

Improving Together

Newsletter



Sharing our UHMBT improvements

Welcome to our UHMBT Improving Together newsletter - we hope you will enjoy reading the updates on the improvement work taking place across our Trust. Thank you to everyone who has been working tirelessly to support the hugely important work to improve quality and safety of care for our patients!

A national review of our Trust's work in relation to the Recovery Support Programme (RSP) has taken place and our teams are forging ahead with improvements to care and services.

Overall, the review by NHS England and Improvement (NHS E/I) found that we are on track with our improvements and work is progressing well.

Rebecca Hogan has been appointed as our new Assistant Director for the RSP and Improvement and is working in partnership with Dr Sarah Hauxwell, Associate Medical Director of the RSP, to ensure that our UHMBT Improvement Plan is clinically-led, data-driven and sustainable.

A review of the immediate priorities for the next phase of delivery of our improvements has taken place, and includes the following:

- Embedding work to ensure that our Trust is data-led. Activities undertaken or in progress include, reviewing all programme metrics to ensure they are relevant, ensuring that they have associated trajectories and targets and making sure that they are relevant to the RSP exit criteria. We are also making sure that the delivery of safe and effective care is understood across all levels of project and core teams and that their review is embedded in 'business as usual' forums.

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Dr Sarah Hauxwell, (pictured, left), Associate Medical Director for the Recovery Support Programme, and Rebecca Hogan, Assistant Director of the RSP and Improvement for UHMBT





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- Identifying areas where initial improvements offer an opportunity for further benefits to be realised, for example, the Risk Management Work-stream, where the charts demonstrate an improvement in compliance with risk management training and a reduction in enduring risks categorised as extreme, but there is an opportunity for further improvement in the number of risks with a high severity score. This presents an opportunity for further training on risk management and mitigation.
- Building on the 'well led' elements undertaken during the first phase of the programme to ensure the infrastructure required to enable improvement to be sustained beyond our exit from System Oversight (SOF) Level 4 of the RSP are in place, such as the Performance and Accountability Framework, Quality Governance Accountability Framework and Integrated Performance Reports. Work is now underway to review their effectiveness and accelerate the benefit of these elements.
- We are also changing the pace of delivery to accelerate the focus on outcomes and demonstrable improvement, and we are developing a work plan for the programme that articulates our 'route map' beyond March 2023, including the connection between the improvement journey and the Trust's annual planning round and performance review mechanisms.

Please go to our UHMBT Improvement Plan intranet page for more information or scan the QR code.





Putting patients first with our Clinical Strategy

'Putting Patients First' is the main focus of our UHMBT Clinical Strategy, which is currently being refreshed with incredibly valuable input from clinicians, leaders and other colleagues across our Trust.

Our new strategy is being clinically-led, quality and safety driven, and co-designed and co-produced in partnership with our clinicians, non-clinical teams and stakeholders.

The strategy is underpinned by population health data and aligned to our Sustainable Financial Improvement Programme (SFIP).

Over the last few months colleagues have been contributing to the redevelopment of our Clinical Strategy through numerous engagement events and by sharing ideas and suggestions for improvement.

The launch event for our Clinical Strategy was attended by 140 colleagues and partners and a workshop event took place in September where our models of care were discussed and developed.

Miss Jane McNicholas, Chief Medical Officer for UHMBT, said: "I'd like to say a big thank you to everyone who has so far contributed to our Clinical Strategy and we're really keen to hear more views. Following the workshop which took place on 22 September, we have now started our work with clinical teams to describe the clinical delivery plans for each area.

"We are also engaging with our partners, our patients and our local communities to ensure that everyone has an opportunity to contribute to our plans. We'll share more information about this in due course."



A [Clinical Strategy page is now available on the UHMBT intranet on this link](#) or you can scan the QR code below to view the page.



You can also watch a video of Jane talking about the Clinical Strategy on the UHMBT YouTube page [on this link](#).

Helen Pye, Suzanne Hargreaves, Miss Jane McNicholas and Vicky Hepworth-Putt at the UHMBT Clinical Strategy Workshop on 22 September.

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Why do we need a new Clinical Strategy?

There are numerous reasons why we need a refreshed Clinical Strategy, including the following:

- We serve a growing and ageing population requiring us to more effectively coordinate and plan care.
- We know we need to improve the quality of our services.
- Patients' expectations are changing.
- There are significant differences in healthy life expectancy and quality of life across difference areas within Morecambe Bay, with recent data suggesting this gap is widening.
- Attracting, training, supporting and retaining the right workforce is one of our biggest challenges and a key challenge across the NHS.
- Delivery of clinical and financial sustainability.
- Advances in digital technology, innovation and AI are creating opportunities to radically transform how we deliver our services.
- System reform is giving us growing opportunities to collaborate beyond UHMBT.



