

Summary of our Five Year Strategic Plan 2015 - 2020



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The information contained in this document we understand to be correct at the time of going to press. As we strive to improve as an organisation, figures and information are subject to change.



Introduction

Over the last two years the Trust has continued to make significant progress in its recovery, following a three stage programme of stabilisation, transition and transformation.

The Trust set out plans in its Operational Plan* 2014-2016, submitted in April 2014, for delivering high quality sustainable services within the resources available over the next two years. Research has shown that operating as it does, across three main sites covering a wide geographical area with relatively low volumes of activity, is unsustainable and cannot continue.

In our Operational Plan 2014-16, the Trust acknowledged that we would be making further revisions to our plans following publication of the 'better care together' strategy in June 2014.

'Better care together' is a clinically led, health economy-wide programme and is the main route through which the Trust's long-term future will be delivered. Throughout all of our plans, our priority remains that of delivering high quality, safe services that meets the needs and expectations of our patients and requirements of our regulators.

At the heart of all our proposals is a new model of "out of hospital" care in which local GP practices become the gateway for people to access all care, including hospital services. GPs will work closely with a wide range of other health and care practitioners to ensure people's needs are met, and in doing so reduce delays and expense in the existing system.

Under this new model, responsibility for health and care will become a true partnership between people, GPs and other health-care staff in the community. There will be a much more proactive approach to care, whereby local integrated care teams will identify patients at risk so that they can receive the support they require before a crisis occurs. People will be empowered to make lifestyle choices that will keep them healthy for longer and to manage long-term conditions at home with the use of technology. Fewer elderly people will end up spending their last days in hospital because there will be the option for them to be cared for at home.

Hospital services will wrap around this new model of care with emergency care and consultant-led maternity units remaining as core essential services at either end of our patch. Allowing hospitals to focus on the aspects of care that only they can provide will drive up standards, reduce the length of hospital stays, improve waiting times and in many cases reduce the need for patients to travel. This new way of working will also reduce costs through more efficient use of resources.

In addition, there is the opportunity for many hospital staff to provide their expertise within a community setting, taking care to the patient rather than bringing the patient to the hospital.

***Find out more.**

The Trust's Operational Plan is available on our website:
www.uhmb.nhs.uk

Through the 'better care together' strategy the Trust will work with its partners across the local health economy to:

- Develop out-of-hospital service models in all three localities that are capable of reducing the future need and use of hospital services, resulting in the release of hospital service capacity and infrastructure;
- Retain key essential services in all three localities to provide Accident and Emergency, 24 hour access to urgent care and maternity services: Given our geography, much of the Morecambe Bay population is unable to access alternative services within a travel time of 45 minutes to one hour;
- Develop configuration options for surgical services that improve service efficiency, quality, patient experience and sustainability of services;
- Deliver projected net savings of approximately £23m, depending upon the scale of change delivered and investment required;

The following in-hospital services will still be provided across Morecambe Bay:

- Accident and Emergency (Type 1) and dependent services at Furness General Hospital and Royal Lancaster Infirmary;
- Westmorland General Hospital: Primary Care Assessment Service provided by Cumbria Partnership NHS Foundation Trust;
- Maternity services with obstetric facilities at Furness General Hospital and Royal Lancaster Infirmary;
- Midwifery led unit at Westmorland General Hospital;
- Elective services and day surgery.

Community teams will be developed out of hospital within each locality and will be made up of:

- Integrated core team;
- Urgent care co-ordination centre (with a child specific service);
- Integrated rapid response teams for adults with separate teams for children;
- Community specialist services for both adults and children;
- Referral support system for both adults and children.

Throughout all of our plans, including 'better care together' and our five year strategy, our priority remains that of delivering high quality, safe services that meet the needs and expectations of our patients and the population that we serve.

The Trust has developed a Quality Improvement Plan which outlines our quality improvement ambition over the next five years – improving patient safety by reducing avoidable harm and mortality. These goals are aligned with delivery of the Care Quality Commission Improvement Plan in year one, and with our Quality Account and CQUIN priorities. Improving patient experience is fundamental to delivery of the Quality Improvement Plan and this will be further developed and monitored through the introduction of the 'I Want Great Care' service throughout the Trust.

The implementation of seven-day working for non-elective services is considered a key enabler to the delivery of high quality and efficient care. During 2014/15 plans are being developed in order to fully understand the implications and costs associated with providing these services over seven days both in hospital and in the community. Expanding services in this way is integral to the successful delivery of better care together.

The recruitment and retention of staff remains a key strategic risk for the Trust and has been the focus of significant work since 2013/14. The findings of the Francis and Berwick reviews, as well as the introduction of guidelines for nurse staffing levels internally and nationally, has maintained the focus on this area. We have, as an organisation, invested in the recruitment of medical and nursing staff, a strategy which has proven to be largely successful. A comprehensive approach to workforce planning and organisational development has been implemented across the Trust and is linked to the emergent service models being developed as part of better care together.

We have developed an estates strategy that takes account of the substantial capital investment that is required in order to improve clinical efficiencies, patient experience, safety and the overall environment at our three main hospital sites. Investment in the estate will have a positive impact on patient and staff experience as well as improvements in the Trust's trading position.

In 2013/14, we improved our financial position by around £3m in real terms; our initial plans for 2014/15 forecast that this trend would continue, however investment in nurse and medical staffing, and an increase in activity has meant this has not been realised in the first half of 2014/15. As a result, the Trust commenced a financial recovery plan early in the year.

The transformation of our finances, starting in 2015/16 will be driven by continued cost improvements combined with a pricing strategy aligned to the national pricing policy for Trusts such as ours. The Trust submitted a Local Price Modification application to Monitor in September 2014 in line with the guidance available. This application is currently being considered.

The Board of Directors feel that this model is key to successfully meeting the challenges of the NHS nationally and of the unique characteristics of the geography and demographics across Morecambe Bay.

We remain mindful that the NHS and Local Authority partners in North Cumbria and the rest of Lancashire are also undergoing changes and will continue to work with colleagues as our proposals develop to ensure that they complement rather than compete with plans within those localities.

The successful delivery of 'better care together', along with the Trust's own Cost Improvement Programme will resolve most, but not all, of our financial deficit. Our detailed research and analysis has shown that this cannot be achieved without cutting out core services and we cannot recommend that as a safe solution for local people. Our plans do provide a solid platform for us to build upon and we will be working with NHS England to seek political support to review the way that funding is allocated to reflect our unique local challenges.

Section 1

Executive summary

1. Overview

Over the last two years the Trust has continued to make sustainable improvements in the delivery of high quality services to patients through: significant investment in nursing and staffing levels, improved governance, a strengthened Board and investment in clinical leadership.

The Trust continues to work closely with key strategic partners across the Health Economy on the implementation and delivery of the better care together programme.

Until the local health economy solution is in place, the Trust will continue to face the following challenges:

- The delivery of sustainable, high quality clinical services;
- The delivery of a financially viable acute Trust;
- Recruitment and retention of staff (capability and capacity);
- Impending increases in local health care demands.

Over next two years 14/15 to 15/16

As reflected in the two year operational plan, the Trust has planned a robust programme of activity to mitigate risk and ensure the maintenance of high quality sustainable services for our local population until better care together is realised. The Trust will continue to build on and deliver:

- Transformational and traditional cost improvement programmes;
- Implementation and delivery of key service developments building on the better care principles;
- Research and development portfolios;
- An innovative approach to recruitment, workforce and organisational development.

