

Improving Together

Newsletter



Our improvements are having a positive impact



**The Royal Lancaster Infirmary Theatres Team
who recently had a Clinical Service Review
and were awarded 'Gold' status**

Welcome to our second UHMBT Improving Together newsletter. In this edition we are focusing on some of the fantastic improvements that are taking place across our Trust.

One of these initiatives is 'Safe Staffing', led by Lorna Pritt, Associate Chief Nurse, so we have a special feature exploring the ways in which our recruitment, retention, policies, procedures, systems and strategy are being developed. We also have updates on our new Trust Strategy, Service Reviews, Capital Plan, Behavioural Standards Framework and more.

Newsletter Highlights

UPDATE ON OUR
IMPROVEMENT WORK

SAFE STAFFING TO
PROTECT ALL

NEW TRUST STRATEGY
LAUNCHED

SERVICE REVIEWS
SUCCESS

CAPITAL PLAN
IMPROVEMENTS

SUSTAINABLE FINANCE
UPDATE





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Contact us

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

[View the UHMBT Improvement and RSP intranet page here](#)

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

[View RSP information on the Trust website on this link](#)

Contact Ingrid Kent, Communications Officer, via email at
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Visit The Hive on Twitter: [@TheHiveBHCP](#)

[#ImprovingTogether](#)





Colleagues are bringing about many significant improvements across our Trust

Update on our improvement work

Our UHMBT Improvement Plan continues to take shape and many of our improvements are now up and running.

Delivery of the Improvement Plan will enable us to be assured we are delivering quality, safety and sustainability of care to our patients, supporting the wellbeing of colleagues, putting our finances on a sound footing and meeting regulatory requirements.

The improvements have only been possible thanks to the determination and commitment of everyone at the Trust to work together to significantly improve care, services and systems.



The RLI Ward 33 Team who recently achieved 'Gold' in a Service Review

We are preparing to launch our new Leadership Programme in the next few weeks, and have been recruiting Culture Change Champions to join our Culture Change Team.

Other highlights

- We have completed the roll out of the 'Badgernet' maternity notes system, which gives mothers more control over their pregnancy records and care notes.

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Regulatory
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Quality &
Safety



Operations &
Performance



Leadership
& Culture



Sustainable
Financial



Clinical Strategy



Safe Staffing protects everyone

A huge amount of improvement work on 'Safe Staffing' is currently taking place across UHMBT to protect and support patients and colleagues. Safe Staffing is central to the Trust's 'Areas of Focus' for 2022/23 which are quality and safety of services, the physical and psychological wellbeing of colleagues, and financial performance and transformation.

Lorna Pritt, Associate Chief Nurse for Corporate Nursing, who is leading the 'Nursing Safe Staffing Work-stream' of the Recovery support Programme (RSP) at UHMBT, said: "The whole aim of having safe, sustainable, and productive staffing is to ensure that there are enough colleagues in every department to keep patients safe.



Lorna Pritt

"We are absolutely committed to keeping our patients and colleagues safe. We need to ensure that our clinical services have the right staff in the right place at the right time to deliver quality patient care, maintain patient, and staff safety. Safe Staffing is so important because if areas are not safely staffed, it can be highly stressful for everyone. We need to get the infrastructure correct to keep everyone safe."



Nurse Cherish Otoo from UHMBT, who recently graduated from the Registered Nurse Degree Apprenticeship Programme at the University of Cumbria

NHS England and Improvement visited UHMBT in 2021 to see if the Trust could align to the NQB guidance. As a result of this visit, Lorna and the team set about an improvement process with a work plan and workbook to follow the NQB guidance.

Six key areas for the Safe Staffing Work-stream were identified and are listed below:

1. Strategy – how we are going to staff ourselves now and, in the future, and how we are going to make sure that staffing is safe on a day-to-day basis.
2. Establishment Reviews - to ensure that baseline staffing levels are correct.

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New Trust Strategy puts patients first and focuses on improvement

We have created a new Trust Strategy - **'Putting Patients First'** - to improve the quality of our services and to meet the many challenges that we will face over the coming years.

As we are now starting to see the impacts of the system reform agenda referenced in the NHS Long Term Plan, it was only right that we reset our vision and ambition.

