Annual Report 2017

Corporate Nursing, Midwifery and Allied Health Professional
Executive Summary

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During 2016/17, the Executive Chief Nurse has maintained a focus on developing the skills and expertise of the corporate nursing team, lead allied health professional (AHP) and senior divisional nurses and midwives.

The emphasis has been on continuing to build on the development of a robust system of quality assurance, recruitment, patient safety and governance.

Leadership capacity and capability across all levels of the organisation is continuously reviewed and improved through engagement and involvement of patients, their families, governors, partner organisations and staff.

This is the second nursing, midwifery and AHP annual report we have published. It provides an opportunity to describe performance and outcomes during 2016/17 and highlight the priorities for 2017/18.

The corporate nursing team has driven over £3 million of efficiency and this report clearly demonstrates that quality and efficiency (operational and financial) are closely aligned; and that where quality is the focus, efficiencies follow.

The summer of 2016 saw our third CQC inspection in three years. We are extremely proud that after the dedication and hard work from our teams between 2015 and 2017 we were given a rating of good overall and outstanding for care. This result has had a positive effect on all our staff. Our nurses and AHPs are reporting a much more supportive culture in which they feel able to speak out when they have concerns and are confident that their voices will be heard.

Our staff, at every level of the organisation, deliver extraordinary care and continue to go above and beyond what is asked of them every single day. Their pride in the quality of patient care and their support for each other is clear to see and I would like to acknowledge this and thank them both from a professional perspective and from a personal one. I am proud and humbled to represent them at Board. Thank you all.
Director of Infection Prevention and Control (DIPC).

There are three deputies –, two Deputy Chief Nurses who hold individual portfolios and have a site leadership responsibility for the three main hospital sites as a member of the site Triumvirate, and the Director of Midwifery who has a statutory role as Head of Midwifery.

Within the corporate nursing team, there a number of posts and departments that contribute to the overall divisional objectives, including:

- Infection prevention and tissue viability
- Quality Assurance and Patient Safety Unit (joint accountability with the Medical Director)
- End of Life Care and Dementia
- Chaplaincy
- Resuscitation and acute care support
- Specialist Cancer nursing
- Non-medical prescribing
- Nursing Standards and Revalidation
- Professional accountability for non-medical registered healthcare professionals
- Safeguarding Adults and Children
- Community Engagement Volunteers
- Practice Placement Facilitators
- Mental Health and Learning Disability

**Capability and capacity**
A review of the corporate roles and responsibilities for the corporate nursing and midwifery and Allied Health professional team has taken place. This has allowed the consolidation of form and function to ensure we utilise the talents and skills of individuals in the most effective way.

2017/18 corporate roles and responsibilities are demonstrated below and include specific leadership strengths; developmental opportunities and portfolio responsibilities as follows:

<table>
<thead>
<tr>
<th>Executive Chief Nurse; Generates ideas, belief, enthusiasm</th>
<th>Deputy Chief Nurse (Site lead FGH/WGH); Champions deep reflective contained thinking</th>
<th>Deputy Chief Nurse (Site lead RLI); Orchestrates plans from A to B</th>
<th>Director of Midwifery; Generates caution and risk awareness (unintended consequence)</th>
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<tbody>
<tr>
<td>Corporate Board responsibilities</td>
<td>Patient Safety Unit and Quality Assurance</td>
<td>Workforce incorporating safe staffing</td>
<td>Statutory role as professional lead for midwifery services</td>
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<td>Standards and regulation</td>
<td>Patient experience and engagement</td>
<td>Pre and post registration education</td>
<td>Professional lead for Children’s and Young People’s Service</td>
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<td>Clinical quality</td>
<td>Inclusion and diversity</td>
<td>Revalidation</td>
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<tr>
<td>Director of Infection Prevention and Control</td>
<td>Safeguarding Adults and Children</td>
<td>Infection prevention and tissue viability</td>
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<td>Internal and external engagement and strategy</td>
<td>Chaplaincy team</td>
<td>Information Technology</td>
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The Quality Assurance Framework for the nursing, midwifery and allied health professions provides assurance to the Executive Chief Nurse and the Board of Directors that quality assessments are managed in a consistent manner and provide a standardised approach to monitoring and managing quality improvement. The assurance reviews incorporate assessment of Inclusion and Diversity and ease of access to services. The framework consists of a series of reviews/inspections covering all aspects of quality, safety, governance and patient experience as shown below.

Since the relaunch of the Quality Assurance Framework in September 2015, there have been 41 RAISE and 46 corporate quality reviews. There are 33 wards and areas now working towards applying for exemplar status as part of the Quality Assurance Accreditation Scheme (QAAS).

Patient Safety Summit
The Executive Chief Nurse, in partnership with the Medical Director, has led the process to consolidate the management of serious incidents through the weekly Patient Safety Summit, which reviews all incidents causing moderate harm or above, alongside any significant near misses. The weekly summit, attended by senior doctors and nurses, has the responsibility for ensuring there is learning from incidents and that actions are taken to eliminate or reduce risk; training and support is provided and that duty of candour is undertaken with patients or families. A number of trusts have visited our Trust to observe this approach and have subsequently successfully adopted it in their own organisations. We have reduced cardiac arrests by 39% across 2-years and deaths from acute kidney injury by 19% over 18-months, demonstrating that this focus on safety and quality is better for patients, staff and the Trust.
Reducing harm
In January 2015, our Trust outlined the priorities for reducing harm over the next three years in our commitment to the NHS England campaign ‘Sign up to Safety’. This covered three areas of focus for nurses:

- **Pressure Ulcers**
  NHS England’s 2014 ‘Stop the Pressure’ campaign stated that each pressure ulcer developed in hospital results in £4,000 of additional costs to care. In 2016/17, we reduced grade 3 and grade 4 pressure ulcers (the deepest and more difficult ulcers to treat), however, 22 more patients acquired a grade 2 pressure ulcer in our care than in the previous year. Apart from the obvious pain and distress associated with this, we estimate that treating these will have cost our healthcare economy an additional £88,000. In 2016, the Harm Free Care group began a focused project to reduce grade 2 pressure ulcers and we are confident that we will see a significant reduction in the next 12 months.