The Clinical Strategy will be presented to the Trust Management Group (TMG) and Trust Board in December 2022 for approval.



Ray Olive, Helen Pye, Jane McNichols and Suzanne Hargreaves at an engagement event at the RLI

Suzanne Hargreaves, Associate Director of Strategy and Transformation for UHMBT, said: "As we progress through this work, it is extremely important that we get the views of all of our colleagues and key stakeholders.

"Our new Clinical Strategy needs the input of everyone to make sure it will truly meet the challenges ahead.

"There will be lots of opportunities for everyone all to get involved and have a say, and we will share more information on how everyone can do that using our usual corporate communications channels."

Please feel free to share your thoughts and ideas on our new Clinical Strategy via email at:

clinical.strategy@mbht.nhs.uk

New Quality Governance and Accountability Framework launched within UHMBT

A new Quality Governance and Accountability Framework has this month been launched within our Trust.

As part of our UHMBT Improvement Plan, we have been working with Care Groups, NHSE/I and our Improvement Director on the development of the Quality Governance and Accountability Framework which is intended for use at all levels of the organisation.

The framework sets out our approach to ensuring that roles and responsibilities are clear and that there are robust systems of governance and accountability in place at all levels to support the delivery of high quality, sustainable services. It describes the governance structures that are in place within each Care Group and how quality performance, risks and issues are reported and escalated through the wider organisational structures up to the Trust Board.

We have organised our new framework in line with the accepted definition of quality in the NHS, which is to provide care that is effective, safe and provides as positive an experience as possible. Risk management is an integral part of our Quality Governance and Accountability Framework and is embedded in meetings at all levels of the organisation.

All colleagues within our Trust have a responsibility to report risks in relation to quality and operational and financial performance; the new framework provides colleagues with the structure and support to be able to do that.

Our Care Groups are already starting to adapt meeting structures within their areas and over the next few weeks, they will start to put the changes into action.

We will share more information on what this means for colleagues over the coming weeks. In the meantime, if you have any questions, please contact your Care Group leadership team or Governance Lead.

Other highlights

- As our Trust's focus in terms of governance is currently on 'quality governance', the following measures are being implemented:
- Continued improvements in Serious Incident and moderate harm investigations are taking place.
- Our complaints process is being improved to reflect the new Parliamentary and Health Service Ombudsman (PHSO) standards with a focus on putting patients at the heart of what we do.
- Themed analysis from all forms of clinical governance is being strengthened.

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Richard Sachs, Director of Governance, has provided 'fresh eyes' resulting in improved relationships and empowerment of leaders within Care Groups to strengthen their involvement in governance processes.

During March 2022 the Governance Team listened to clinical leaders and corporate teams and observed governance meetings to understand our information flows.

The changes to the new governance framework have reflected the findings from these discussions.

Richard said: "We aim to develop our governance culture and processes so that governance is valued as a tool for driving up the quality of the care we provide.

"We have enabled that to happen by ensuring the governance structures reflect Care Groups' differing needs whilst maintaining consistency for reporting.

"Through listening and observation, we now understand what works and what doesn't, and we are committed, through further engagement, to refining our structure so that it reflects the needs of our Trust and our people."

The Governance Team will continue to listen to colleagues and all feedback is welcome.



Richard Sachs, Director of Governance for UHMBT

Next steps

Our governance structures will be reviewed in October 2022, again in October 2023 and then bi-annually from 2025 onwards.

In December 2022, an update on the impact of initial improvement projects will be shared, including:

- Improvement projects introduced as a result of thematic analysis.
- Performance of 'Duty of Candour', both in terms of metrics and from a qualitative perspective.
- Revising the incidents to reflect transitional arrangements for the Patient Safety Incident Response Framework (PSIRF).
- Outcome of the initial trial of new methods for governance relating to pressure ulcers.
- Performance against trajectory for reduction of outstanding complaints.
- Summary of feedback from staff regarding engagement sessions relating to new Care Quality Commission (CQC) methodology.
- Communications on shared learning.
- Patient Safety Incident Response Framework implementation update.
- Relaunch of Clinical Audit.



