

# **New Horizons**

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Spring 2015 edition

**NHS**

University Hospitals of Morecambe Bay

NHS Foundation Trust

Free newsletter

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This publication is delivered free to all members of University Hospitals of Morecambe Bay NHS Foundation Trust

## Our response to the Morecambe Bay Investigation

The Morecambe Bay Investigation was established by the Secretary of State for Health in September 2013 following concerns over serious incidents in the maternity unit at Furness General Hospital (FGH).

The Report of the Morecambe Bay Investigation was published on 3 March 2015, and concluded that the maternity unit at FGH was dysfunctional and that serious failures in clinical care led to the unnecessary deaths of mothers and babies. The report makes 44 recommendations aimed at ensuring the failings are properly recognised and acted upon - 18 of the recommendations are for the Trust to address, with the remainder being for the wider NHS.

We welcome the publication of the Morecambe Bay Investigation report, accept and acknowledge the criticisms, and accept its recommendations without reservation. At the time of the publication, the Chairman made the following statement:

“This Trust made some very serious mistakes in the way it cared for mothers and their babies. More than that, the same mistakes were repeated. And after making those mistakes, there was a lack of openness from the Trust in acknowledging to families what had happened. This report vindicates these families.

“For these reasons, on behalf of the Trust, I apologise unreservedly to the families concerned. I’m deeply sorry that so many people have suffered as a result of these mistakes. As the Chair of the Trust Board, it’s my duty to ensure that lessons are learned and that we do everything we possibly can to make sure nothing like this happens again.”

Whilst we welcome the recognition in the Report that significant progress is being made at FGH’s maternity unit, we will not be complacent. Work is currently ongoing to address all the recommendations in this report to ensure that services across the Trust continue to improve.

A Sub-Committee of the Trust Board has been set up to provide scrutiny and assurance that the recommendations are monitored and implemented in full. The Sub-Committee is chaired by a non-executive director, with membership to include service user's representation, a public governor, and an external expert. Examples of the responsibilities of the committee include overseeing the development of a comprehensive and detailed action plan, and ensuring that clinical leaders and those that use our services are engaged and involved.

The Sub-Committee meets monthly and the papers and minutes from these meetings will be published on the Trust's website. Monthly reports from the Sub-Committee will be submitted to the Trust Board and shared with the Care Quality Commission, Monitor, and NHS England.

An implementation group has also been set up who will have day to day responsibility for the delivery of the action plan. Led by Dr David Walker, Medical Director, it will provide the overall management of the actions required to deliver the recommendations. This group reports directly to the MBI Sub-Committee.

## **UHMBT welcomes new member of the public to Sub-Committee**

The Trust is pleased to confirm that local Mum, Liza Brady, has agreed to become a public member of the Trust's Morecambe Bay Investigation committee.

Liza and her husband Simon tragically lost their baby Alex in 2008 following care received at Furness General Hospital. The Report of the Morecambe Bay Investigation was highly critical of the care provided to them.

Jackie Daniel, Chief Executive, said: "The Trust is honoured that Liza has agreed to become a member of the Sub-Committee. We have been working with members of the public and service users to improve our maternity services for some time, and I am confident that Liza's input will further strengthen this important and valued work."

“I am genuinely honoured that Liza has agreed to become part of the work to improve our hospitals. This Trust badly let down lots of people and we owe it to them, their families and the local communities to work together and ensure we implement Dr Kirkup’s recommendations.

“If we are to continually improve, we must involve and listen to those that use our services. I would like to thank Liza for agreeing to be part of the Sub- Committee, and I also thank all of those other people that give up their own time to help make our services the best they can be.”

Liza Brady said: “I’m delighted to have been asked to join the Sub-Committee in order to help implement Dr Kirkup’s recommendations. It’s a privilege to be involved in the changes at UHMBT and to serve the community. UHMBT did let many families down and owe it to the families, the hard working staff, and the community to ensure these changes are implemented and that the Trust is much more robust.

“I look forward to working with members of the Trust, the committee, and liaising with other family members.”

## **Our Future Plans**

Over the last two years University Hospitals of Morecambe Bay NHS Foundation Trust has been working in partnership with our two Clinical Commissioning Groups and local health and care providers to review how patient services are delivered in the hospital and community. Together we have created a vision and strategic plan for the future - better care together. Better care together is our clinically led plan for ensuring health and care services across Morecambe Bay can remain safe, are of a consistently high standard, and can be financially sustained not just for the next five years, but well into the future. Find out more about our plans by taking a look at stories on this section, visiting one of our displays which are at all our hospitals, picking up a copy of our special newsletter – available at the entrances to our hospitals, or visiting our mini website at <http://www.uhmb.nhs.uk/strategy/>.