<table>
<thead>
<tr>
<th>Efficiency benefits</th>
<th>CIP contribution for</th>
<th>Additional cost</th>
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<tbody>
<tr>
<td>Increase in expenditure to treat grade 2 pressure ulcers in hospital</td>
<td>Divisions</td>
<td>£88,000</td>
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- **Falls**
The Kings Fund report (2013) *Exploring the system wide costs of falls in older people in Torbay* stated that the additional cost of inpatient stay and the Healthcare resource group code directly related to fall/trauma is £3,000 per avoidable fall. In 2015/16, there were 355 avoidable falls with harm compared to 169 in 2016/17 - a reduction of 186 at an average cost of £3,000 per fall. Apart from the obvious reduction in pain and distress associated with these harms to patients and their families, this improvement will reduce cost to our healthcare economy by an estimated £558,000.
### Infection Control

Our Trust’s 2016/17 trajectory for hospital acquired (post 72 hour cases) was no more than 44. The total number of hospital acquired clostridium difficile (CDI) cases including those deemed not due to lapses in care was 30. When these cases were reviewed with Public Health England and commissioners, it was deemed that in five of the 30 cases, there was nothing more that could have been done to prevent the infection. Therefore 25 cases of CDI have been attributed to UHMBT where there has been some learning for staff. This is a reduction of eight cases of clostridium difficile when compared to the previous year. Based on 2012 NICE guidance (reference nice.org.uk/guidance/esnm1 page 2) which states that the additional cost of CDI ranges between £4,457 and £8,433, the reduction in cases equates to an average (£6,445) cost efficiency of £51,560.

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<tr>
<th>Efficiency benefits</th>
<th>CIP contribution for</th>
<th>Saving</th>
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<tr>
<td>Reduction in hospital acquired CDI infection acquired in hospital (all)</td>
<td>Divisions</td>
<td>£51,560</td>
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Section 3: Patient Safety and Quality

Patient Safety Unit (PSU)
We have an ambition to become one of the safest organisations in the country. Our aspiration is to be recognised nationally and internationally as being at the forefront of patient safety through delivering high quality safe care.

The PSU was established in April 2016, and is led by an assistant chief nurse and a deputy medical director. The overarching purpose of the PSU is to promote a positive safety culture in the organisation and to work in partnership with Lancaster University and other improvement partners to develop an evidence-based programme in relation to patient safety with a focus on continuous improvement. The work plan for the first year was split into three phases.

A baseline review of all sources of current patient safety related work in the Trust was undertaken, a two year work plan was developed and an assurance framework was written. Links have been established with Lancaster University to add academic rigour to the work of the PSU. A clinical lead for venous thromboembolism and another for sepsis were also identified, resulting in significant improvements in these areas.

During the second phase, site based mortality meetings were reviewed and will be further refined during 2017/18. The PSU also supported ongoing efforts to reduce harms from falls, pressure damage and infection rates through the nursing Harm Free Care Operational Group, with an expansion of topics being covered by the group during 2017/18.

During phase 3, an Agency for Healthcare Research and Quality (AHRQ) patient safety culture staff survey was undertaken with the support of AQUA. A programme of feedback and action planning to improve communication within and across teams will take place during 2017/18 and a second AHRQ survey will be repeated following any improvement work. An evaluation of the Trust’s Learning to Improve Bulletin also took place during the third phase to evaluate the bulletin’s efficacy in disseminating messages and learning from incidents. Results, learning and actions to address learning points will take place during 2017/18.

Safeguarding
Safety huddles: The safeguarding team has replicated the safety huddle concept to ensure oversight of daily safeguarding reports. The team discuss all safeguarding incidents at a daily team teleconference and, along with the paediatric liaison team, allocate actions to team members for further investigation, discussion with local authority, police or other partner agencies. Any concerns or themes are escalated for consideration at the weekly patient safety summit or directly to the Executive Chief Nurse as the executive lead for safeguarding.

Deprivation of Liberty Safeguards (DOLS) and Mental Capacity Assessments (MCA): Virtually all Trust areas are now live with applications via the digital electronic patient record (Lorenzo), providing improved information, audit capability and ownership to Divisions.

Developing skills: We have been working with Divisions to understand risk relating to staff understanding of MCA and DOLS and are developing an advanced Level 3 module to support band 6 to consultant staff.
Safeguarding forward audit plan: A high level of overall assurance has been provided by auditors in relation to outcomes for children that have been recognised by partner agencies. The forward audit plan for 2017/18 will have a greater focus on adult safeguarding and improvements to divisional reporting is a priority for the next year.

Challenges and opportunities
Changes in commissioning and decommissioning of school nursing in Cumbria are providing a challenge to the how our safeguarding team operates on daily basis. Operational challenges for our small safeguarding team are linked to a lack of provision of Child and Adolescent Mental Health Services (CAMHS) tier 4 beds locally and nationally, a high number of ‘Children Looked After’ and the number of serious case reviews for children and adults; all of which are reflected nationally.

A key opportunity of our emerging accountable care system is associated with working as one integrated safeguarding team rather than as separate teams. This should support reduction in waste, duplication and sharing of resources and best practice.

Non-Medical Prescribing
The Trust has 84 non-medical prescribers across a range of clinical specialities. This is a transient number but an increasing one as numerous nurses are either undertaking this qualification as part of their Advanced Practitioner Qualification or awaiting confirmation of funding and places to study in 2017/18.

During 2016/17, we have worked with GP Federation nurses to ensure that any training, development and support are the same for nurses wherever they work (in community or hospital setting). Through the Executive Nurse Accountability Team (ENACT), the development of a joint strategy will ensure that standards are consistent across Bay Health and Care Partners.

Quality of documentation
In 2015/16, we were successful in our bid for £1.2 million pounds against the Nursing Technology Fund. The project, which commenced in 2015, has helped to move the Trust towards a comprehensive nursing electronic patient record and better quality clinical documentation.