Within our first phase of service developments, and in line in with better care together, we will aim to deliver a range of service developments in partnership with our local commissioners. During the transition period, from 2016 to 2019, the Trust will focus on the implementation and delivery of the new models of service as outlined in the better care together strategic case including:

- Out of hospital model;
- In hospital service provision;
- The development of new models of care such as Integrated Core Teams;
- Acute based services – emergency/ elective/ maternity;
- Potential community specialist services;
- Integrated models of services jointly with community services and social services which will allow access to the Better Care fund.

1.1 Background

The Trust provides acute services from five sites, across a large geographical area serving a small, dispersed population focused in three main centres of population with significant health inequalities across the region. The long term strategy for ensuring financial and clinical sustainability is to undertake a reconfiguration of health and social care across the bay area. This will be achieved through the 'better care together' Strategy which has been submitted to Monitor and NHS England for consideration and comment.

1.2 The trust's current strategic risks

The Trust has identified a number of areas that present a challenge to the organisation in the achievement of the Trust's strategic objectives and quality goals. The main challenges and risk that the Board are responding to are:

- Delivering sustainable, high quality clinical services;
- Delivering a financially viable health economy;
- Delivery of better care together;
- Recruitment of staff (capability and capacity);
- Delivery of seven-day non-elective services;
- Effective management of non-elective patients and sustainable achievement of the emergency care standard; and
- Appropriate estates/environment in which to deliver services.

Action plans and programmes are in place to mitigate these risks. Central to these is the better care together Strategy and Programme. The Trust and its partners across the local health economy have agreed a Strategy that aims to deliver a financially viable health economy and sustainable, high quality primary, community and acute clinical services. The preferred option will see the expansion of primary and community services leading to a change in the provision of acute services best suited to local needs.

Accident and emergency services and consultant-led maternity units will be retained at Furness General Hospital and Royal Lancaster Infirmary.

A revised Strategy was submitted to Monitor and NHS England on 31 October 2014. The Trust has appointed a Better Care Together Transformation Team that will be responsible for delivering the Trust's contribution to the overall Strategy.

It is unlikely that there will be significant changes to the structure and operation of the Trust in the early part of the delivery of the better care together Strategy until investments in primary and community services have been delivered. In the meantime the Trust needs to remain financially and clinically sustainable.

The Board has commissioned external support to assess the impact of geographic and structural challenges in our systems, which are contributing to a recurrent financial deficit position of circa £35m (current forecast). This external review, by PwC, has shown that the Morecambe Bay health system has been challenged for some years. The report has demonstrated:

- The need to provide healthcare to a widely spread population requiring more hospital sites than health systems of comparative population size, with a consequent higher costs of provision; and
- The impact of staff premiums, often up to 70% higher than the cost of NHS staff, and the requirement to address quality issues arising from regulatory reviews by the Care Quality Commission and Monitor.

The immediate response of the Board has been to secure additional funding for 2014/15 from the local Clinical Commissioning Groups and NHS England. For 2015/16 the Board has considered the guidance available from Monitor and has made a formal application for a Local Price Modification to respond to the immediate risks facing the Trust.

Following the Care Quality Commission Hospital Inspection in February 2014 the Board has put in place a number of measures to sustain and improve quality and performance of the Trust, particularly in respect of Care Quality Commission essential standards and harm free care. The Board has approved a Quality Improvement Plan designed to deliver the longer term quality improvements needed over the next three years; the Care Quality Commission Improvement Plan will be a key part of this in year one.

The Care Quality Commission Improvement Plan details how the Trust will successfully address the 'must do' and 'should do' actions identified by the Care Quality Commission following its inspection of the Trust in February 2014.

The Care Quality Commission Improvement Plan is time limited; it has to be, as the Trust needs to deliver the improvements at a greater pace and before our next Inspection. To ensure the improvements can be sustained and to tackle some of the long standing issues such as culture, we are establishing an 'Improvement Hub' to 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. The Hub approach will support staff to use tried and tested techniques for delivering consistent change such as Listening into Action.

1.3 Estates strategy

The Trust is developing an Estates Strategy that will deliver a more effective use of the Trust's Estate. It will see greater co-location of related services and respond to long standing issues across our main sites with the aim of improving efficiency and the quality of care and treatment. The Strategy is ambitious and whilst much of it will require central NHS support the Trust is planning to press ahead with a number of improvements from within its existing capital allocation.

1.4 Risk strategy

The Board has responded to the risks posed to the Trust by failure to recruit, retain and develop staff by:

- Developing workforce plans to underpin the review of vacancies and models of care within divisions, linking to the models of care in the better care together Strategy;
- The Executive Chief Nurse undertaking a review of nursing and midwifery staffing;
- The Trust Board, in autumn 2014, agreed to invest a further £3million into the nursing establishment;
- Rolling out E-rostering to ensure staff are deployed where they are required;
- New recruitment strategies have been introduced, including overseas recruitment, which are proving successful;
- Introducing an apprenticeship scheme to create up to 25 new healthcare support cadets at both the Furness General and Royal Lancaster sites;
- Establishing a Workforce Assurance Committee of the Trust Board to oversee workforce issues across the Trust.

Challenges remain in ensuring the Trust can maintain delivery of both elective and emergency pathways effectively in medical and surgical specialties. Divisions have undertaken a gap analysis against the ten Keogh clinical standards and will develop action plans to deliver seven day services, in line with the national timetable. In 2014/15, the Trust will focus on emergency pathways. Seven day working will be incorporated into the quality requirements of the NHS standard contract in 2015/16 and 2016/17. Despite sustained improvement in the performance of both our Emergency Departments against the four hour target, maintaining this standard continues to be challenging as the Trust has not seen a significant reduction in the number of emergency admissions. There has been an increase in ambulance attendances and many patients that are presenting have multiple co-morbidities and greater acuity; and thus a higher level of need. The local health economy continues to work together to develop operational resilience and capacity plans and at the same time the Trust is developing additional capacity to meet the increased demand.

These risks are managed through the Trust's governance framework and performance management structures with assurances on progress reported to the Trust Board regularly through the Board Assurance Framework and the Corporate Risk Register. Assurances on progress are reported to the Trust Board through the Finance, Workforce and Quality Committees. The successful delivery of the 'better care together' Strategy is central to the Trust's long term plans for sustainability. Risks to delivery of the strategy include the failure to secure support for the service change strategy; potentially leading to delays in implementation.

1.5 Response to the regulator

The better care together Strategy is the overarching plan for the local health economy that will impact on the Trust. Beneath this the Trust has developed a series of strategic plans that have the aim of:

- **Delivering core business;**
- **Preparing for the impact of better care together including developing activity modelling and capacity for the Trust;**
- **Trust service development ambitions;**
- **Responding to the requirements of the regulators.**

In addition, these strategies are now being aligned to reflect the new vision and values, as well as the objectives and priorities of the Trust Board. The main strategies and plans are outlined within table 1.