To share your ideas for improving governance within our Trust, please email: richard.sachs@mbht.nhs.uk



Urgent and Emergency Care Programme refreshed to improve care and work environment

Improving patient safety and quality of care is at the centre of our refreshed Urgent and Emergency Care (UEC) Improvement Programme and associated UEC Improvement Plan.

The UEC programme and plan include key priorities in relation to demands on services, staffing, recruitment, winter plans, frailty, sustainability of services, ambulance hand-overs, reducing corridor care and issues relating to patients 'not meeting criteria to reside' (NMC2R).

Scott McLean, Chief Operating Officer for UHMBT, said: "The overall aim of our newly revised programme is to provide a safe, efficient and sustainable Urgent and Emergency Care



The new SDEC area at FGH



Scott McLean, Chief Operating Officer

patient journey that leads to better patient outcomes and experience, and improved working life for staff."

As the Trust is currently working towards exiting 'System Oversight Level 4' of the national Recovery Support Programme, we are required to meet certain criteria set by NHS England and Improvement (NHS E/I). At the Royal Lancaster Infirmary (RLI), the Trust must ensure that robust action plans are in place to improve and manage the flow of patients through the Emergency Department (EDs) are put in place, taking into account known factors contributing to the hindrance of flow through the department.

At Furness General Hospital (FGH), the UEC service must ensure that care is provided in line with national performance standards for waiting times from referral to treatment and arrangements to admit, treat and discharge patients. Patients at FGH with mental health concerns must be seen in a timely way. The UEC Improvement Plan is ensuring that the above criteria are met and that improvements are made and can be sustained

into the future.

Some of the intended outcomes of the UEC work-stream include:

- A Transfer of Care Hub has been launched for South Cumbria to improve pathways for patients when they are leaving hospital.
- The expansion of Same Day Emergency Care (SDEC) provision to deliver 50% of non-elective admissions as a zero-day stay, equating to a 15 to 35 bed equivalent impact. The current performance is 42%.
- Frailty Pathway improvements via the Frailty Co-ordination Hub and Frailty Intervention Team (FIT), equating to a 34-bed equivalent impact.
- Reduction in patients not meeting criteria to reside.
- Introduction of 150 'virtual ward' beds with a net impact of 86 bed equivalents.
- Expansion of UTC provision at the RLI to stream 30 to 45 patients per day out of the ED at RLI. Currently streaming circa 130 per month.
- Wider system work within the decongesting ED work-stream with particular focus on ambulance handover collaborative and escalation policies development.
- Improved flow of patients presenting in mental health crisis whilst ensuring high quality and safe care working in collaboration with Lancashire and South Cumbria NHS Foundation Trust (LSCFT).
- Paediatric assessment and pathway improvements in line with the Royal College of Paediatrics and Child Health (RCPCH) Facing the Future standards for children requiring urgent and emergency care.



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Next Steps

We are taking a number of steps to further improve Urgent and Emergency Care over the coming months. These include the following:

- Twenty virtual ward beds are now in place, with a further 20 beds being scoped.
- An Urgent Treatment Centre modular unit has been ordered for the UTC at the Royal Lancaster Infirmary (RLI) and a workshop has been planned with partners in primary care to finalise our staffing model and agree optimum streaming pathways.
- To reduce the number of patients not meeting criteria to reside, we are improving ward level systems and processes, improving how community and acute services work together and ensuring the new transfer of care hub functions as efficiently and effectively as possible.
- Urgently confirming plans for domiciliary care to mitigate risk of current NMC2R levels in readiness for winter.
- Complete scoping exercises for work-streams under further development (Decongesting ED, Mental Health and Paediatric Assessment).
- Targeted winter wellness: using Morecambe Bay Population Health fund to target the most vulnerable citizens, identified via risk stratification and local MDT knowledge, or support and advanced care planning.
- Support for tourist scheme: avoiding the need for visiting ED or UTCs.
- Further enhancements of NWAS 'See and Treat Pathways': via the Frailty Co-ordination Hub, two-hour crisis response and working between the UTCs.
- Increased use of the discretionary fund: to support carers to take their loved ones home during winter and support through alternative means.

Scott added: "None of this would have been possible without the amazing efforts particularly at a time of immense strain and pressure."

For further Information please contact robbyn.howes@mbht.nhs.uk

Make sure to book onto Leadership Programme

To help our Trust move forwards, we've made a commitment that 95% of UHMBT leaders will complete 'Focus 1' of our Leadership Programme, exploring ways to make this a great place to work.

If you haven't yet booked onto the Leadership Programme, you are advised to do this quickly as places are filling up fast. For leaders who are yet to take part in Focus 1, it is hugely important that you book your place now. Even if you book and then have to cancel, it is preferable that you secure a spot for and then re-book if necessary. In order to have a choice of dates, please kindly book your place via TMS.