The introduction of an electronic inpatient clinical chart has created natural work flow, quick data entry and retrieval of information in one place. Nurses now use whiteboards, laptops on wheels and iPods to record information at the bedside, during board rounds and at the nursing station - ensuring they have the right tool for the right job.

Information is available through any device to monitor patient flow, real time bed states, outliers, medically fit patients and clinical conditions such as stroke, dementia and diabetes.

The full nursing admission documentation, including the nursing bundle, is now recorded digitally, along with the contemporaneous ward note used by our clinical teams, specialist services and discharge coordinators.

The safeguarding team is also now able to see where and when a patient requires a mental capacity or DOLS submission and can advise and monitor accordingly.
In addition to the internal business intelligence modules of a nursing dashboard, specific advice and guidance is hyperlinked to appropriate policies, guidelines and best practice. The corporate nursing team can review progress by Trust, site and ward as required. Audit capacity is built in to reduce the need for separate audit activity.

A video of how our nurses are now using technology can be viewed on the Trust’s YouTube channel at: https://www.youtube.com/watch?v=EuCXWCEP3zM&t=92s

Quality of end of life care
The Gold Standards Framework (GSF) is a nationally recognised tool to support clinicians, patients and families to make decisions about end of life care, during what is estimated to be the last year of life.

This is used both within hospital and community settings. In 2015/16, we achieved GSF accreditation for two wards, and in 2016/17, Ward 37 at the Royal Lancaster Infirmary (RLI) and the Acute Medical Unit (AMU) at Furness General Hospital (FGH) received accreditation. The AMU is the first such unit in the country to achieve GSF accreditation.

Celebrating and sharing success
During 2016/17, we have shared our learning and improvements with a number of other Trusts nationally, with a number adopting our approach to improving patient safety and empowering staff to lead change.

The nursing, midwifery and allied health professional teams were shortlisted for a number of national awards including; Patient Safety Awards, Nursing Times Awards, Health Service Journal Awards; Royal College of Midwifery Awards, and Inclusion and Diversity Awards.

Clare Longton, an Advanced Physiotherapist won the ‘Best NASS Branch Physiotherapist’ award and attended a ceremony on 2 November in the Houses of Parliament. She also presented at the American Society of Rheumatology in November in Washington, USA.

Martina Hampson, physiotherapist was nominated for a Life after Stroke Award in the Professional Excellence category, attending a regional celebration event.

Section 4: Workforce

During 2016/17, we delivered recruitment campaigns including ‘Choose South Cumbria’ in partnership with local industries to attract the partners and/or families of newly recruited staff who may hold a nursing or midwifery qualification. Other initiatives have included a strong presence at job fairs nationally and the use of social media to raise awareness of posts and raise the positive profile of the Trust.
We have successfully recruited nurses, midwives and operating department practitioners both nationally and internationally. Today, there are 100 more registered nurses in our workforce than at any point in the last five years.

We have recruited to registered mental health and learning disability nurses to support a workforce that is reflective of patient needs.

We continue to recruit to all nursing and midwifery vacancies to reduce our reliance on temporary and agency staff. However, along with other NHS organisations, we are experiencing challenges in meeting workforce recruitment needs due to the lack of registrants available to recruit from in the UK.

Despite these challenges, we have recruited beyond our usual catchment area for newly qualified staff nurses. Feedback from candidates is that our reputation for providing high quality care and support to staff is the main reason they want to work here.

Along with our Bay Health and Care Partners we have supported return to practice (RTP) nurses to experience care in practice ahead of commencing the formal programme with the university. To date, all RTP nurses now work across hospital, mental health and GP practices locally.

We are delighted that 30 modern apprentices took up HCSW posts after completing their training and 15 went on to Registered Nurse training.

Safe staffing
We continue to attract nurses and Healthcare Support Workers (HCSW) to our in-house bank. The NHSI cap on agency spend has provided us with significant challenges with a reduced number of agency staff available or willing to work within the capped rate.

At the end of 2016/17, we had over 150 vacancies for registered nurses across our inpatient wards, despite the success in recruitment described in this report. The impact of our inability to fill shifts with agency staff has been mitigated by the flexibility and additional hours provided by our substantive staff that often go above and beyond anything that is expected from them. I would like to acknowledge and thank them for this tremendous discretionary effort.

Based on 2015/16, the overall (spend on spend) reduction in expenditure on bank and agency staffing for nursing and midwifery for 2016/17 was £1.465m, however, it needs to be recognised that this was achieved from an inability to cover the agency shifts rather than from our inability to try to cover them.

Midwifery supervision
Midwifery supervision is under a period of change nationally with the removal of statutory supervision for midwifery in 2017. Our maternity services will continue to influence the national taskforce and to support the development of clinical supervision of midwives, nurses and AHPs across the organisation in line with national best practice.

University of Cumbria
We continue to strengthen the working partnership with the University of Cumbria, ensuring high quality student placements across a number of professions. We continually monitor and evaluate the quality of the
clinical of placements. The introduction of the PARE online student evaluation tool for student nurses enables real-time feedback of placement experience. This allows us to proactively address any concerns and provide real-time feedback to mentors.

We were delighted that our student satisfaction rates with the quality of clinical placements were almost 10% higher than the regional average with a UHMBT score of 94%.

Revalidation

In 2016/17, a number of registered nurses and midwives underwent revalidation with the NMC, with support from the Professional Standards Matron. This process, which was designed in-house and is supported by The Trust training management system (TMS), has been successful.
Our approach to patient and public participation is constantly evolving and we truly recognise the benefits in fostering good relations and maintaining on-going dialogue with patients, the public and our stakeholders.

Public Engagement
Throughout 2016/17, we have held a number of formal and informal public engagement events. Some of the highlights from six of these events are detailed below:

- Bay Health and Care Partners joined together at the Westmorland Show on 8 September 2016 for a community fun-filled, informative day with plenty of opportunities to get involved. Visitors had the opportunity to find out more about important health subjects such as our health screening services, dentistry, organ donation, respiratory, breastfeeding and sexual health. The day provided visitors with an opportunity to ask questions about their own health and meet the teams from our partner organisations who provide health services in the locality.