## **Quality**

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We still have more work to do to consistently provide the high quality, safe care our patients deserve. We need a working environment and culture, which promotes and welcomes honesty, safety first, openness and compassion in everything we do. That is why we have developed a Quality Improvement Plan – read it in full on our website.

## **Finance**

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As a result of the issues we have faced, we are spending £25-£30 million more than we receive a year. This gap is expected to rise to £71 million in 5 years unless we make changes.

Even if we achieve maximum savings in our existing services, the financial gap will still reach £30 million in 5 years.

So if we carry on as we are, our health services will fall behind those in other parts of the UK. The ‘better care together’ strategy aims to change the way health services are provided so that we can deliver high quality services inside and outside hospital which we will be able to afford.

## **Geography**

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We serve a population of 365,000 across an area that is more than double the size of the average NHS trust. We currently have 5 hospitals, including three main sites, across this area. If you compare that to an urban trust with the same amount of money serving a similar sized population, they would only have one or maybe two hospitals. As a result of our geographical stretch, our budget in turn is spread more thinly.

## **Investment in time to care**

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Many improvements have been made in order to deal with areas we failed, such as staffing. For example, in the past year 286 more staff have been recruited to the Trust than have left.

We are also in the process of investing a further £3million in frontline staff. We will be constantly striving for improvement in all areas of our Trust and we will use patient and staff feedback to identify key area.

## **Better care together**

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The 'better care together' programme will lead to more services being delivered out of hospital. Our hospitals will be able to focus on providing excellent care to fewer patients who really need it. Although fewer hospital jobs will be needed, we expect reductions to be met by people retiring and by reducing the number of agency staff.

This shift will require our culture to change and everyone will need to work more flexibly to deliver care when and where our patients need it. These changes will be made in partnership and consultation with staff and their representatives. We believe many new, exciting opportunities will be created as a result. We will also continue to develop our approach to supporting staff through the changes.

## **Changing health needs**

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All of the NHS faces the same challenges in relation to changing health needs of the people of our country. In particular, the fact that we are living longer means that there are increasing numbers of people with long term conditions such as heart disease, diabetes and hypertension. Demands on healthcare services are therefore increasing.

In addition to this, more people are coming into our hospitals than really need to use them, because there are not enough services in the community. This is one of the main issues that the 'better care together' programme has focussed on.

## **Financing sustainable services**

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We will provide affordable and high quality health care by making our services more cost effective and working with other NHS organisations to deliver more care outside hospital.

We are currently spending a lot more money than we receive. If we do not make changes in the way we provide our services, reducing the

funding gap could ultimately affect the quality of the care we can provide.

We need to become more efficient in the way we provide services. We plan to do this by reducing the use of expensive agency staff, improving the quality of our buildings and improving the way we buy goods and services.

The 'better care together' strategy will involve reducing the proportion of services that need to be provided in hospital by providing more services in the community. This will significantly improve services, while reducing the Trust's costs – ensuring our hospitals are kept free for those who really need them.

We have asked for additional funding to reflect the extra costs we face as a result of having a population that is spread out over a large area, while we make changes as part of the better care together programme.

In order to make the improvements that are needed in our hospitals we will need to invest more money in our facilities. Over the next four years, we expect to invest about £250 million in buildings and equipment, subject to additional approval and support. Our Cost Improvement Plan involves improving our efficiency by around 3% a year, which would mean annual savings of around £10 million.

We will constantly provide the very best patient and staff experience. We will listen to and involve our patients and staff.

We want this to be a hospital trust where:

- Everyone is involved in making continuous improvements
- Our staff are supported to reach their full potential
- Our staff feel healthy, happy and safe
- Our staff are involved in decisions that affect them
- Our staff live our values, demonstrated through their behaviours and actions.

## **Safe staffing**

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We are committed to meeting national guidelines for nursing levels and have introduced 'Red Rules' to ensure safe staffing levels on our wards.

Over the last 3 years, we have invested over £5 million in nursing, medical and midwifery staff. From 2014, we have started to invest a further £3 million to recruit additional front line staff. We are committed to reducing our reliance on agency and temporary staffing.

We will expand our approach of 'cohort' recruitment, ensuring we are recruiting before people leave wherever possible. We will continue the Clinical Healthcare Support Worker apprenticeship programme, with the aim of extending this approach to other areas of the Trust.