Working with colleagues from across our Trust and our partners, we have developed a strategy to address the following and much more:

- Improving the quality of our services for everyone who uses them
- Being able to deliver clinical and financial sustainability
- Maximising the opportunities that the advances in digital technology provide us to transform
- Manage the changing expectations of our patients
- Addressing the inequity in care and access to care caused by the pandemic
- Dealing with workforce challenges
- The changing landscape and working environment due to the system reform
- Working more collaboratively with partners across Lancashire and South Cumbria (Integrated Care System).



**Prof Mike Thomas,
Chair of UHMBT**

Our new strategy will be used to guide our priorities and decisions over the next five years. It is founded on our vision and values and organised around four strategic priorities.

It sets out our ambition, detailing ways in which we will improve the delivery and quality of care; support our colleagues to be the very best they can be; ensuring we make the best use of our resources to support delivery of sustainable services; and recognising the opportunities to collaborate and work in partnership. These priorities will be underpinned by embedding a culture of improvement across the organisation, and come with specific ways of measuring our progress which you can view in the strategy document.

We would encourage every colleague to take the time to read the strategy so they know where we are heading and what part they play in it - as we all have to be in it together to succeed.

[You can view the Trust Strategy here.](#)



Service Reviews and new Quality Assurance Tool

Story from The Hive team

As part of exciting improvements taking place across our Trust, a review of how we assure ourselves that we are getting it right for our patients has taken place, and a new way of reviewing our services has been developed by the Corporate Nursing Team called 'Service Reviews'.

The Service Reviews have been ratified against the Care Quality Commission (CQC) 'Key Lines of Enquiry' and have involved colleagues from different areas of the Trust, however they are not just about the actual visit to the area. You can read about what is involved in a [**Service Review here.**](#)



In total, since stepping down the previous Quality Assurance Accreditation Scheme (QAAS) and starting the Service Reviews in January 2022, Kylie McKenna, Maria Romanowski and Maria Gasmin, the Trust's three Quality Assurance Leads - along with dedicated stakeholders - have completed 39 visits within their 15 hours a week.

The three Quality Leads have created action plans with areas that were 'Bronze' and have been working in collaboration with them to help them improve their services.

Through excellent engagement and dedication, the Quality Leads and teams are continuing to strive for improvement of best practice and high standards of care and responsibility.

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Regulatory
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& Culture



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Financial



Clinical Strategy



Refresh of our Behavioural Standards Framework

Following everyone's feedback on our Moving Forward platform, we have reviewed and published our new Trust Vision and Values and now it is time to focus on our Behavioural Standards Framework (BSF).

We are keen to hear from everyone to learn about how we can work together to improve our approach. What do you think is working well with the BSF? What can we do to make it more meaningful for everyone?

The BSF was designed by colleagues in 2015 and identifies the behaviours we wanted to see in our working environment. It also identifies those we don't want to see and we have had feedback that it is sometimes used in a negative way, rather than supporting and encouraging positive behaviours. What do you think?

We are creating many options for everyone to provide feedback, including face to face sessions in our canteens as well as community locations.



We've been hosting roadshows for our Culture and Leadership work on Trust sites and more are planned for the BSF

If you can't get to any of the face to face or teams sessions, the link below is available for you to complete a very short questionnaire – this is via Microsoft Forms and is confidential: [BSF Questionnaire](#)

Feedback Sessions

- **Tuesday 28 June:** Heysham Primary Care Centre (opposite staff room), 8.30am - 10.30am, RLI canteen - 11.30am onward. Face to Face
- **Thursday 30 June:** Ulverston 9.30am, Consulting Room 1, FGH Canteen - 11.30am onwards. Face to Face
- **Friday 1 July:** Grange Health Centre, 8.30am, Consulting Room 16, WGH Canteen, 11.30am onwards. Face to Face
- **Monday 4 July:** 8am - 8.30am, noon-12.30, 4pm - 4.30pm. On Teams
- **Tuesday 5 July:** 8am - 8.30am, 12.30pm - 1pm, 4.30pm - 5pm. On Teams

Links to the Teams meetings will be sent out to all colleagues in the next few days. [The BSF is available on this link.](#)



Criteria to Reside helps reduce waiting times for patients

The past two years have been like nothing we've ever experienced before.

COVID-19 has changed the way we have to operate and is still challenging us daily. As we look to recover services, our hospitals and community services are getting busier and the need to change the way we work to keep our patients and staff safe has never been greater.