- We participated in a number of Integrated Care Community (ICC) public events, including the Carnforth Health Mela.

- The Deputy Chief Nurse for FGH is part of the Leadership team for the Millom collaborative. There is evidence to show that the focus on health within the Millom community has reduced attendances to the Emergency Department at FGH by 29%.

- We joined members of the public from Barrow-in-Furness and the surrounding at four listening events during 2016/17. This is a forum where the local community come have their say on local NHS services and share their experiences. These events are led by a local GP and run in collaboration with our Trust and NHS Cumbria Clinical Commissioning Group (CCG) and allow local GPs and health professionals to have conversations about local NHS services directly with the public.

- A series of ‘My Last Orders’ events were held in Barrow, Lancaster and Kendal to celebrate and support Dying Matters Awareness Week. The Cafés are designed to create a space for conversation and reflection and to encourage people to talk about what is often viewed as a taboo subject.

Improving our approach to Dementia

Linking with Lancaster University and the Defying Dementia charity fund, the Bay Dementia Hub is now well established at St Johns Hospice in Lancaster. The hub was developed from a listening event in June 2016 which asked the public what would help locally.

The Hub meets on a monthly basis and offers a one stop shop from service providers such as Alzheimer’s Society, Age UK, local solicitors and social workers, amongst many others who can provide information, help and advice where needed. Around 200 people now attend these popular meetings;
demonstrating the need for support in our local community.

Using the same model, the Kendal Dementia Hub opened in March 2017 and there are plans for a hub in the Furness area in 2017-18.

The Matron for dementia has delivered presentations as a guest at numerous events and meetings promoting the awareness of dementia and practical ways to understand and manage the symptoms it presents.

**Maternity Matters**
The maternity teams have continued to build on the feedback from the Maternity Matters events in 2015/16. This includes the development of a new maternity website as part of the maternity communication project. The divisions Maternity Matters approach to user engagement received a specific mention in the CQC report.

There have been several requests from NHS Trusts nationally to share the improvement journey and we have shared a film that describes our progress to other NHS organisations across the UK.

The maternity team has been accepted as part of the first wave of the national maternity and neonatal safety initiative.

**Equality Delivery System (EDS2) public grading event**
The main purpose of the EDS2 is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty (PSED).

Our event in March 2017 gave representatives and local individuals the opportunity to form a panel to review our Inclusion and Diversity work and tell us how well they think we are doing.

We continually learn from our patients, services and their families experience to better understand what are getting right and where we can improve, using the findings to build on what we do to be even more inclusive as a health care provider and an employer.

**Volunteering**
2016/17 was once again a very busy, rewarding and successful one for the Voluntary Services department. Demand for volunteering opportunities has never been higher and volunteers bring a wealth of experience, time and commitment to our hospital services. They make a unique contribution to patients, carers and staff at UHMBT. We recognise that volunteers are an essential resource that helps us achieve our vision while supporting and enhance the patient’s and public experience and perception of our hospitals.

Enquiries and requests continue to come in from a diverse range of people from across Cumbria and Lancashire. The volunteer service currently has 450 registered dedicated volunteers, working in over 30 different areas and roles.

In November 2016, we reviewed our current volunteering offering and have recently updated the volunteer policy and started our partnership journey working with further local voluntary groups. We have created a volunteer star of the month category alongside our staff star of the month awards.
We are pleased to be working with Action for Children who now host both in hospital and community breast feeding support services around the Furness locality. This partnership is a result of direct feedback from local people during our Maternity Matters engagement event held in Barrow.

Entertainment is provided by two volunteer-led hospital radio stations, Radio Lonsdale at FGH and the Bay Trust radio for Westmorland General Hospital (WGH) and RLI. We know that social interaction via hospital radio comes from providing listeners with a virtual friend, and through face to face interaction with volunteers from the station to the bed side. I am pleased to report that both hospital radio stations have received lottery funding during 2016/17 to update their equipment.

In July 2016, we celebrated with our volunteers the 20th birthday of our volunteer desk within the centenary building at the RLI.

**The Royal Voluntary Service**

Our Trust is fortunate to work with the Royal Voluntary Service who has recently has been accredited with the prestigious Investing in Volunteers Award.

The Investing in Volunteers model is designed to be an effective and rigorous process to ensure that all volunteers receive the best possible management support and therefore our organisation receives maximum benefit from our volunteers’ contribution. The standard is based on the four areas of volunteer management:

The Royal Voluntary Service is continually developing and helping our Trust to bring people together who want to help generate strong community links that work to make a difference within their local healthcare services.
North West Blood Bikes

Our volunteer partners the North West Blood Bikes received the Queen’s Award for Voluntary Services in 2016. These volunteers transport life-saving items for the Trust at evenings and weekends. We are pleased and very proud to be able to report a successful and increasingly busy year for North West Blood Bikes Lancaster and Lakes in Morecambe Bay.

We have seen volunteer Blood Biker numbers increase with 70 riders covering Lancaster, Kendal and Barrow, supported by controllers and fundraisers who live in the area. A record year has seen 1,779 calls responded to for UHMBT, and during the year, the volunteer riders have travelled an estimated 41,000 miles.

Friends and Family Test (FFT)

Patient feedback is highly valued and crucially important. Patients and carers are invited to provide feedback on their experience in line with the national Friends and Family test (FFT) requirements. FFT returns are submitted to NHS England on a monthly basis and performance data is available to the general public.

The table below illustrates the number of reviews recorded over the past three years, the average score (out of 5) and the percentage of respondents who stated they were likely or unlikely to recommend the Trust to their friends or family based on care and treatment they received.

The number of reviews collected has increased significantly over the years and the feedback is used by staff to deliver further improvements in service.