## **Employee wellbeing**

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We want to develop a flexible, highly skilled, motivated and engaged workforce. New strategies are being introduced to recruit and retain the best people. This reduces the need to use agency staff.

We will continue to develop our approach in supporting employee health and wellbeing by rewarding good attendance and promoting personal responsibility. We want to improve how we support and look after staff with long term health conditions.

## **Technology – Why it is important for the NHS**

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Technology will play a key role in helping us to modernise and transform the delivery of healthcare across Morecambe Bay, and we plan an investment of around £6 million in this area.

The NHS Five Year Forward View emphasises the need for all NHS organisations to raise their game on health technology – to help radically improve patients' experience of interacting with the NHS. We have an IT and Informatics Strategy built on improvement.

In 2016 the contracts for our existing Electronic Patient Record System (ePR) and Theatre computer systems come to an end. It is an opportunity to look again at what we need. We will need to make an investment of around £6m to help put the new integrated structure in place.

The Trust's Electronic Patient Record (ePR) Programme is very ambitious and is still ahead of most other hospital trusts. Over the next two years the programme will deliver: electronic prescribing and medication administration across all our wards and departments, electronic requesting of diagnostic tests, some medical device integration and a mobile working capability.

Paper-lite inpatient care means patient records will be largely paperless. We are aiming to start a paper-lite inpatient care project in 2016. As the NHS Five Year Forward View emphasises, patients will have full access to these records, and be able to write into them. They will retain the right to opt out of their record being shared electronically.

Integrating technology with other local health care providers is important to our future plans. We want to make sure that electronic patient records are available, securely to all clinicians. No matter where they are seeing patients or making clinical decisions, to ensure the effective delivery of care.

## **Our aims**

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We want to create a culture of continuous improvement, which is both patient-centred and safety focused. The Quality Improvement Plan focuses on three key improvement outcomes:

- Better – Reducing mortality and harm
- Care – Providing more reliable care
- Together – Improving patient and staff experience

You can download our Quality Improvement Plan at <http://www.uhmb.nhs.uk/files/bct-publications/Quality-Improvent-Plan-2015.pdf>

## **Our goals**

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Our goals over the next 5 years include:

- 98% of our patients receiving harmfree care
- A mortality ratio that is 5-10% better than the national average

- At least 50% of inpatient wards and 15% of outpatient areas achieving exemplar status
- ‘I want great care’, the tool we use to measure patients’ experiences, will influence our annual assessments of our clinicians’ capability and fitness to practice.

## **Improvement Hub**

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The drive for continuous quality and safety improvement requires exceptional leadership at every level of the organisation. We recognise the power and value of having clinicians leading the quality agenda, and we aim to have our clinical leaders at the forefront of that delivery. Local Improvement Champions will take a lead role in implementing a culture of safety in their individual wards and departments.

We have created an improvement hub that will provide support and assistance to our staff, helping them to fully understand what ‘good’ and ‘outstanding’ looks like and providing them with the tools to achieve it. We will maximise the opportunities to learn with, and from, other organisations.

We need to become a learning organisation where improvement and innovation is part of everyone’s role, and is considered part of the day job. An Improvement Hub will facilitate this. It will give staff the opportunity to make improvements that benefit them and their patients. The Improvement Hub will train people in service improvement skills and oversee delivery of the improvement objectives.

## **How our hospitals will change**

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In order to make our hospitals great places to work and be cared for we will need to make a number of changes, including investing in our facilities to make them fit for 21st century healthcare.

The ‘better care together’ strategy will involve treating more patients in the community. Developing community healthcare will mean that patients won’t have to travel into hospital for treatment. Across our hospitals, we expect that in time 150 fewer patients a day will need a bed and 65 fewer clinics a day will need to be held.

The 'better care together' strategy means we will continue to deliver first class A and E and consultant led maternity services at Lancaster and Barrow. In the next three years, we will need to provide the majority of surgery from two rather than three hospital sites. This will increase the quality of care and improve outcomes for patients.

In short, change is needed at each of our hospital sites. In Lancaster, improvements to the design and standards will be the focus. In Barrow services will be brought together to improve safety and efficiency. In Kendal we want to continue to make Westmorland General Hospital a vibrant community resource with the opportunity for development. Lastly, we need to make better use of our sites in Ulverston and Morecambe to provide the community facilities needed.