Table 1:
UHMBT strategic and operational plans 2014/15

- Quality Improvement Plan
- CQC Improvement Plan
- Quality Account
- Two Year Operational Plan
- IT and Informatics Strategy
- Estates Strategy
- Financial Strategy
- Workforce Plans
- Risk Management Strategy
- Code of Corporate Governance (under review)
- Divisional Business Plans
- Commercial Strategy (in development)
- Health and Safety Strategy
- Resilience Planning
- Patient Experience
- Communication and Engagement (under review)

The Trust has been and remains subject to a number of regulatory concerns. The Trust was inspected in February 2014 as part of the Care Quality Commission Chief Inspector of Hospital Inspections. The inspection highlighted a number of improvement areas which the Trust is required to address. Monitor placed the Trust in special measures and attached further licence conditions.

The Chief Inspector made 15 recommendations in total, eight of which the Trust “must” undertake and seven which the Trust “should” undertake. All 15 recommendations are included in our Care Quality Commission Improvement Plan. The key themes of these recommendations are summarised below:

- Improving our staffing levels;
- Engaging and communicating more effectively with frontline staff;
- Improving performance information to drive improvement and good decision making;
- Improving our nurse record keeping;
- Continuing to improve incident reporting and the learning we gain from incidents;
- Improving the availability of case notes and test results in our outpatients departments.

The Trust has six conditions attached to its Provider Licence by Monitor and has received inspection reports from the Care Quality Commission, Ofsted and the Health and Safety Executive. The Trust remains committed to achieving compliance with its provider licence requirements and that is reflected in its strategic planning processes. In addition the Trust developed a series of action plans to address the regulatory concerns raised and progress against these plans was and continues to be monitored by the Trust Board and its Assurance Committees. The Health and Safety Executive actions have been undertaken and signed off (although the Health and Safety Executive investigation is yet to complete) and the Ofsted action has also been responded to.



Section 2

Market assessment

2. The local population health challenge

In developing the better care together Strategy, an in depth analysis has been undertaken to assess the health needs of our local population, understand future demographic changes and how we need to shape services for the future to meet the competing healthcare demands and changes.




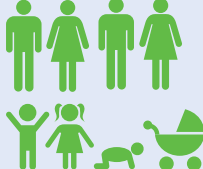








The Morecambe Bay footprint covers a large geographical area, 1,800km², which is more than double the area for the national average trust of 815km². Conversely, the population we serve, 365,000, is less than the 418,000 served by an average trust. The geographical footprint poses varying challenges including:

- A diverse population with industrial urban centres such as Barrow in Furness, the university city of Lancaster and small isolated villages, such as Over Kellet, Hawkshead and Coniston, which impacts on the structure and delivery of healthcare;
- The large geography and low population density have resulted in a configuration of healthcare delivery that does not make optimal use of estate and other resources.

Each of the localities has its own individual health needs and challenges and services must be designed to improve the health of our local populations as outlined in table 3.



Table 3:
Local health population needs

	Health needs	CCG commissioning priorities	Population growth	Life expectancy
Lancashire North	<p>Priority disease areas:-</p> <ul style="list-style-type: none"> • CVD • Cancer • COPD • Chronic cirrhosis of the liver <p>Local priorities:-</p> <ul style="list-style-type: none"> • To reduce health inequalities • To reduce premature deaths from a range of LTCs 	<p>Diseases affecting older people including:-</p> <ul style="list-style-type: none"> • Dementia, circulatory disease, diabetes, COPD, osteoarthritis, cancers. <p>Focus on:</p> <ul style="list-style-type: none"> • Improvement in stroke service provision • Improving dementia 	 <p>Higher than average predicted increase in the proportion of older people in Lancashire North over next 10 years</p>	<p>1 year lower than national average but for those in the most deprived areas:</p> <p> 11.6 years lower for men</p> <p> 6.4 years lower for women</p>
Cumbria	<p>Priority disease areas:</p> <ul style="list-style-type: none"> • Cancer • Cardiovascular disease • Stroke • Respiratory diseases <p>Local priorities:</p> <ul style="list-style-type: none"> • Reducing health inequalities • Ensuring children get a better start in life • Improving mental health and well-being • Supporting an ageing population 	<p>To reduce avoidable unscheduled admissions to hospital for children</p> <p>To improve clinical quality in the management of stroke within the first 30 days</p> <p>Improve support for patients to manage LTCs focusing on respiratory</p>	<p>4.2% population growth over next 5 years</p> 	<p> 9.6 years lower for men</p> <p> 6.4 years lower for women</p> <p>(compared to the national average) in most deprived areas</p>
Furness	<p>Areas worse than the England average in 2012:</p> <ul style="list-style-type: none"> • 22.7% of adult population classed as obese • Rate of alcohol related harm hospital stays • Levels of adult smoking 	<p>Reducing alcohol misuse</p> <p>Reducing obesity in children</p> <p>Reducing smoking</p>	 <p>Significant increase in >65yrs of 11.5%</p>	<p> 12 years lower for men</p> <p> 9.9 years lower for women</p> <p>(compared to the national average) in most deprived areas</p>
South Lakeland		<ol style="list-style-type: none"> 1. Improving health and wellbeing of older people and those with Dementia 2. Reducing road deaths and injuries 3. Reducing alcohol 	 <p>Significant increase in >65yrs of 16.7%</p>	<p> 5.6 years lower for men</p> <p> 4.8 years lower for women</p> <p>(compared to the national average) in most deprived areas</p>

As a Trust, it is imperative that we reflect national guidance and local commissioning plans in our strategic planning framework.

National guidance 2015/16

The national NHS planning guidance for 2015-16 was published in December 2014. However, the contracting and tariff guidance is still yet to be finalised and published. Indications are that:

- The NHS will receive a single-year financial settlement for 2015/16. Following the general election in May 2015, the incoming Government will set out its longer term programme and funding plans;
- The overarching objectives of the 2015/16 planning round will be to refresh the second year of existing two year operational plans and establish a foundation for longer term transformation based on the NHS Five Year Forward View;
- There is a need to secure alignment with Better Care Fund;
- There will be an expectation that Clinical Commissioning Groups will continue their work to implement their existing five year plans; and
- Emerging areas of change are: co-commissioning of primary care, future commissioning models for specialised services and introduction of integrated personal commissioning.

The NHS Five Year Forward View guidance, published in late October 2014, sets out a direction of travel which is completely aligned to the Trust and our local health economy's vision and ambition around the delivery of the 'better care together' strategy.

The guidance outlined the following:

- A clear direction for the NHS over the next five years discussing how the health service needs to change, why change is needed and how the future might look. It argues for: a more engaged relationship with patients and carers; setting up of partnerships with local communities, hard-hitting approaches to major health risks such as smoking and obesity; for decisive steps to be taken in breaking down barriers in how care is provided; the need for care to be delivered more locally and understanding that a 'one size fits all' approach will not work; the need for critical decisions to be made on investment and also local flexibility in the way payment rules and regulatory mechanisms are applied to support required change;
- The need to get serious about prevention of avoidable illness; empowering and supporting patients with long term conditions in managing their own health;
- A number of radical care models are suggested in a move away from the traditional divide between primary care, community services and hospital services with the direction of travel being to manage networks of care, expand and strengthen out of hospital care, integrate services around the patient. Emerging models include:
 - > Multispecialty Community Providers (MCPs)
 - this will permit groups of GPs groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care. Care could be offered in a fundamentally different way, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients. This approach aligns to the vision the Trust has with key partners for service provision around the Millom community.

> Primary and Acute care systems - combining general practice and hospital services, similar to Accountable Care Organisations. A range of contracting and organisational forms are now being used to better integrate care, including lead/prime providers and joint ventures.