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<tr>
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<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
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<tbody>
<tr>
<td>5 Star Rated Score</td>
<td>4.72</td>
<td>4.78</td>
<td>4.78</td>
</tr>
<tr>
<td>Number of Reviews</td>
<td>37,005</td>
<td>55,423</td>
<td>61,346</td>
</tr>
<tr>
<td>% Likely to Recommend</td>
<td>91.59%</td>
<td>93.65%</td>
<td>93.91%</td>
</tr>
<tr>
<td>% Not likely to Recommend</td>
<td>3.21%</td>
<td>2.24%</td>
<td>2.37%</td>
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Over the past year, the Executive Chief Nurse and deputies have led a series of nursing development days for all members of the nursing, midwifery staff and AHP teams - from clinical support worker through to matrons and assistant chief nurses. These have provided meaningful opportunity to engage and involve staff in developing and delivering strategic and operational priorities as well as supporting improved communication within and across teams. These days provide an opportunity to develop strategy and shared objectives and to share best practice. In 2016/17, some of the innovation and improvement developed by these staff included:

**Theatres**
- Making debrief count - improving governance and compliance through a change in behaviours and practice
• A full pressure ulcer assessment is now carried out in the anaesthetic room. This initiative was as a result of a patient story following harm. The improvements have been shared with the patient.
• In a joint project between Theatres RLI and Audiology, our team has introduced a communication device to support patients within the theatre environment who are hard of hearing. This has allowed the theatre team to improve their communication with our patients at their most vulnerable of times, resulting in improved patient experience.
• A safety huddle is now established at 10am every day. This provides an opportunity for theatre teams to discuss issues, expectations, delays, equipment, safeguarding and recognise individual needs of patients who are vulnerable or at risk.
• There has been a focus on reducing variation and improving safety through standardisation of processes, policies and best practice.

**Acute stroke ward RLI**

• A dedicated unit has been developed at the RLI site and this should open once fully staffed in 2017/18.
• The acute nurse practitioner was appointed clinical lead for stroke at the RLI - our first nursing appointment to a clinical lead post.
• The acute frailty team (AFT) is integrated into patient pathways allowing direct admission to the Frailty Unit. The AFT facilitates nurse led discharge, reducing delays for patients and their families.

**WGH**

• Safety huddles are held every morning to discuss incidents, patient specific information, activity and concerns across the wards.
• Electronic treatment/care pathways were introduced across the Day Surgery Unit improving quality of documentation
• As experience increases, the role of the nurse in the Macular Unit has developed to enable them to carry out injections for patients with wet age-related macular degeneration, reducing waiting times and improving service for patients.
• The Day Care Unit has increased activity significantly over the last 12 months, so much so, that the unit is now recognised as one of the most efficient units in the country.
• Ambulatory care continues to develop and grow with GP streaming carried out by the advanced nurse practitioner, releasing the reliance on the medical trainees, increasing consistency of advice.

**End of Life Care**

• The Maple Suite, funded by Rosemere Cancer Foundation, opened at FGH in September 2016. The facility allows families to be together during the last days of the patient’s life and has been well received with the suite being in constant use since it opened.
• Ward 37 at the RLI has received Gold Standard Framework (GSF) accreditation making it the third inpatient ward at our Trust to receive the accreditation
• The Acute Medical Unit (AMU) at FGH has also received GSF accreditation and they are the first AMU in the country to be accredited. This work was led by a clinical support worker and provides an illustration of the impact that every member of staff can have on quality of patient care.

**Stroke FGH**

• There is a facility on the acute stroke ward (Ward 6) at FGH for families and carers to spend time together and practice care in a safe supported environment prior to discharge to assess whether support is required on discharge.
• The ward managers in the division of medicine redeployed some of their budgets to provide
phlebotomist at weekends. This has reduced pressure on nursing staff by releasing time to care and will now be extended through surgical wards.

RLI
- Rosemere Cancer Foundation provided funding for a quiet room on Ward 34, enabling patients, relatives and staff to have important discussions in a pleasant environment.
- Following feedback from staff, there is now a 24 hour ward clerk in the Emergency Department (ED), reducing the administration burden on clinical staff.
- We introduced a dedicated ED paediatric nurse to improve support and quality of paediatric care and quality of safeguarding support
- The ED team at RLI has worked closely with Lancashire Care NHS Foundation Trust colleagues, resulting in the implementation of 24-hour acute mental health liaison cover in our RLI ED.
- Safety huddles routinely take place in the ED along with hourly board rounds in order to ensure all staff are clear about their roles and responsibilities and any emerging concerns are addressed effectively
- Funding is in place for the next six months to look at frequent attenders and how the number of attendances can be reduced. This will involve a flagging system on Lorenzo and development of full care planning.
- Ward 23 has converted part of the ward to become a wet room, bathroom and kitchen to support discharge preparation of patients to ensure their safety.
- Pharmacy technicians have been piloted on the surgical wards in order to release time for registered nurses to provide hands-on care to patients.

Children and Young People’s (CYP) services
- Rapid access clinics have been established which streamline the process for patients to be reviewed, diagnosed and treated.
- Protected quiet time has been introduced in the Neonatal Unit at the RLI because we believe this supports brain development in babies. This also provides time for parents and families to relax.
- The recruitment of our first neonatal advanced practitioner will provide continuity of care to patients and support delivery of the medical trainee staffing rota
- Oxygen reminder stickers were introduced to highlight that it has been prescribed and Vapotherm has been introduced for high flow oxygen to reduce risk of deterioration and length of stay.
- Paediatric e-documentation is being developed by front line staff in partnership with the Trust IT/I3 team.
- Dr Peckham and her team introduced safety huddles into the Trust and these are well established across CYP wards. The team have shared this success nationally and regionally through presentation at conferences. Regular MDT safety huddles are now routine across many areas of the Trust.

Acute Care/resuscitation
Since the appointment of the Acute Care Matron, there has been significant improvement in the role and profile of the acute care team as they have:
- Delivered improvements for patients with tracheostomies through training, skills development and standardising practice.
- Reached out to the wider community, including working with North West Ambulance Service and community care teams to provide training and support.
- Introduced an improved fluid balance chart and policy that includes reference points for emergency conditions such as acute kidney injury.
• Delivered a decrease in cardiac arrest calls and an increase in peri-arrest calls, resulting in a significant reduction in avoidable deterioration.