We need to do everything we can to reduce waiting times, ensure patients are only admitted when there is an acute need and, if admitted, ensure patients only stay in hospital for as long as is necessary. As part of this focus, we are refreshing our Criteria to Reside (C2R) communications with all inpatient wards, and we need everyone's support to make this work.

The Criteria to Reside is a checklist of reasons why someone would need to be in an acute hospital and forms part of the national Hospital Discharge Service Policy. It is a useful tool for clinicians to use when considering whether someone still needs acute care, particularly during daily board round discussions. The criteria are not intended to replace clinical judgement - they are there to aid decision making, reduce unwanted variation and ensure board rounds focus on timely and safe discharges.



Clinical exceptions to the criteria will occur and recording the reasons for these will help identify gaps for services both in and out of hospital which may be preventing timely discharges.

If a patient does not have a criteria to reside and there are no clinical exceptions, they will be deemed optimised and safe for discharge from the acute setting.

[Please go to this link for additional information on the Hospital Discharge and Community Support Guidance](https://publishing.service.gov.uk)
(publishing.service.gov.uk)

Criteria to Reside list of options

- Requiring ITU or HDU care?
- Requiring oxygen therapy/NIV?
- Requiring intravenous fluids?



Financial improvement update

Welcome to our Sustainable Financial Improvement Programme (SFIP) update for the last few weeks.

You may have seen that improving our financial performance is also one of our 'Key Areas of Focus' for 2022/23.

We must maximise our income for the benefit of our patients and we will:

- Agree and implement a financial strategy to deliver long term sustainability
- Make the most effective use of our resources
- Launch our refreshed Trust Strategy and develop a refreshed clinical strategy
- Implement our revised Operating Model
- Commit to collaborative system working.

This edition includes our monthly update on the Trust's overall financial performance, and where we're up to in terms of our financial improvement and the Recovery Support Programme (RSP).

HOW ARE WE DOING?

As we move into the new financial year, the Trust has set a £10.9m deficit plan. This is after the Trust has been given support income of £93.6m. A deficit plan means that we will spend £10.9m more on delivering care than we are funded for. The deficit plan is after setting a Cost Improvement Programme (CIP) plan of £23m.

CIP plans have not been fully identified and scoping meetings have been arranged with Care Group leadership teams and the PMO to accelerate identification and delivery of efficiencies.

At the end of April, the Trust has an adjusted deficit of £2.9m. This is £0.8m above the deficit plan and requires urgent action to ensure spend is reduced to recover this position. Identification of the CIP and delivering activity in line with elective recovery plans is essential.

SFIP WORK-STREAMS

The six key work-streams that make up the SFIP are:

1. Financial Control Environment
2. Financial Skills Development
3. Financial Plan for Success
4. Integrated Care Partnership (ICP) Systems Reform Programme
5. H1 and H2 Roadmap
6. Commercial Opportunities.

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Our Capital Plan supports patients, colleagues and services

Boosting colleague wellbeing, improving patient experience, making our services more sustainable, meeting regulatory requirements and achieving a return on investment are key parts of our £43 million UHMBT 'Capital Plan' for 2022 to 2023.

All of the Trust's large-scale building works and estates projects are incorporated into the plan for 2022/23 as part of the five-year UHMBT 'Capital Resource Plan'.

The main internal focus of this year's Capital Plan is on improving patient care and experience and enhancing the work environment for colleagues, by fulfilling Care Quality Commission (CQC) and other regulatory requirements.

Recent CQC inspection reports highlighted the need for work on the Trust's estate to improve care and the hospital environment, so the Capital Plan addresses these with more than £22 million earmarked to complete this work.



The new colleague rest area at Furness General Hospital in Barrow

Tim Povall, Operational Director of Finance for UHMBT, said: "All business cases for capital investment, whether that be for building work, new equipment or IT, will need to show that if we purchase it, it will contribute to the three core objectives of providing quality patient care, looking after our staff and assisting with our financial stability.



Tim Povall

"We have agreed an indicative five-year allocation of resources, so we know roughly - subject to annual allocation - how much money we've got to spend over the next five years on our capital projects. For 2022/23 we have ranked and prioritised our capital plan according to need."

[FULL STORY](#)