressed an interest in being one of the first 12 Pioneer Teams. The LiA Sponsor Group had the difficult job of selecting who would be supported to adopt the LiA way of working first. Teams are receiving support and full backing from the Chief Executive to help them achieve amazing results through staff-led change.

3.4.2 The 12 Pioneer Teams are listed below:

- **Emergency Department:** To improve the quality of patient care and experience in the emergency Department through the engagement and involvement of all staff.
Strapline: Its' not just our patients that want to get better!
Listening event held 30 July 2013 for Emergency Department (ED) staff and those who could impact on any changes. This was then followed by a further event on 14 August for senior nurses and clinicians from within the ED. will focus on patient care and experience
- **Haemodialysis Unit:** To provide excellent care in a safe, friendly environment and to give patients the best possible experience.
Strapline: Dedicated to dialysis.
Listening event held 21 June 2013.
- **Cardio, Renal and Respiratory CBU & Ward 32:** To put patients at the heart of what we do, to provide a service to be proud of.
Strapline: To the heart of what matters!
Listening event held 19 July 2013.
- **Specialist Surgery and GI Medicine/ Surgery/ Urology CBU's:** To take our staff on a journey to shape and improve communication so that every team member feels valued and proud of the care that they deliver.
Strapline: Engage 4 Change
Listening events held on 9 and 17 July 2013..
- **Theatres:** To focus on patient safety within the Orthopaedic Theatre environment and to use LiA to improve staff engagement, morale, leadership and communication.
Strapline: Team Work is Safe Work.
Listening event held on 10 July 2013.
- **Geriatric Medicine and Orthopaedic Trauma:** To work together to streamline and energise the discharge planning process. As a result we will ensure a better patient journey as well as improving flow through the unit by reducing unnecessary delays.
Strapline: Striding Out.
Listening event held on 10 July 2013.
- **Obstetric haematology:** To introduce new nurse led clinics to improve patient services in either VTE, thrombophylaxis or anaemia.
Strapline: Deliver the best.
Listening event held on 5 July 2013.
- **Children's HDU, Ward 12:** To improve the space and support they provide for families of their long-term ventilation patients.
Listening event held on 12 August 2013
- **Pregnancy Assessment Unit:** To facilitate meaningful engagement between the multidisciplinary team surrounding the development of patient-centred antenatal outpatient services to women and their families experience complications in



pregnancy.

Strapline: Women-centred antenatal outpatient management – building services for the future.

Listening event held on 12 July 2013.

- **Children’s CBU:** To improve discharge processes within the Children’s Hospital. Listening event held on 11 July 2013. A further event was held for families on 5 July 2013.
- **Catering Services (Glenfield Hospital):** To ensure that ALL our patients get adequate nutrition and hydration as meals are as important as medication in aiding recovery. Strapline: Protected Meal Appeal. Listening event held on 7 August 2013.
- **Duty Managers:** To encourage effective communication within the team and present a standardised approach to the rest of the organisation. Strapline: Call of Duty. Listening event held on 24 July 2013

3.4.3 All Pioneering Teams are on track, and are currently moving into or have recently moved into Step 6 which is the transition from listening into action.

4. Inclusion of Enabling Our People Schemes as a pillar of the Improvement and Innovation Framework (IIF)

4.1 The Improvement and Innovation Framework (IIF) was developed, with the aim of:

“Major Projects to improve the way the Trust works, in order to deliver high quality, cost effective care”

4.2 The first pillar of the IIF (Figure 1 below) encapsulated the Enabling our People (EoP) Schemes and therefore a highlight report is presented to the IIF Board to provide an update and assurance on progress against the 10 corporate schemes.

The 7 Pillars of UHL Improvement and Innovation Framework

University Hospitals of Leicester  NHS Trust

Caring at its best

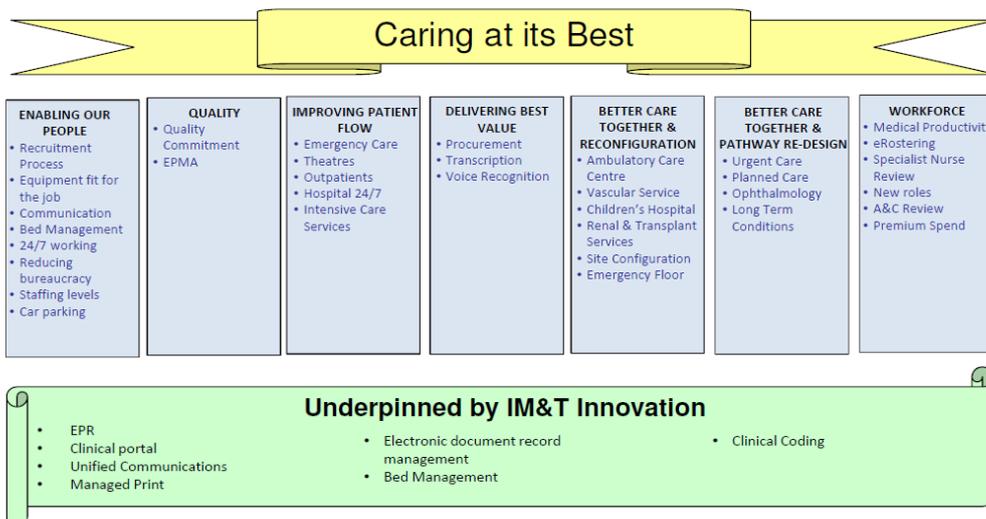


Figure 1: Improvement and Innovation Framework



5. Support provided by Executive Sponsors to LiA teams or schemes to ‘unblock the way’

5.1 Each of the Pioneering Teams and Enabling Our People Schemes has an Executive Sponsor linked to them. A description of the role of the Executive Sponsor is provided at Appendix A.

5.2 Why is the role of the Executive Sponsor so important? We are aware from other Trusts using LiA that the transition phase is a critical time in whether the Pioneering Team / EoP Scheme goes on to succeed at adopting LiA and whether they will have a compelling story to share with the Trust at the *Pass It On* event in November 2013. It is also the time when staff who attended the listening event are watching and waiting to see if LiA is different and whether what they suggested or discussed will turn into actions going forward.

5.3 During August 2013 each Executive Sponsor has been encouraged to make contact with their specific teams or schemes to constructively challenge and support the nominated leads. The key aim from this contact is to ensure that the action phase is ambitious and compelling and in essence, addressed the ... **‘so what factor’** which so often accompanies engagement feedback, when staff are disappointed in what happens after the listening phase. The LiA Sponsor Group wanted to ensure that Executive Sponsors understood the critical role they play in helping the transition from listening to action.

6. Recommendation

6.1 The Trust Board is asked to acknowledge work undertaken to date on the Quick Wins, and comment on the journey taken within the 7 step LiA Optimal Framework by the 12 Pioneering teams and 10 Enabling Our People Schemes.

Appendix A: Role of the Executive Sponsor

LiA Executive Sponsor Definition

The Executive Sponsors are taken from the most senior and influential levels of the Trust. They must:

- be passionate about making a success of LiA
- have the ability to influence all key groups of staff across the organisation
- make regular contact, at least every two weeks with their team lead to support them to navigate their journey, make decisions and act as a 'sanity check'
- attend the staff Listening event
- do everything possible to cut through all the usual reasons "why not" to unblock the way ahead and help the team plan for sustainability of LiA
- make it their personal and collective mission to embed a new way of working which leads to better outcomes for patients, staff and the Trust