Other improvements include:
• Improvement in CQUIN sepsis screening to achieve 90% of patients screened.
• Trust anaphylaxis boxes have been standardised cross bay following learning from a clinical incident.
• The team has been proactive in supporting staff on the clinical floor when needed and provide support for patients and staff following a cardiac arrest.

Transgender Policy
• Led by the Quality Assurance Matron, the Transgender policy is in place and staff have been trained to understand and meet the needs of transgender patients, visitors and staff
• There is information, communication, best practice tools and training to support our ethos of being effortlessly inclusive

Mental Health and Learning Disability Support
The Assistant Chief Nurse (corporate) has worked with partner organisations to deliver a number of schemes to improve the experience of patients with specialist mental health needs. This includes:
• Implementation of a 24-hour acute mental health assessment service based in the ED at the RLI.
• Development of a seven day CAHMS to commence in quarter 2 of 2017.
• Availability of training places for Youth Mental Health first aid through NHS Improvement which will link with the plans for national roll out.
• Working in partnership with the Matron for Dementia to develop a memory corridor at RLI.
• The appointment of a clinical nurse specialist for learning disabilities (LD) who is able to liaise with front line teams to ensure that patients with LD receive individual care that meets their specific needs.
• Recruitment of a number of registered mental health nurses (RMNs) into a number of ward areas. The skills they have bought to the team have added a great deal of value and during 2017, we expect to see the number of RMNs we employ increase further.

Maternity
• Through Listening into Action, front line teams have developed a scheme to improve the management of hyperemesis and reduce the need for women to stay in hospitals for extended periods.
• Community midwifery clinics are now held in the pharmacy department of a small number of supermarket venues as our midwives support ease of access to support for women.
• The development of maternity/gynaecology daily three minute brief has supported improvements in communication, lessons learned from incidents or complaints, and enabled sharing of important messages to improve quality of care.
• Maternity were one of the four pilot sites which implemented an ‘Always Event’ scheme to improve patient experience, facilitated by NHS England. The Always Event we introduced was to provide partners an opportunity to stay with new mothers during birth and for 24 hours afterwards. This was chosen as our Always Event following feedback from our maternity listening events.
Section 7: Ward and Service Development

In order to address a number of clinical priorities, we embarked on a number of changes to wards at the RLI. Ward 39 was too large and has now been successfully reduced in to two separate wards - one an acute medical ward and the other a 13-bedded cardiology unit which incorporates the original and smaller Coronary Care Unit.

In 2017/18, an integrated stroke unit will be opened in the vacated Coronary Care Unit to facilitate integration of acute and rehabilitation stroke care in line with national best practice.

Confirmation of funding for a new Maternity Unit at FGH that was designed in partnership with current and past service users was a cause for celebration across Barrow. In Lancaster, a new diabetes centre opened in 2017, following a patient story delivered to the board of directors in 2014.

During 2016/17, the Senior Nursing, Midwifery and AHP team has continued to focus on improving communication and collaboration between divisions. There is an established weekly Executive Chief Nurse (ECN) meeting which provides a forum for support, coaching and performance updates. The meeting also provides insight into and assurance relating to the complexities and challenges of individual roles, departments and divisional teams.
Section 8: Cost Improvement Plans (CIPs) delivered in 2016-17

Contribution to divisional CIP's
A number of benefits were realised through the leadership and influence of the corporate clinical team. These resulted in improved quality of care (within budget), cost avoidance or cost/service efficiency which was realised through divisional cost improvement plans. In 2016/17; the service contribution supported by the corporate nursing team equated to an efficiency of over £3m, as shown below:

<table>
<thead>
<tr>
<th>Efficiency benefits</th>
<th>CIP contribution for</th>
<th>Saving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer contribution to our workforce</td>
<td>Corporate cost avoidance</td>
<td>£519,000</td>
</tr>
<tr>
<td>Blood biker contribution to supporting speedy out of hours movement of products and items across our services</td>
<td>Divisions</td>
<td>£95,000</td>
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<td>Donation to support services for people with long-term conditions</td>
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<td>£37,175</td>
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<tr>
<td>Donation to support the development of our dementia friendly environment</td>
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<tr>
<td>Cumbria Police and Crime Commissioner</td>
<td>Corporate Nursing (safeguarding)</td>
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</tr>
<tr>
<td>Community Meals on Wheels scheme</td>
<td>Corporate</td>
<td>£70,000</td>
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</table>
Next Step scheme - Move or loose it chair based exercise

TOTAL £797,175

<table>
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<tr>
<th>Efficiency benefits 2016-17</th>
<th>Contribution to</th>
<th>Saving</th>
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</thead>
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<tr>
<td>E-nurse documentation; reduction in printing/photocopying</td>
<td>Divisions</td>
<td>£200,000</td>
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<td>Nurse procurement schemes</td>
<td>Divisions</td>
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<td>Divisions</td>
<td>£1,465,000.00</td>
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<tr>
<td>Reduction in harms</td>
<td>Bay Health and Care Partners</td>
<td>£521,560.00</td>
</tr>
<tr>
<td>Volunteer contribution</td>
<td></td>
<td>£797,175</td>
</tr>
<tr>
<td>Total value of input</td>
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<td>£3,043,735.00</td>
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</tbody>
</table>

Section 9: Working in Partnership

Morecambe Bay Investigation
In partnership with maternity service users, progress continues to be made to implement the Kirkup recommendations and individual project action plans. An update and detail is identified in the action plan that can be found on the following link: http://www.uhmb.nhs.uk/morecambe-bay-investigation/

We are grateful to the many families, staff and partner organisations who have supported the improvements delivered and who continue to support us to improve our maternity services and strategy.

Better Care Together - Bay Health and Care Partners
During 2016/17, the corporate nursing team began to make connections with colleagues in our partner organisations in order to ensure that as a Trust, we do not make decisions in isolation. A dedicated matron has worked hard to build relationships across GP practices and the care and residential home community in order to support integrated working as a single healthcare community.