### **Furness General Hospital**

Furness General Hospital is one of our more modern hospitals. However, it needs a number of improvements to the existing facilities to bring services together to make them safer and more efficient, for example, the creation of an emergency care floor, and the development of a new outpatient area. As part of the work we are doing to meet the recommendations of the Morecambe Bay Investigation Report, we also have plans to develop and improve the maternity unit at the hospital to allow a much better layout of maternity, gynaecology and children's services. We have already started speaking to staff about how these plans may look, and will have them finalised by December 2015.

### **Royal Lancaster Infirmary**

Our vision for the Royal Lancaster Infirmary over the next 5-8 years involves significant investment to redesign the site, bring services closer to each other and improve patient flow, safety and treatment experience.

The site is badly designed and expensive to maintain. We want to remove the need to transfer patients in ambulances between buildings and bring services closer together. These changes will better support the needs of our patients. For this we want a working environment which is modern, motivating and fit for purpose. We are going to start by improving access at the RLI with much needed improvements to our car parking facilities.

## **Westmorland General Hospital**

Local people will still be able to have their babies at the Helme Chase unit. Patients needing chemotherapy and dialysis will continue to receive treatment and support. Radiology will remain on site and we are supportive of the local campaign to bring radiotherapy to the hospital. The GP led Primary Care Assessment Service will still offer treatment and advice 24 hours a day, 7 days a week, provided by Cumbria Partnership NHS Foundation Trust.

Patients requiring complex care already go to Lancaster and Barrow where they have access to full emergency care facilities and specialist staff. Patients in Kendal will also benefit from the investment to improve the facilities at Lancaster and Barrow.

## **Listening Into Action**

Listening into Action (LiA) is a programme which fundamentally shifts the way the Trust works, to improve services for patients by systematically listening to staff and supporting them to make the changes and improvements they identify.

Following the launch of LiA before Christmas a number of schemes have been adopted to transform the way we work in a variety of areas – more information about these schemes is below.

The aim of LiA is to put staff at the centre of change – listening to staff and then empowering them to act.

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The first round of our **Pioneering Schemes** have targeted a wide variety of areas from improving patient experience for Intensive Care Unit (ICU) outlier patients to developing new one-stop cataract clinics at Furness General Hospital.

Jackie Daniel, Chief Executive, said: “We were thrilled with the number of schemes that staff put forward – with 21 suggestions received - and it was a difficult job choosing those we wanted to take forward.”

Many of the schemes have already held **Big Conversations** across our sites to discuss the way forward for their projects.

At a recent **Big Conversation** event at Furness General Hospital, Christiane Shrimpton, a Consultant Ophthalmologist leading the project to improve cataract clinics, said: “The team really appreciated the opportunity to get together and exchange ideas.

“We agreed several improvements we can implement very quickly and further areas to work on. This will include regular team meetings in the future.”

There will be an opportunity for teams to demonstrate to their colleagues the work they have done and improvements they have achieved, at a “**Pass it On**” event in June.

We recently put a call out to staff for ideas for the second round of **Pioneering Schemes** and hope they will come along to the Pass It On event to gain advice.

We also have a series of “**Quick Wins**”, which are a series of high impact, visible actions which can be implemented quickly - to help get some rapid improvements.

Our first round of **Quick Wins** were such a success that we announced our second round earlier this month. We have made more WebEx licenses available so that more people are able to hold cross-site meetings from their desks, as well as introducing highly-successful “dump the junk” days to help staff de-clutter, and embarking on repair of staff-reported “eyesores”.

## **Our Pioneering Schemes**

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### **Implementation of Elderly Assessment Unit**

Creating a “fast-track” assessment pathway for frail elderly patients in the emergency department at Royal Lancaster Infirmary, with assessment by specialist elderly care physicians ensuring they do not wait on trolleys and go as quickly as possible to specialist wards.

### **Diabetic Centre for patients in Morecambe Bay**

A multi-professional approach across primary and secondary care for local people with diabetes.

This will result in a reduction in hospital admissions and a better quality of life.

### **Improving intensive care skills**

Improving education and access to training in key intensive care skills, ensuring clinical staff have the skills to deliver high-level care to very sick patients outside the Intensive Care Units.

### **Improving Surgical Centre injection procedures**

Redesigning lists for patients waiting for orthopaedic injections to reduce waiting times and use theatres more efficiently.

### **Early identification of Acute Kidney injury – Furness General Hospital Medical Admissions Unit**

Early intervention for the 93% of patients admitted with acute illness who have risk factors for Acute Kidney Injury.