> Urgent and Emergency care networks - Across the NHS, urgent and emergency care services will be redesigned to integrate Accident and Emergency departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services.

> Viable smaller hospitals - NHS England and Monitor will work together to consider whether any adjustments are needed to the NHS payment regime to reflect the costs of delivering safe and efficient services for smaller providers relative to larger ones. This view is in keeping with our application for a Local Price Modification to reflect our structural costs and the delivery of local services.

As an NHS foundation trust we will plan for:

- Changes to the way specialised services are commissioned and the impact of this on local service provision and commissioning arrangements;
- Changes to the way services are funded and any potential impact on service delivery;
- Changing care models, including integration with health and social care and how that will impact on services we deliver;
- Different commissioning/contracting models proposals and the potential for prime provider models;
- Changes to Tariff guidance and payment systems; including emergency care; and
- Potential decommissioning of certain specialised services; following the transfer of Vascular services from the Trust from April 2015.

2.2 Local financial challenges within Morecambe Bay

The 'Bay-wide' affordability gap

The total health and social care spend in the Morecambe Bay health and care system is over £500m. We have a demographic and structural challenge in our system contributing to a financial deficit of £25m-£30m with the affordability gap projected to rise to £71m in five years' time if we maintain the status quo. Even if all efficiency targets are achieved, there will still be a residual, recurring financial gap of £30m in five years time, which will continue to grow. As a health economy, the 'do nothing' option is not feasible if we wish to continue to provide high quality clinical services for the our local population. Overall health expenditure within the local health system is £422m, excluding related local authority expenditure. The local health system's overall financial position is fragile and there are increasing pressures on commissioners as well as providers to reduce the financial gap.

Particular system wide themes that add to financial pressures are:

- The impact of staff premiums, often up to 70% higher than the cost of NHS staff, and the requirement to address quality issues arising from regulatory reviews by the Care Quality Commission and Monitor; and
- The Cumbria health system is one of eleven most challenged nationally.

The financial impact of these factors adds further pressure to the already financially fragile health systems in Morecambe Bay and across Cumbria as a whole.

Also, the need for additional investment to address backlog maintenance in the Trust is a pressure. Capital investment has been suppressed in recent years as a way of addressing financial and cash pressures. This has not only resulted in a lack of day-to-day maintenance which now needs to be dealt with, but more importantly, has deferred changes to clinical layouts and other physical alterations that would help improve service efficiency.

Market Appraisal

We have made significant inroads to improve the quality and safety of our clinical services for our patients, and are committed to a programme of improvement and service delivery which will ensure that we are equal to if not better than the other

providers within the surrounding areas. Outlined below is an assessment of where the Trust sits in relation to local NHS providers.

Table 5:
Competitor performance analysis 2014

	Data source	UHMBT	Lancashire Teaching Hospitals Foundation Trust	North Cumbria University Hospitals NHS Trust	Blackpool Teaching Hospitals Foundation Trust	Wrightington, Wigan and Leigh Foundation Trust
Note	Monitor	Enforcement action; Special measures				
Registration	CQC	Inadequate		Requires Improvement	Requires Improvement	
	TDA			Special measures (Keogh); Deficit of £27m Proposed merger		
Governance	Monitor	Red	Green	N/A	Green	Green
	TDA			Poor		
Continuity of services rating	Monitor	2	3	N/A	3	4
	RTT (NHS England)	91.01%	80.39%	82.22%	91.96%	91.37%
	Incomplete	97.53%	95.37%	94.50%	96.81%	97.71%
Cancer (NHS England)	2ww	95.50%	92.33%	90.99%	94.82%	94.21%
	62 Day	94.79%	94.86%	93.72%	95.12%	98.66%
A&E (NHS England)	A&E Attendances	84.04%	81.95%	81.33%	87.04%	91.87%
MRSA Bacteraemia per 100,000 Bed Days	HED	95.12%	95.07%	94.12%	94.34%	95.71%
C Diff Rate per 100,000 Bed Days	HED	0.44	1.26	0.52	0.35	1.23
Elective Operations Cancelled at Last Minute	NHS England	22.21	17.26	12.47	9.09	19.75
SHMI	HED*	538	675	475	541	358
		104.07	104.27	93.62	115.9	104.33

*monthly SHMI data, pre Information Centre release

Our strengths and weaknesses

As an organisation it is essential that we understand our strengths and weaknesses, enabling us to rise to any challenge in order to provide high quality services for our local population. A SWOT analysis has been undertaken which identifies both the opportunities for the Trust and the challenges that still need to be addressed and is outlined in table 6.

Table 6:
UHMBT SWOT analysis 2014

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • New Board with enhanced capacity and capability • Strong clinical engagement with Clinical Commissioning Groups • Clinically led operational divisions • Strong clinical engagement in planning and change process • New robust Governance Framework • Overall Stable workforce • Core financial and associated systems are robust • National Patient Survey results comparable to local competitors • Improving Estates and Facilities 	<ul style="list-style-type: none"> • The Trust recognises the very severe dent to its reputational image as a result of the previous failings in safety and quality • Costs of operating on three sites • Need to improve business intelligence capabilities to improve corporate, operational and clinical performance • Further improvements in customer care needed to enhance patient experience • Elective/ non elective physical separation due to legacy estates issues 	<ul style="list-style-type: none"> • Morecambe Bay clinical strategy could provide scope to expand the provision of services along the pathway • Income gain from repatriation of more specialist services and new service areas • Joint working with CCGs and other partners to maximise estate utilisation • Exploitation of new technology e.g. Lorenzo electronic patient record • Partnership working with other Trusts on clinical networks and support services to improve sustainability and efficiency • Planned improvements in business intelligence capability to drive equality and efficiency benefits • Continue work to engage Council of Governors and FT Members in the transformation process 	<ul style="list-style-type: none"> • Securing an agreement to a clinical strategy that delivers sustainable services in the medium / longer term • Ability to secure transitional financial funding to allow for implementation of clinical strategy. (Monitor license requires no DH funding beyond March 2014) • Ensuring delivery of improvements per monitor license requirements • Any Qualified Provider – new providers entering the market in less complex/ profitable areas of Trust business • Future changes to PBR tariff under new regime • Increasing trend to specialisation through specialist centres in major conurbations resulting in loss of services/income e.g. vascular

Commissioning Intentions

Working closely with our commissioners, the drive for all commissioning decisions from 2014 and for the next five to 10 years is the delivery and implementation of the better care together Strategy. The footprint of the hospital will shift and change as the out of hospital models of service start to be embedded on the next stage. Working collaboratively with commissioners and partners across health and social care is a key commitment from the Trust. Diagram 2 shows the better care together Out of Hospital Model.

However, the diversity of our local population means that there will be specific health needs which our local commissioners will need to focus on. A brief summary of the local commissioning intentions is highlighted below, all of which are implicit within the better care together Strategy model.

Cumbria

Commissioning Intentions

Cumbria CCG's commissioning intentions focus on four key areas: Inequalities; Children and Young People; Mental Health and Wellbeing and the Ageing Population.

In the short-to-medium term Cumbria CCG has identified the following key priorities:

- Reduce avoidable, unscheduled admissions to hospital for children;
- Improve clinical quality in the management of a stroke within the first 30 days;
- Improve support for patients to self-manage a long term condition, focusing on respiratory illness.