For any enquiries about the Leadership Programme on TMS, please email the Learning and Development team at: LearningandDevelopment@mbht.nhs.uk





Our new Values and Behaviours Framework

We recently asked everyone for their input into the Behavioural Standards Framework (BSF) review, which we said we would undertake following our Moving Forward conversations. Thank you to everybody who took part in the Microsoft Teams sessions or came to talk face to face – we really appreciate your input.

What was clear from your feedback is that a lot of you really value the Behavioural Standards Framework and that it helps clarify expectations and provides structure against which we can all relate our day-to-day experiences. However, your feedback also told us that it was sometimes used negatively; and that we needed to try and give it a more positive prominence.

As a result of this feedback, we think it's important to maintain a framework of some sort and one that isn't too dissimilar to what we have currently.

Having reviewed your feedback and following work done by our Culture Change Champions, we have decided to keep it really simple and rather than produce something new, we will use our new Trust values as our new Behavioural Standards Framework.

Our Values and Behaviours Framework

These values were developed by you, and are the ones which resonate most with you.

The 'we will' actions that sit under each value lay out really clearly the types of behaviours that we are expected to portray in our day-to-day lives at work; and also the behaviours we should expect from others.

There is minimal change in terms of the content as all of the 'we will' actions were contained within the existing BSF, with some additional ones added. This change just brings them more clearly into one place.

We know that over the last seven years, the BSF has been ingrained in everything we do. It is something most of us recognise so we know this change may take some getting used to.

Over the next few months, we will be regularly communicating with you about the change, and you will start to see this appearing in our policies and other areas to replace the BSF.

We will share information regarding this change widely and through as many mediums as possible.

For more information, please contact: Rachel Hunt, People and OD Business Partner, via email at: Rachel.Hunt@mbht.nhs.uk



We are... Compassionate	We are... Respectful and inclusive	We are... Ambitious	We are... Open, honest and transparent
We will: <ul style="list-style-type: none">• Be kind and caring to each other; our patients and families and our partners• Consider the feelings of others• Work together to deliver safe care and a safe working environment• Be proud of the role we do and how this contributes to patient care	We will: <ul style="list-style-type: none">• Show respect to and for everyone• Act professionally at all times• Communicate effectively – listen to others and seek clarity when needed• Value each other and the contribution of everyone	We will: <ul style="list-style-type: none">• Go beyond traditional boundaries; being positively receptive to change and improvement• Work with colleagues and system partners to improve services for our patients, families and carers• Support each other to listen, learn and develop• Collaborate with and empower each other	We will: <ul style="list-style-type: none">• Seek out feedback and act on it• Take personal responsibility and accountability for our own actions• Not be afraid to be challenged• Ensure consistency and fairness in our approach
www.uhmb.nhs.uk			@UHMBT



Culture Change Champions are helping to improve our culture and leadership



"I think it is great that so many people have volunteered to be Culture Change Champions. There is an interesting mix of people and we are one big, friendly team.

"Before becoming a Culture Change Champion, I looked at the recent CQC (Care Quality Commission) reports and could see that improvements in leadership were needed.

"At the moment I am on my own personal improvement journey and I am ready to be an effective leader. I am passionate about colleagues feeling valued – when you feel valued it makes you more effective in your role.



Jean Parker, Staff Nurse and Culture Change Champion

"I am interested in building resilience because that also relates to culture. When people are more resilient and understand how to support others, the culture improves. The relationships between individuals is very important. I would really like everyone to feel valued.

"Through empathy, active listening and focusing on the emotional wellbeing, I want to support colleagues and make them feel valued as individuals. My manager nominated me to be a Culture Change Champion and I am very happy about that. I think change is needed and having the Culture Change Champions is a big step forward."

Our multi-disciplinary team of Culture Change Champions has been set up to inform, design, influence, communicate and help enact our 'Moving Forward' culture transformation programme within UHMBT. Our Culture Change Champions are representative of a cross-section of job roles, bands, progressions and backgrounds. They are keen to learn and help others.

Contact us

Get in touch with a question or idea [on this link](#)

Scan the QR code (right) to explore the UHMBT Improvement and RSP intranet page

View the UHMBT Improvement and RSP intranet page [on this link](#)

Visit The Hive Improvement Centre [on this link](#)

Contact Ingrid Kent, Communications Officer, at ingrid.kent@mbht.nhs.uk

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