### **One-stop eye clinic pre-assessments**

Relocating pre-operative cataract clinics at Furness General Hospital to give patients one-stop access to assessments

The aim will be to improve working conditions, increase cover and flexibility of nursing rotas and improve communications.

### **Dietitians – to develop mobile devices to enhance patient care**

Mobile devices to be provided for teams to efficiently and safely share information. This will reduce duplication and provide better patient confidentiality.

### **Health and Safety Care Support Worker (CSW) undertaking care of Dementia patients**

A new dedicated group of staff to provide one-to-one care for patients with dementia, with bespoke training. This should result in a reduction in the number of ad-hoc interventions.

## **Quicker theatre access for patients with fractured neck of femur**

Reducing mortality in patients with Fractured Neck of Femur (#NOF) by ensuring patients are fully assessed and prepared, and capacity is available, to ensure patients are operated on within 36 hours of the injury, in line with best practise guidance within the 36 hours.

## **Ambulatory Care for Acute Surgical Unit**

We already use ambulatory care (treatment and assessment without admitting the patient to hospital) for medical patients and are now planning to extend this to surgical patients to improve the service they are offered with the aim of reducing their length of stay.

# **Your Health Heroes**

## **Shining stars celebrated during awards season**

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Staff governors, fundraisers and volunteers across the Trust had their successes celebrated at the Your Health Heroes Awards. Our awards took place in February, at the Lancaster House Hotel, in Lancaster, in recognition of the staff, volunteers, governors and fundraisers across the Trusts five sites. The night was a great way to congratulate staff on going that extra mile and making sure their hard work and commitment is recognised. The prestigious event allowed everyone to celebrate with their colleagues, dine on good food and dance the night away.

Winners were announced in 14 categories during the ceremony - some honouring those on the front line of hospital life, others highlighting the efforts of those hard at work behind the scenes.

The evening proved a roaring success for the Trust, with staff, governors, volunteers and fundraisers taking home engraved glass trophies. The winners were:

- **Innovation award:** Matt Heys, Marc Hadwin and David Slater
- **Patient safety award:** Helen Thompson
- **Student / Trainee of the year:** Andrew Tinkler
- **Behind the scenes award:** Gillian Day
- **Volunteer of the year:** Danny Frith

- **Fundraiser of the year:** David and Eleanor Wood
- **Supporting the organisation award:** Kirrin Ingham
- **Registered professional of the year:** Debbie Crawford
- **Midwife of the year:** Rebecca Bleackley and Celia Sykes
- **Nurse of the year:** Lisa Winn
- **Doctor of the year:** Dr Shahedal Bari
- **Team of the year:** The Bereavement Team
- **Special achievement award:** Amit Kochhar
- **Chief Executive's award:** Pauline Turner

Well done to everyone who was nominated, regardless of whether or not they received the winner's award – all very much deserved. Thank you to everyone that attended the awards ceremony and also those finalists that couldn't attend. You are all a real credit to the Trust.

## Trust News

### **Hospital radio station shortlisted for award**

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Bay Trust Radio, the hospital radio station that serves Westmorland General Hospital and Royal Lancaster Infirmary, was nominated for three prestigious national awards.

They were shortlisted in three categories - for Special Event (for the Kendal Torchlight Carnival), Best Female Presenter (for Doreen Newman-Holden) and for Station of the Year in the Hospital Broadcasting Association National Hospital Radio Awards 2015

Barry Rigg, the Trust's Community Engagement Manager, congratulated the station on its success.

### **Calling all runners and walkers. Your Hospitals need you!**

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The world's leading half marathon, the Morrison's Great North Run, takes place on Sunday 13th September 2015 and we need your help.

The Trust has secured places to run the race on behalf of the hospital charity and is appealing for anyone thinking of taking part to get in touch and raise money for a worthy cause.

Last year our runners raised an amazing £7,122.11 for the Morecambe Bay Hospitals Charity. Every penny of money which will be used to support our local hospitals.

The charity is also organising a cross-bay walk across Morecambe Bay, led by a guide. The walk will take place on Saturday 30th May at 3.30pm.

If you would like to take part and raise valuable funds for the hospital charity, please contact the hospital charity office on 01524 516066.

## **Trust's prestigious award**

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Royal Lancaster Infirmary has become one of just two hospitals in the country to be awarded 'gold standard' status in end of life care.

Ward 23 at the Royal Lancaster Infirmary has achieved the highest standards against the Gold Standards Framework (GSF) Quality Hallmark Award in end of life care. The only other Trust in England to have achieved this is The Royal Devon and Exeter NHS Foundation Trust.