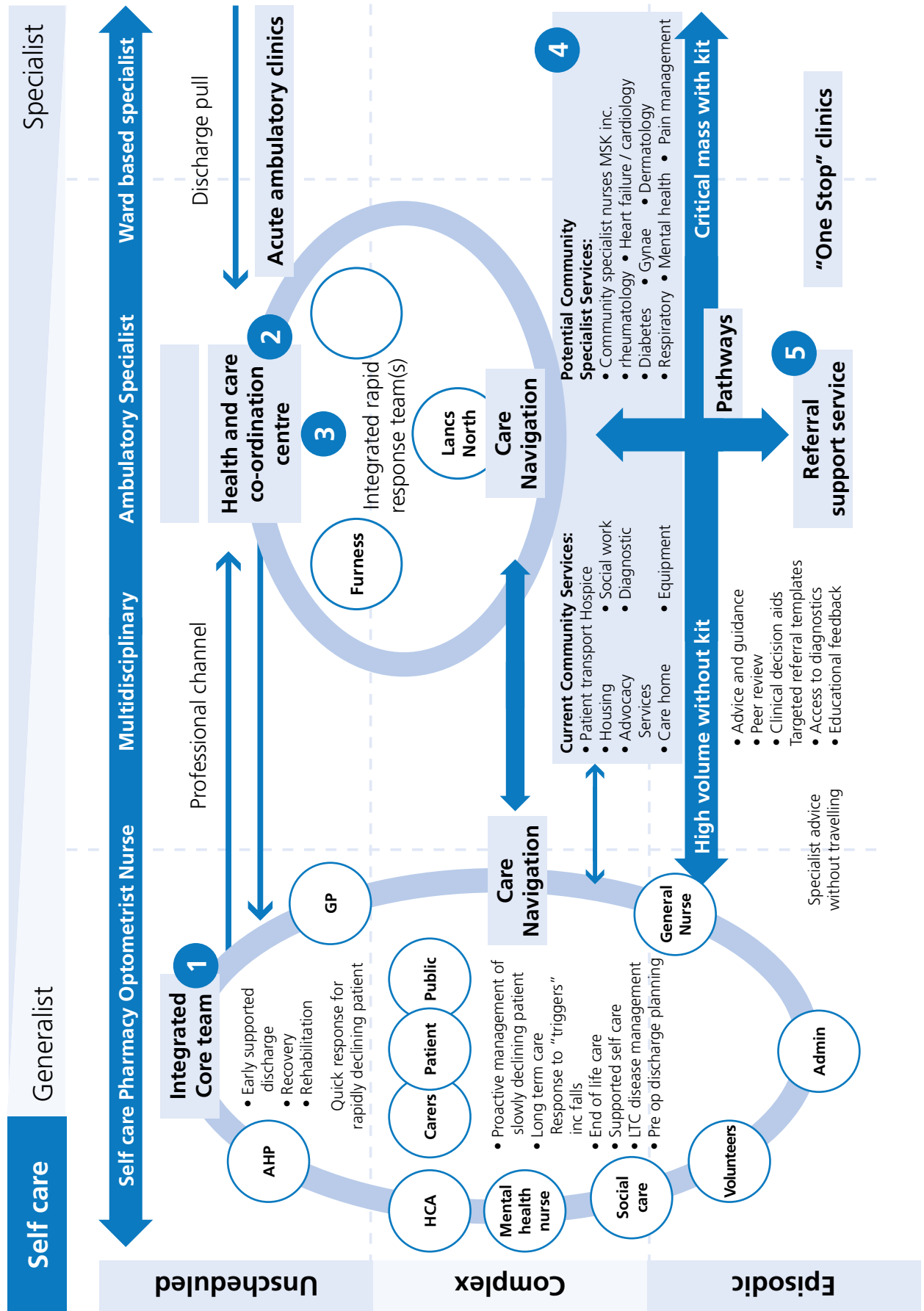
Lancashire North

Commissioning Intentions

Lancashire North CCG has identified six major strategic priorities focusing on the major issues facing the health of the local population and will work with its partners to ensure that local health services are safe, sustainable and of high quality in line with the better care together Strategy. Lancashire North CCG will also have a particular focus on:

- Improvement in stroke service provision;
- Improving services for those with dementia;
- Improving support for those who provide a caring role;
- Improving services for military veterans;
- Ensuring that the health visitor implementation plan is implemented.

Diagram 2: Better Care Together Out of Hospital Model



Section 3

The clinical model

Our vision for health and care services across Morecambe Bay

By 2025 Morecambe Bay will have a well-deserved reputation as one of the best health and care systems in the world.

Promoting wellbeing and preventing ill health will be our prime purpose with mental health, children's, and older people's services receiving equal priority with all other areas of care.

Working here will be an experience that attracts high performing, compassionate staff who are as drawn to our culture of achieving excellence as they are to the beauty and variety of our landscape.

Specialist teams, including hospital consultants, will increasingly work in the community, sharing their expertise with GPs and community teams. These health and care professionals will work in a partnership of trust with patients as equals to keep people fit and well. When people are ill they will receive high quality care and support to help them to manage their own condition - mainly within their own homes or local community.

If people do need to go into hospital to receive care they will have confidence that they will be treated with dignity and respect. They will expect to recuperate at or near home, freeing up acute hospital beds for those who really need them. A&E departments will be seen as the last rather than the first port of call.

The funding we receive will fairly reflect the needs of our local populations enabling us to make the best use of every NHS and Social Care pound, meaning that as well as maintaining existing services we can take advantage of new technology and advances in medicine at an early stage to provide even better outcomes for our patients.

People will live longer and in terms of their health and well-being will have a better quality of life wherever they live, whatever their income. When people reach the end of their lives, wherever possible this will be at home in the comfort of familiar surroundings or in a specialist place of care such as a nursing home or hospice.

3.1 Overview

The Trust, in partnership with the Clinical Commissioning Groups in Cumbria and North Lancashire, has been working to develop its strategic vision to achieve clinical, operational and financial stability for the last two years through the better care together Programme. Whilst initially focussing on the change that could be delivered by the Trust in secondary care services, in the autumn of 2013 the programme was extended to include provision out of hospital in the community, primary care and social care. The better care together Strategy describes the five year strategy for the future delivery of health services across the local health economy, including the acute services currently provided by the Trust and those out of hospital services provided by our partners.

A fundamental principle underpinning the better care together Strategy is closer working between those providing care in the Trust (In Hospital services), and those providing care in the community (Out Of Hospital services), to ensure that our patients receive the right treatment in the right environment for their needs. A wide range of clinicians from across the health economy, including hospital doctors, GPs, nurses, midwives and allied health professionals, have been involved in, and have driven, the development of the Strategy from the outset.

The activity modelling that has been undertaken by the better care together programme team, supported by the Trust, predicts that this approach will deliver significant reductions in the demand placed upon hospital based services in the future. As a result, the better care together Strategy describes a future hospital model with fewer in-patient beds, running fewer out-patient clinics, but, importantly, retaining emergency and obstetric care provision at the Furness General Hospital and Royal Lancaster Infirmary sites. In a number of cases it may be appropriate to concentrate some specialist procedures on one or two of our sites to improve the quality of care provided to our patients and improve the efficiency of our services.

The two year delivery plan, supports the delivery of a range of planned care services from the Westmorland General Hospital site; those patients requiring complex care will continue to be seen at Furness General Hospital or the Royal Lancaster Infirmary.