In 2017/18, we aim to build on this work to ensure that each integrated care community has a nominated senior nurse who can act as their relationship lead to ensure that we can communicate well and understand how we can influence improvements in care for patients across the health and care pathway.

A successful pilot of the role of the parish nurse to support discharge of patients into their own homes has been implemented in elective orthopaedic care in Barrow. This exciting pilot has been implemented in
partnership with Parish Nursing UK, led by Matron Lynn Dack and parish nurse Ruth McDonald. Funded by a local church, Ruth has supported a number of patients in their homes as they recover from surgery. The evaluation was extremely positive and we are now looking at how we can promote parish nursing widely across the Bay health economy. This work has been shared nationally and internationally and we are proud to have been involved.

UHMBT matrons have supported a number of residential care homes over the last year which has been received well. We would like to build on this success by offering support to more residential care homes over the coming year and working with them to develop advice and guidance.

Section 10: 2017/18 Delivery Plan

The Quality Strategy
We will continue to monitor performance against the 2017/18 quality improvement metrics as highlighted in the Quality Improvement Strategy. However, the improvements so far are now well established in practice and are subjected to regular audit and reporting.

During 2017/18, the corporate nursing team will focus on a number of high priority areas which are included in the revised Quality Improvement Strategy:

• Integration of physical and mental health pathways.
• Advice and guidance for nursing homes.
• Reduction in variation of observations leading to better outcomes.
• Professional integration of community and hospital staff.
• The use of remembrance to improve patient safety and experience.
• Improving relationships with integrated care communities.
• Building relationships and improve participation by the people who use and care about our NHS services.

Integration of physical and mental health pathways
Providing effective and safe mental health care remains a key risk across the health care system. The Assistant Chief Nurse (corporate) will provide an opportunity to continue work with key stakeholders.
Advice and guidance for nursing homes
Working with our Nursing Home teams, there will be an agreement on early priorities that incorporate local need with high service pressure. Q1 – Q3 of 2017/18 will see further collaboration and development of patient pathways to improve safety and experience.

Reduction in variation of observations leading to better outcomes
During 2017/18, we will embed the national early warning score tool in practice. iPods will be introduced for recording of observations, enabling the charge nurse/matron/assistant chief nurse to see at a glance whether there have been any missed observations - supporting early escalation and intervention.

This will provide a clear audit trail to demonstrate good practice by teams or individuals, but will also support timely identification of training needs. It will reduce the number of incidents and complaints along with the time taken for staff to respond to them.
During 2017/18, we will focus on work to understand numbers, skills and needs of the staff who will integrate across community and hospital services, the infrastructure and support any additional support that may be required to ensure that development opportunities, processes and professional standards are aligned and simpler for staff wherever they work.

The roles and responsibilities of the Corporate Nursing team will align with our Bay Health and Care Partner organisations to enable a smooth integration.

The use of remembrance to improve patient safety and experience.
Carl Macrae recently wrote that memory and remembering the past is fundamental to patient safety. One of the core objectives of safety improvement is to learn from the past in order to improve the future. The Trust aims to develop remembrance as an integral part of its safety improvement strategy.

Improved relationships with integrated care communities (ICCs)
During 2017/18, we will provide a senior clinical leader to act as relationship lead to each ICC; their role will be to develop a culture of trust and collaboration enabling improvements for patient care and pathways.

We will develop the Parish Nursing model across ICCs to support safe and timely discharge and reduce risk of readmission in an agreed cohort of patients and we will develop shared improvements in monitoring and addressing integrated care of physical and health needs of patients in order to ensure there is a clear, shared plan of care during crises.
Building relationships and improve participation by the people who use and care about our NHS services
This will enable us to understand and respond to the needs of our patient population; including those people who have the poorest health and those who may not normally have a voice. It allows us to see things through the eyes of those who use our services and their families and to be innovative and effective, leading to better use of taxpayers’ money.

Patient Safety and Quality Improvement
The site based mortality reviews will be further refined during 2017/18. Ongoing efforts to reduce harms from falls, pressure damage and infection rates will continue through the nursing Harm Free Care Operational Group, with an expansion of topics being covered by the group during 2017/18. This will include Acute Kidney Injury and Sepsis.

Partnerships with academic partners
A research proposal, relating to better understanding the patient safety culture of the organisation from ward to board, is being developed with Lancaster University for 2017/18. The PSU is also working in partnership with Lancaster University to evaluate the effectiveness of a patient safety video and its accompanying leaflet.

Professional accountability for research nurses which became part of the Assistant Chief Nurse for PSU portfolio in 2016/17 will continue. This group had previously had no professional lines of accountability and their work and worth will be showcased during the coming year.

The PSU aims to explore the opportunity to develop meaningful research, audit and development opportunities for staff, patients and students across the healthcare economy.
The Quality Assurance Framework
The framework will continue to support and promote consistent delivery of high standards of care within wards and departments. The well-established ward-level monitoring and accreditation system will continue to provide measurement and assessment of the wards and departments against a core framework of standards. This will ensure that quality and safety are delivered and that patients and families are at the heart of care delivery.

The outcome of the ward-based assessment will provide accreditation for exemplar wards assessed as providing excellent care. The aim will be to have 10% of wards achieve exemplar status over the next two years with the ward accreditation process to be rolled out to outpatient areas.

Safeguarding capacity
A restructure of the safeguarding team will ensure that the team can fulfil their statutory requirements into the next five years. The safeguarding portfolio will now sit with a Deputy Chief Nurse. Close links will be maintained with the Women and Children’s Division to ensure there is sufficient focus on both children’s and adult safeguarding.

Patient and Public Engagement
During 2017/18, we will continue to ensure that patients and the public play an active and valued role in shaping their own care and treatment and in developing and redesigning our services.

As we move closer towards an Accountable Care System, we recognise there is an opportunity to develop one common approach to public and patient engagement working within our population health system. Over the next 12 months, we will start to build relationships with our external partners, from general practice to community, hospital, social care.