The Gold Standards Framework (GSF) is the UK's leading provider of training for generalist health and social care professionals working in end of life care. The award is co-badged by the GSF Centre and the British Geriatrics Society (BGS).

Dr Pradeep Kumar, Stroke Consultant at Royal Lancaster Infirmary, said: "I think the biggest change has been the culture change. It's about getting patients and their families to take ownership of their care. GSF is the framework that allows us to make that happen. The best bit is making sure that patients receive the care they want, where they want it, when and how they want it and the satisfaction they and we get from that."

Both the CQC – the authority responsible for rating hospitals - and BGS reported that they were particularly impressed with the high standard of work and now consider the RLI (along with the Royal Devon and Exeter NHS Foundation Trust) as ‘national frontrunners in the area of end of life care, which will inspire others to attain their high standards in other wards and hospitals across the country’.

University Hospitals of Morecambe Bay NHS Foundation Trust is among more than 40 to have completed the GSF Acute Hospitals Training, a two year programme which aims to enable the provision of integrated tailored care, by helping generalist frontline staff better anticipate needs in line with patients’ preferences. In turn, this has helped them, where appropriate, reduce the length of patients’ stay and improve the discharge process leading to better outcomes once the patients return home.

Staff from Ward 23 travelled to London to accept their award from Professor Sir Mike Richards, Chief Inspector of Hospitals at the CQC, at the 11th Bi-Annual GSF Conference and Awards Ceremony.

Sir Mike said: “End of Life Care is a central focus in our inspection process of all hospitals. We know that many hospitals struggle to identify patients in the last year of life and consequently find it difficult to coordinate their care adequately.

“Both University Hospitals of Morecambe Bay NHS Foundation Trust and the Royal Devon and Exeter NHS Trust should be congratulated for leading the way and being exemplars for others to follow”.

Sue Smith, Executive Chief Nurse at the Trust said: “I am delighted that the team at Ward 23 at the RLI have successfully passed the GSF Acute Hospitals Accreditation Assessment and will be awarded the Gold Standards Framework (GSF) Quality Hallmark Award in End of Life Care.

“I’d like to congratulate Alison Scott, Judy Eyres and Samantha Salisbury - who have driven it through with the support of Patricia Atkinson and also the medical team on Ward 23 - on their success. I would like to thank everyone for all the hard work they have put into achieving this award. I’d also like to pass on my congratulations to the Royal Devon and Exeter Hospital.

“This is a superb result for our Trust and shows that we are listening and acting on previous CQC recommendations.”

## **Internal inspections of our hospitals**

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Our Internal Inspection teams have carried out mock Care Quality Commission Inspections visits at both the Furness General Hospital and at the Royal Lancaster Infirmary - and they were so successful we have decided to carry out the visits all year round.

Sue Smith, Executive Chief Nurse, explained that the system was put into place to ensure that staff in wards and departments across the Trust were providing care to the standards required by our external regulators.

The results of the mock inspections have been shared across the organisation - highlighting what went well, as well as the areas where improvement can be made.

“The inspectors found lots of examples of good practice on both sites and some that other clinicians would travel 100 miles to see. The stroke unit in particular at FGH was singled out by the mock inspectors as being excellent.

“I was also really pleased with the amount of positive feedback managers received from their staff and was delighted to be able to feed these encouraging comments back to them.”

The internal inspections have already proved invaluable in our preparations for CQC re-inspection, and we think they have had such a positive impact that we will continue with them after the CQC re-inspects the Trust in July this year.

## **Staff achievements and long service celebrated**

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Staff, governors, fundraisers and volunteers across the Trust have been celebrated for their achievements and long service at a staff award ceremony.

The staff Achievement and Long Service Awards took place in the hospital restaurant in February, and recognised those staff who have worked in the NHS for either 25, 35, or 40 years and those who had completed some form of learning in the last 12 months.

## **New shift pattern at Helme Chase**

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A new shift pattern has been introduced at Westmorland General Hospital's Helme Chase maternity unit to allow midwives to be used more flexibly across the maternity services at University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT). This is an interim change.

Women continue to be able to give birth at Helme Chase 24 hours a day, seven days a week, but the unit has moved to an on-call system overnight and at weekends to allow the Trust to make best use of its midwives.

Women who think they have gone into labour at these times will be assessed at home where clinically appropriate, and supported to either make their way to Helme Chase to be met by a midwife, or to give birth at home. This model is used in many other midwifery-led standalone units in the country.