In order to support the delivery of the better care together Strategy across the local health community, four service change workstreams have been created:

- Out of Hospital – South Cumbria;
- Out of Hospital – Lancashire North;
- Women and children's;
- Planned care.

3.2 In hospital

A further workstream, In-hospital, considers the overall impact of the proposals from the service change workstreams on the Trust to ensure that the impact of all the individual schemes, including the Trust's own "business as usual" efficiency and cost improvement activities, when combined, do not compromise the operational viability of the Trust. By monitoring key performance metrics the Trust will, for example, be able to demonstrate that the anticipated activity reductions have taken place to enable it to safely reduce its bed base.

Clinicians and operational managers from across the local health and social care economy lead these workstreams and have supported the development of a system wide two year delivery plan. The Trust has clinical and operational representation on each workstream and our partners are represented on the in-Hospital group. The Trust's Two year Operational Plan links inextricably to this system wide delivery plan outlining the key building blocks required in the initial two years of this five year strategy.

3.3 Out of hospital

The Out of Hospital model aims to improve care and patient experience, keeping people fit and well for longer in the community. The delivery of the out of hospital model of care across South Cumbria and North Lancashire will be implemented in phases through Integrated Care / Primary Care Community teams, rapid response teams and care coordination centres that bring together staff from primary care, community services and social care. As a result, activity that does not need to be delivered in an acute setting will be moved to a community setting. These integrated teams are designed to prevent attendance at Accident and Emergency through early intervention and rapid response. They will also work with the Trust to facilitate the effective discharge of patients who are medically fit. The impact of these changes will begin to be seen in year one of the delivery plan with the impact increasing through the five years of the Strategy.

3.4 Planned care

The planned care workstream will design and implement new, integrated, models of planned care across the local health economy that will deliver high quality services which are sustainable and make the best use of the resources available. By enhancing the relationships between primary and secondary care, pathways will become more effective and efficient and patient experience will be improved. There are three core areas of activity with the planned care workstream: Advice and guidance, referral support and clinical pathway redesign.

- **Advice and guidance** – enhancing decision making in primary care by providing access to advice and guidance from hospital specialists, thereby ensuring appropriate treatment plans for patients and reducing unnecessary appointments. The scheme, piloted in North Lancashire in 2014, was nominated for a HSJ innovation and technology award.
- **Clinical Pathway redesign** – reducing unnecessary attendances to hospital, including outpatient follow ups, through increased patient management in the community by specialist community teams and the integration of clinical services, resulting in a better patient experience. The programme will initially focus on four high volume pathways: ophthalmology, cardiology, musculoskeletal and respiratory; followed by gastroenterology, dermatology and rheumatology and urology.
- **Referral Support Service** – will provide access to specialist Advice and Guidance and diagnostic investigations for community based health professionals through professional support in the development of care pathways across specialities, including the use of decision aids. The service will act as the central repository for clinical pathway information for all those involved in patient care. Undertaking structured peer reviews of referrals for specialist opinion and providing educational support to local clinical teams.

3.5 Operational delivery for clinical divisions

The Trust has five clinical divisions: Acute Medicine, Elective Medicine, Surgery and Critical Care, Core Clinical Services and Women and Children's. Each divisional management team is led by a Clinical Director supported by a Divisional General Manager and an Assistant Chief Nurse.

The operational strategy for the Trust's five clinical divisions is aligned to the delivery of the better care together Strategy, the Quality Improvement Plan and internal efficiency/cost improvement programme. A number of cross-cutting themes, impacting on all five divisions, have been identified which reinforce the need for collaboration across the local health economy. The key strategic aims common to all five clinical divisions are:

- Developing, recruiting and retaining a workforce which shares the Trust values and delivers care in line with our objectives;
- Engaging our workforce through initiatives such as Listening into Action;
- Developing our estate so that it is fit for purpose and able to support the delivery of 21st century care in an efficient and effective way;
- Delivering the ten Keogh standards;
- Delivering the recommendations of the Francis and Berwick review reports;
- Supporting the development of technology to improve patient care through, for example, the delivery of the Paperlite strategy which aims to deliver 80% of outpatient consultations with an Electronic Patient Record rather than paper-based medical notes, and enable remote reporting for diagnostic films;
- Providing an efficient outpatient service that delivers high quality clinical outcomes and a positive patient experience; and
- Further developing the ethos of an evidence-based approach to clinical practice and an expansion of our portfolio of education and research.



A summary of the plans for each division are shown in the tables below:

Table 8:

Core clinical services division

(Incorporating Therapy Services, Pharmacy, Diagnostics, Out patient Services and Medical Records)

Scheme	Year of Plan	better care together workstream
Outpatient improvement plans focussed on improving patient experience	2014 - 2017	Planned Care
Provision of Radiology services through a managed service contract, sharing risk and improving the viability of a local service for patients	2015 - 2016	N/A
Provision of Pharmacy out patient dispensing through an outsourced model to facilitate the delivery of safer and more effective medicines management by Trust Pharmacists for patients requiring a stay in hospital; these are often the sickest patients with the highest care requirements.	2015 - 2017	In Hospital
Redesign of Pathology services to ensure greatest efficiency and safety whilst supporting the delivery of local care.	2015 - 2017	Planned Care In Hospital
Become "the provider" of community therapy services, providing services to the communities of South Cumbria and North Lancashire. Allied Health Professions currently provide a range of services across hospital and community care.	2016 - 2017	Out of Hospital Planned Care

Table 9:
Surgery and critical care division

(Incorporating theatres, adult critical care, anaesthetics, orthopaedics, head and neck services, general surgery, breast surgery, ophthalmology and urology.

Scheme	Year of Plan	better care together workstream
Centralising emergency ENT and Urology Services	2015 - 2016	In Hospital
Managing capacity and demand through the rollout of the "GOOROO" system including forecasts capacity requirements based on referral levels		In Hospital
Musculoskeletal clinical pathway redesign	2015 - 2016	Planned Care
Ophthalmology planned care clinical pathway redesign	2015 - 2016	Planned Care
Urology clinical pathway redesign	2015 - 2016	Planned Care
Supporting the consolidation of specialist vascular services including the redesign of General Surgery to facilitate a new model of service delivery	2015	N/A: part of Specialist Commissioning plans for vascular services.
Redesigning pathways to support delivery of increased out patient procedures	2015 – 2016	Planned Care
Redesigning pathways to support the delivery of more procedures as day cases	2015 – 2016	Planned Care
Continuing development of macular services to support the growth in demand as a result of an ageing demography and technological advances in the treatment of these debilitating eye conditions	2015 - 2017	Planned Care Work stream

Table 10:

Women and children's division

(Incorporating obstetrics, gynaecology, maternity and paediatric services)

Scheme	Year of Plan	better care together workstream
Responding to the Morecambe Bay Investigation recommendations	2015 - 2016	Women and Children's
Provision of community paediatric services	2015 - 2017	Women and Children's
Supporting the delivery of the better care together "stakes in the ground" commitment to obstetric units at Furness General Hospital and the Royal Lancaster Infirmary and a midwife-led birth centre supported by community midwives at Helme Chase, Kendal.	2015 - 2016	Women and Children's
Develop our Improvement Partner Model (starting with maternity) to support the delivery of safe, sustainable, high quality services	2015 - 2017	Women and Children's

Table 11:

Elective medicine division

Incorporating rheumatology, dermatology, gastroenterology, oncology, haematology, respiratory and cardiology)

Scheme	Year of Plan	better care together workstream
Expanding the workforce to balance capacity and demand, whilst supporting the pathway redesign	2015 - 2017	Planned Care Out of Hospital
Supporting the delivery of advice and guidance	2015 - 2016	Planned Care
Redesigning clinical pathways for respiratory	2015 - 2016	Planned Care
Redesigning clinical pathways for cardiology	2015 - 2016	Planned Care
Redesigning clinical pathways for dermatology	2016 - 2017	Planned Care
Redesigning of clinical pathways for gastroenterology	2016 - 2017	Planned Care
Redesigning of clinical pathways for rheumatology	2016 - 2017	Planned Care

Table 12:
Acute medicine division

(Incorporating Emergency Department, Elderly Care, Acute Medical Units and all downstream medical wards)

Scheme	Year of Plan	better care together workstream
Sustainably delivering Emergency Department quality standards	2015 - 2017	In Hospital
Supporting the delivery of out of hospital care to reduce demands on acute services through avoidance of admissions and earlier discharge	2015 - 2017	In Hospital Out of Hospital
Delivering Early Supported. Discharge for the populations of South Cumbria and North Lancashire	2015 - 2016	Out of Hospital
Redesigning Frail Elderly pathways to improve the quality of care and reduce mortality, unnecessary admissions and avoid readmissions	2015 - 2017	In Hospital Work
Redesigning the urgent floor and Emergency Care at Furness General Hospital	2015 - 2016	In Hospital; Work stream Out of Hospital

Section 4

Workforce and organisation development strategy

4.1 Overview

Our ambition is for UHMBT to be:

**“A great place to be cared for;
a great place to work.”**

We believe this can only be achieved through the development of a flexible, highly skilled, motivated and engaged workforce.

The better care together Strategy outlines the scale of change facing our hospitals over the next five years and this, alongside our challenging financial environment and our drive to improve quality standards, means that it is essential that we develop a workforce strategy that will address these challenges..

The overarching aims of the Workforce Strategy are to:

- Develop a flexible, highly skilled, motivated and engaged workforce that is able to deliver the Trust's vision, mission, values and objectives;
- Build on our strengths;
- Fundamentally address our areas for development;
- Deliver against the workforce changes that are required over the next 5 years.

4.2 Workforce Strategy components

Over the next five years, the key components of the workforce strategy will be to:

1. Develop a robust workforce plan to support delivery of the Trust Strategy and the local health economy's better care together Strategy;
2. Develop a workforce able to deliver our Quality Improvement Plan;
3. Create a great place to work that ensures a great place to be cared for;
4. Create the right conditions to attract and retain the best people through efficient, effective and value based recruitment underpinned by continuous development processes;
5. Create an environment where all staff feel healthy, happy and safe;
6. Create a platform for innovation, change and improvement where staff are actively supported through change processes within a culture of continuous improvement;
7. Create a culture of engagement where all staff are actively involved in the decisions that affect them and the service they provide;
8. Create the space and supportive environments for all staff to reach their full potential, to enable them to make a positive contribution to changing organisational landscapes;
9. Create a modern, 'fit for purpose' HR service that adds value to the bottom line.

Progress against these nine components of the Workforce Strategy, will be monitored through Divisional Quarterly Performance Reviews, the Workforce and Assurance Committee to Trust Board.

4.3 Creating a culture of improvement

A key focus of the Workforce Strategy is to build and embed an organisational culture focused on delivering a great place to be cared for; a great place to work. Recognising that consistently excellent patient services will only be delivered where there is a framework of our vision, values and behaviours, setting out what we stand for as a Trust we will set out the attitude/behaviours that our patients should expect from all our staff.

We believe we are judged by how we act and that our reputation is defined by how we deliver against our vision and put into practice our core values.

Our Vision & Values

Our vision

We will constantly provide the highest possible standards of compassionate care and the very best patient and staff experience. We will listen to and involve our patients, staff and partners.

Patients

Our patients will be treated with compassion, dignity and respect. Their experience is our most important measure of achievement.

People

Our staff and volunteers are the ones who make a difference. They understand and share our values and this is reflected in their work.

Partnerships

Our partnerships make us strong. By investing in them, we will deliver the best possible care to our communities.

Performance

Our performance drives our organisation. Providing consistently safe, high quality care is how we define ourselves and our success.

Progress

Our progress will be improved through innovation, education, research and technology to meet the challenges of the future.

Listening into Action

We have introduced Listening into Action and an Improvement Hub to support the development of patient-centred, safety-focussed organisational culture, built around patients receiving high quality, effective services from compassionate, caring and committed staff.

If we are to develop a culture that is instantly recognisable as an employer who delivers against its vision and values, then we need to develop a workforce that delivers the right care, in the right place at the right time, with the right behaviours to deliver excellence every time.

We will continue to review our approach to recruitment and retention, working with local partner organisations to invest in the local community providing opportunities for learning, development and employment.

We will seek to optimise our University Hospitals status, growing our research and educational portfolios to ensure we are able to recruit, develop and retain the clinical staff to deliver the healthcare needs of our population.

From how we treat our patients or go about our business with colleagues, staff, governors and partners, our actions will always be governed by our values.



4.4 Workforce profile



The Trust currently directly employs

4,983

staff (4,218.7 wte).

This excludes bank staff and those doctors in training employed by Pennine Acute Hospitals NHS Trust.



Over the last three years, the Trust has invested nearly

£8m

of additional resource in medical, nursing and midwifery staffing resulting in

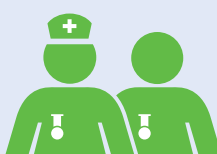
25 more doctors

71 more registered nurses

11 more registered midwives

when compared to April 2012.

In addition, as a result of the introduction of "red rules" **the Trust has made a commitment to invest a further**



£3m in front-line nursing staff based on clinical priorities.

Developing our workforce

Successful recruitment of qualified nursing and midwifery staff has seen the vacancy rate steadily reducing with residual vacancy levels often below national average. However, recruitment to front line clinical staff continues to be a high risk for the Trust and we will continue with ongoing local, national and international recruitment drives, supplemented by developing innovative workforce solutions with partner organisations, including other healthcare providers and academic institutions.

Despite national shortages in a number of specialties we have made successful appointments in Gastroenterology, Anaesthetics, Cardiology, Radiology and Histopathology. A number of hard-to-fill Consultant posts in recognised national shortage specialties remain.

The Trust will continue its approach to creating and expanding the development of new roles, such as Consultant Radiographers/Sonographers, Advanced Practitioners and Physician Associates. The better care together Strategy will create opportunities for cross-organisational role development which we will exploit in order to create innovative new posts to attract and retain clinicians with the skills required to meet the healthcare needs of the local population.

The age profile of our workforce is such that approximately 25% of our registered nurses, 33% of our medical and dental staff and unregistered nursing workforce are aged 51 or above with almost 50% of our Estates staff also falling into this category. Our recruitment plans will address this but our long term plans also centre on growing a sustainable workforce locally.

The introduction of the Clinical Healthcare Apprenticeship (Diploma Level 3) in February 2015 is the first step in the process with the first cohort of 50 apprentices starting in February 2015.

Apprenticeships are also being developed in support service functions, commencing with Estates apprenticeships in 2014.