This will be supported through our refreshed Patient and Public Engagement Strategy 2017/18. Through this strategy, we want to achieve the best outcomes within the resources available. Rather than individual organisations and practitioners seeking the public views individually, we want to work collectively with the public and patients, within an Accountable Care System.

Dementia
The Matron for Dementia is supporting the Dukes Theatre in Lancaster with a public awareness talk as part of ‘A Life More Ordinary’ work they do to promote a dementia friendly environment and ensure dementia supported film viewing. She is also part of their steering group to promote the ongoing work.

From June 2017, the established Dementia Champions conference days will now be offered to staff from our local care homes across Morecambe Bay. Supported by community mental health teams, the Matron will run workshops and lectures on various topics relating to Dementia such as communication, pain assessment, basic care needs, end of life care and legal issues.

There is work ongoing with the University of Cumbria student mental health nurses to present and teach about dementia health promotion and our team will present at the Dementia conference aimed at all first year nursing students in May 2017. Links will continue with the Student Quality Ambassadors to complete dementia related audit work within the inpatient departments and wards.
South Lakes GP services plus Bentham Surgery are looking at developing a butterfly scheme approved indicator for patients with dementia via their GP, for addition to our Trust’s electronic patient record when needed. This will be in the form of a butterfly prompt when requesting access to acute hospitals services. Identification and addition to the scheme prior to admission will be helpful for both staff and patients/families with dementia to give person centred care when needed.

Volunteers
During 2017/18, we will continue to work with external partners to help facilitate timely hospital discharge through a variety of methods. One example is providing a volunteer driver who would collect the patient from the ward along with any food provision (meal bag) and safely transport the patient home.

<table>
<thead>
<tr>
<th>Efficiency benefits</th>
<th>CIP contribution for</th>
<th>Projected Saving</th>
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</thead>
<tbody>
<tr>
<td>Volunteer contribution to our workforce</td>
<td>Corporate; cost avoidance</td>
<td>£540,000</td>
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<td>Blood biker contribution to supporting speedy out of hours movement of products and items across our services</td>
<td>Divisions</td>
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<tr>
<td>Donation to support services for older people</td>
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<tr>
<td>Next Step scheme - Move or loose it chair based exercise</td>
<td>Corporate</td>
<td>£28,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>£687,000</td>
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</tbody>
</table>

Improvement projects
The corporate nursing team has committed to support a number of improvement projects that will improve the quality of care for patients, improve job satisfaction for staff and reduce inefficiencies across the healthcare economy. These include:

- **End of Life Communications Diary**
  The development of a communication diary for patient and family/friends use to aid and improve communication between them and health care professionals during the early stages of bereavement.

- **Reduction in ED attendances and prolonged admissions for Kendal population identified as severely frail**
  A three month review of patients who attend the ED or AMU at the RLI will be proactively reviewed by someone with knowledge of frailty and palliative care. Where appropriate these patients will have a rapid discharge home to Kendal to ensure their care remains closer to home and in keeping with their wishes.

- **The introduction of Rainbow clinics**
Specifically for women and their families who are pregnant again after a baby loss whether that is a late miscarriage or stillbirth or termination of pregnancy for foetal abnormality.

- **Maternity triage**
  The introduction a telephone triage system for all who use maternity services at UHMBT. One central number will benefit mothers, their families and staff. A central system will ensure we get the right person to the right place at the right time.

- **Exploring diverse recruitment opportunities - people with long term conditions / disabilities**
  Exploring how we can develop recruitment processes and systems and workforce policies and systems that ensure we retain a diverse workforce by becoming an employer of choice for this group. Also looking at how we engage with community groups to develop our employment opportunities for people with long-term conditions / disabilities.
Estates and Facilities
The corporate nursing team work closely with colleagues in Estates and Facilities and the development of the corporate functions of the corporate nursing team will have no significant impact on estates plans. Those plans that will have an impact have already been incorporated into the Estates and Facilities plans and include:

Completion of the new maternity unit at FGH

Update of the resuscitation room and minor injuries stream in the emergency department at the FGH

Working with the site based triumvirate the site based Chief nurses will play an integral role in any discussions and decisions which involve changes to the estates.

IT and Informatics: E-documentation/observations

There is an ongoing requirement for dedicated support throughout 2017/18 for the implementation and roll-out of e-documentation and observations using iPads.

Significant progress has been made with the implementation of the electronic nursing record. Whilst evaluation is ongoing, feedback shows it has made a significant contribution to ensuring documentation is accessible and supports staff to complete care planning comprehensively.
Planned cash-releasing and cost avoidance efficiencies for 2017/18 will be achieved through the following schemes that will be led and driven by the corporate nursing team:

<table>
<thead>
<tr>
<th>Efficiency benefits 2016-17</th>
<th>Contribution to</th>
<th>Saving</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-nurse documentation; reduction in printing/photocopying *1</td>
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<td>Nurse procurement schemes*2</td>
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<td>Agency Cap: Conversion of Agency spend to substantive / bank spend with aim of reducing agency expenditure by £1m</td>
<td>Divisions</td>
<td>£1m</td>
</tr>
<tr>
<td>RVS/Volunteers</td>
<td>Cost avoidance</td>
<td>£687.000</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>£1,781m</td>
</tr>
</tbody>
</table>

*1 I3 data  *2 Procurement data

The corporate nursing team incorporates a wide range of functions and influences improvement across a number of pathways. The team provide support and direction to frontline leadership teams and to frontline staff through role-modelling, visibility and providing clarity on roles and responsibilities. The team support delivery of significant safety and quality benefits, service developments and cash saving or cash releasing innovations. We appreciate and value the partnership working with teams across the organisation to support delivery of high standards of care.

The development of a Bay-wide accountable care system will provide an opportunity to realise much greater improvements than can be achieved by one organisation in isolation - building a professional community across traditional boundaries. We strongly believe that nursing, midwifery and allied health professionals, working in partnership with service users, can influence and support improvements in health promotion, health education and health management across the wider healthcare team.

We look forward to contributing and influencing significant service developments and operational efficiencies through delivering improved quality of care and patient and staff experience during 2017/18 and over the next three years.