Helme Chase offers 24-hour services to women who have been assessed as unlikely to develop any complications during pregnancy, birth or the postnatal period. The number of births at the midwife-led unit has fallen by about a third in the last few years.

Since making these changes, out of 121 nights, midwives have only been required 35 times. This has meant that we've been able to ensure over a 1,000 hours were utilised elsewhere. This is the equivalent of over six, full time qualified midwives.

If any woman needs to know more, or visit the ward, we would urge them to talk to their community midwife or a member of staff at Helme Chase.

## **Trust launches “Food-to-Go” bags**

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The Trust has become only the second Trust in the country to launch an exciting new initiative, which sees some patients receive ‘Food-to-Go’ bags when they are discharged from hospital.

The ‘Food-to-Go’ bags were developed by Hayley Reading, Matron for Acute Medicine, Tracy Litt, Catering Manager and Andy Bickle, Head Chef at Furness General Hospital. The bags are now being rolled out across the Trust.

The bags will contain essentials like UHT milk, bread, orange juice, cereal and food which have a longer shelf life.

Hayley Reading, Matron for Acute Medicine said: “It’s a simple and practical idea that complements our on-going work to support our patients at home in the days and weeks after a stay in hospital. Returning home from hospital can be a daunting prospect – the first few hours in particular can be the hardest. Being able to do something simple like make a cup of tea or a sandwich can make all the difference in helping someone feel comfortable and settled.

“These simple food bags will help ease the transition from hospital to home which, alongside a wider programme of care and support, can help to reduce the likelihood of a patient becoming ill again and having to come back into hospital.”

The introduction of the food-bags is the latest in a line of new initiatives the Trust have introduced in the past year including their work to improve menus across the Trust with celebrity chef James Martin and the introduction of the community ‘meals on wheels’ project - which provides freshly-made meals to the local community.

Tracy Litt, Hotel Services Manager, at Furness General Hospital said: “I am proud to be part of the food bag project. We’re also working with Age UK on the bags and we will include information on healthy eating and information for patients on how to stay well.”

Sue Smith, Executive Chief Nurse, said: “Good nutrition and hydration plays an important part of a patient’s experience of our hospitals. Eating

well and keeping hydrated is an important part of their care, welfare and recovery. Good nutrition and hydration cannot be underestimated.

“This is another great achievement by Hayley Reading, Clinicians and the Catering Services Team and goes to show how hard they continue to work to provide good nutritional food and health benefits to our patients. Well done to all the team”.

## **A new Chief Operating Officer for the Trust has been appointed**

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Foluke Ajayi, who started at the end of March, will be instrumental in leading and driving forward continued improvements in care and operational performance and will also provide strategic leadership to the operational teams.

Foluke, a former clinical scientist, who has joined the Trust from Leeds Teaching Hospitals NHS Trust, where she had worked since 2008, first as a Directorate Manager, then progressing to lead the Trust’s internationally renowned cancer centre. Before working in Leeds, Foluke held senior positions with NHS Employers and the Department of Health, where she was deputy to the Chief Scientific Officer.

## **Talk for members: Dying Matters**

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As part of our series of talks for Foundation Trust members there will be a special event during Dying Matters Week on Thursday 21 May.

The talk will be given by a group of local experts from the Trust and from a hospice in the Lecture Theatre at The Forum, Barrow at 2pm.

Dying Matters is a coalition of 30,000 members across England and Wales which aims to help people talk more openly about dying, death and bereavement, and to make plans for the end of life.

While there has been a gradual shift in our attitudes towards death - it is still hard to access useful, honest and inspiring material on the subject unless you know where to look.

The talk aims to be both light-hearted and informative and will explore ideas and find out everything you always wanted to know about death and dying but never dared to ask!

For those of you on Twitter, keep an eye out for our Twitter Chat on 'Deciding Right for Dying Matters' in collaboration with St Marys Hospice. We hope you can tune in @UHMBT at 12pm on 20th May!

## **Head Governor John Kaye**

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Many of you will have heard of and some of you will have read Dr. Kirkup's "Morecambe Bay Investigation" which was published recently. The report lists 18 "recommendations" for our Trust to implement and 26 for the wider NHS and credit where credit is due, our Chair Pearse Butler has accepted the content of the report in its entirety. Both Pearse and Jackie have apologised to those people injured by the issues on behalf of the Trust. It goes without saying that there is a tremendous amount of work to do in order to get the Trust back into good health: some of that work had started before the report was published and thanks to the hard work of our staff, the Trust is in a better position now than it has been for many years.

I can also report that I detect a fresh attitude emerging within managerial circles as we Governors forge a more closely integrated working relationship between the Council of Governors and the Board of Directors. For instance, a new Executive Committee of the highest authority within the Trust has been formed to oversee and ensure that the "recommendations" are implemented and it will have at least one Public Governor included in its membership. Having been around long enough to have witnessed what went on during those bad months and years, I can say with absolute conviction that this is a huge step forwards for the Trust.

Another highly contentious area of great importance is "whistle blowing". I dislike this term intensely but, unfortunately, it is the nationally recognised term for those people who, having the best interests of our patients at heart, speak out when they become aware of something that they consider contrary to the patient's and public's best interest. I believe that it was the high level of intimidation and bullying that kept so many of our dedicated staff silent during those dark days to

which the Morecambe Bay Investigation relates. Indeed, I experienced it myself several times when I challenged former Board members about one thing or another; but they cannot sack Public Governors and I refused to be intimidated. My view is that it is each individual person's public and/or professional responsibility to highlight anything that we think is not in the best interests of the Patient, or indeed, any of us. I can tell you that I have made it quite clear to both the Chair Pearse Butler and Chief Executive Jackie Daniel that if any Governor hears of an instance when someone feels threatened or bullied because they have spoken out, the Council will intervene in its capacity and statutory duty of holding Directors both individually and collectively to account for wrong doing.

In addition to normal channels of reporting incidents, whether staff, Patient or member of the public, you can also speak in confidence to any Governor about any matter over which you have concern.

"Foundation" status means that the Trust is accountable to its members; that's you and me. You elect your Governors to represent your views to the Trust's "management" and tell them how you want your hospital services provided. In this respect, the two predominant issues of the moment are the "Better Care Together" exercise, which will ultimately fundamentally change the way health care is delivered to us all; and to a lesser extent, the question of the outsourcing (privatisation) of Pharmacy Services for all our outpatient departments.

What next for our NHS? Well, a Manchester hospital has entered into a contract with the Lloyds Pharmacy to treat patients with minor injuries in its A AND E department "to ease the pressures on medical staff" and Boots Pharmacy is now fully owned by a huge American pharmaceutical company. It does not require much imagination to see what the future NHS might look like. Your Governors would be pleased to know your views.

There was a story published in the Guardian newspaper recently on the subject

John Kaye, Head Governor and Vice Chair of the Council.  
April 2015.

## 2015 Meetings and Events

All the meetings of the Board and the Council of Governors are all open to the public to attend as observers. Board meetings start with a case study of a patient's experience at the Trust.

Future dates are as follows:

### **Trust Board**

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#### **Public meeting will be held 10am-12pm**

- 27 May 2015 – Boardrooms, Trust HQ, Westmorland General Hospital
- 24 June 2015 – Conference Room, Ed Centre, Furness General Hospital
- 29 July 2015 – Lecture Theatre, Ed Centre, Royal Lancaster Infirmary

### **Council of Governors**

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#### **Meetings will be held 2pm-4pm**

- 21 May 2015, Crooklands Hotel, Kendal
- 23 July 2015, – (venue tbc)

## Future editions of New Horizons

### **Summer 2015**

If you would like any articles including in future editions please contact the Foundation Trust office. Details can be found below.

## Useful Contact Details

If any family members or friends would like to become a Foundation Trust member, please contact:

### **Foundation Trust Membership Office**

Furness General Hospital  
Dalton Lane  
Barrow-in-Furness  
Cumbria  
LA14 4LF

Telephone: 01229 404473  
Monday – Thursday 8.30 am – 2.30 pm.  
Other times – an answering phone is available.

Email: [FTmembershipOffice@mbht.nhs.uk](mailto:FTmembershipOffice@mbht.nhs.uk)

If you change your name, address or email address, please let us know.

### **Patient Advice and Liaison Service**

Tel: 01539 795 497  
(PALS) can provide help, support and advice.  
This is a confidential service for patients/careers and relatives

### **Patient Experience Team**

Tel: 01539 716 621

Level 2, Westmorland General Hospital, Burton Road, Kendal, LA9 7RG

Email: [commentsandcomplaints@mbht.nhs.uk](mailto:commentsandcomplaints@mbht.nhs.uk)

For health advice call the NHS non emergency helpline on 111

You can also get regular updates by liking the University Hospitals of Morecambe Bay NHS Foundation Trust page on Facebook or by following @UHMBT on Twitter.