4.6 Attendance management

Whilst the Trust's sickness absence rate is at the North-West average for acute hospitals, it is significantly above the national aspirational target of 3.4%. Sickness absence is estimated to cost around £5m per annum in direct costs alone.

The Trust's forward focus is about creating a positive employment culture, "a great place to work". Central to this is the development of a positive attendance management culture, where staff feel valued and appreciated for their contribution at work.

Whilst it is clear that sickness absence needs to be managed more effectively and appropriately, recognising and rewarding good attendance is every bit as important as it will create an environment where people want to come to work.

4.7 Contingent staffing

The Trust has, historically, operated on the basis that short-term staffing requirements which cannot be met from within existing staffing resources or an internal bank arrangement are provided through the use of agency workers.

In 2013/14 the Trust spent a total of £16.4 million on agency staff, £13.6m of which related to medical and nursing staff. Table 13 shows the current position. Spend to date has increased by £1.5m on the same period last year:

Table 13:
Agency and locum staff spend

	2013/14 £m	2013/14 %	2014/15 (ytd) £m	2014/15 (ytd) %
Medical Locums	11.1	81.6	6.4	77.1
Nursing Agency	2.5	18.4	1.9	22.9
Total	13.6	100	8.3	100

Future plans are based on developing a more sustainable approach to contingent staffing, by converting long-standing contingent spend into substantive posts. Whilst there will always be a need for contingent staff to cover critical vacancies and unforeseen absence there should be less reliance on agency staff to provide core business activity on an ongoing basis.

We will review our use of contingent staff suppliers, consolidating where possible in order to ensure optimum use is made of contingent staffing arrangements.

4.8 Staff engagement

The delivery of consistently excellent patient experience is reliant upon an engaged, competent and motivated workforce, unified by a compelling organisational culture built around patient-centred and safety-focussed care. The commitment to staff engagement is enshrined within the NHS Constitutional pledge: to give every employee the opportunity to be involved in decisions that affect them and the services that they provide.

The introduction of Listening into Action and the Improvement Hub will continue the drive to give all our staff an increased voice on how the Trust can be improved and encourage them to personally take action to achieve this.

We know that it takes time to achieve the cultural change we require; time to change the way people think, act and behave in an organisation. We will monitor our progress through the annual NHS Staff Survey. The 2013/14 results, our baseline, are shown in table 14.

Table 14:
UHMBT staff survey results 2013/14

Achievement	Number	%
Best 20%	11.1	14%
Better than average	2.5	7%
Average	13.6	11%
Worse than average	12	43%
Worst 20%	7	25%

Whilst we want to improve staff experience overall our key improvement areas are:

Indicator	2013/14 Score
Staff ability to contribute to improvements at work	65%
Staff recommendation of the Trust as a place to work or receive treatment	3.39 out of 5
Staff motivation at work	3.76 out of 5

Our ambition is to shift the paradigm around staff experience and engagement. Within five years we want our staff survey results to demonstrate that 60% of the Key Result Areas fall within the 'Better than Average / Best' 20% categories.

4.9 HR Cornerstones

In order to deliver the overarching workforce development and organisational development plan, seven cornerstone projects have been developed around the key elements of the employee life-cycle:

- Modernise
- Proposition
- Entry
- Wellbeing
- Transform
- Engage
- Raise

Each project is led by a senior member of the Workforce and Organisational Development team with progress monitored by the Workforce Committee. Each cornerstone project links directly to the component parts of the workforce strategy described above.

4.10 Improvement Hub

In order for transformational change and continual improvement to take place across our organisation there is a need for the Trust to become a learning organisation: for improvement and innovation to become part of everyone's role, and to be considered part of the day job i.e. part of the culture, or the way we do things around here, is to continually look for, and implement, improvements. An Improvement Hub will provide an organisational focus for this.

Our Improvement Hub will comprise the following elements:

- **Quality Improvement Panel** (multi-disciplinary and with Executive representation)
- **Improvement Team**, headed by an Improvement Lead, providing operational leadership and focus
- **Local Improvement Champions**, to lead on local improvement projects. These individuals will receive training in improvement science and methodologies and coaching support as needed.
- **Local Improvement Teams** to ensure a multi-disciplinary team based approach to improvement, maximising staff engagement.
- **Academic partner(s)** to provide training and expertise in improvement methodologies and coaching/facilitation support to project groups. Academic input to develop robust performance measures to measure and monitor success.
- **NHS Partner/buddy organisation(s)** to provide expertise, experience and to validate our approach.

4.11 Listening into Action

Listening into Action is an evidence-based way of working which has led to improvements for patients and staff in other NHS Trusts. The Trust signed up to Listening into Action in September 2014, it is a key means through which we will improve our organisational culture.



The first year of Listening into Action will see:

- a high profile round of staff “Big Conversations” designed to generate an unprecedented view of ‘what matters to staff’;
- a series of ‘big impact’ actions in response to the “Big Conversations”; and
- support for the first 10 ‘on the ground’ to adopt Listening into Action, followed by the next 20 teams.

Listening into Action is a key vehicle for engaging all the right people in the positive changes they want to see, giving them permission to deliver with the full support and backing of the Trust.

4.12 Hard Truths

As part of the Hard Truths report recommendations, we publish data relating to nurse staffing levels on a monthly basis. We continue to review our ward establishments and use the safer staffing tool to assess acuity across a number of our wards.

Ward Information Boards are displayed publically around our sites and these contain local information on staffing levels. We have made significant improvements in our nurse staffing levels, but we still have more work to do to ensure that we have the right numbers and skill mix across all shifts.

4.13 Safe staffing and Red Rules

In the past year, there have been a number of national reports and recommendations relating to nursing and midwifery staffing and skill mix. The Trust has also been carrying out its own work to make sure our nurse staffing is mapped, not only to the number of patients, but also the complexity of each individual’s needs.

‘Red Rules’ have been introduced to ensure safe staffing levels on our wards. These include an escalation process where when staffing levels fall short of these to ensure prompt action is taken. To support this more rigorous standard of nursing care, the Board has recently approved, in principle, over £3m to recruit additional registered nurses.

We are now in the process of working with partners to look at ways to secure additional funding and are taking all steps to ensure we meet and exceed the care standards our patients deserve.

4.14 E-rostering

Our E-rostering Project is a key enabler in the assurance of safer staffing and the efficiency and effectiveness of our nursing teams. Roll-out across all nursing areas is due for completion by January 2015. The system also has the potential to allow active monitoring of staffing levels against patient acuity in real-time. It is our ambition to extended the use of E- rostering across other staff groups.

When fully implemented the system will provide a view on real-time workforce utilisation that has not been previously been available, which will drive better use of the workforce and more informed investment decisions.

4.15 How our workforce needs to change

The key workforce characteristics that need to change over the next five years are outlined below:

Table 15:
Changing workforce profile

Workforce in 2014	Workforce in 2019
Hospital based	Care closer to home in a range of settings
Reactive workforce planning	Integrated and clinically-agreed short, medium and long term workforce plans
Services at times and places that suit staff	Services at times and places that suit patients
Less efficient	More efficient
Less engaged	More engaged
Staff are aware of our trust values	All staff are aware of and are proud to deliver our trust values

4.16 The impact of better care together

The proposed models of care referred to within the better care together Strategy highlight a number of workforce considerations. A review of the model has been undertaken to assess the high-level impact that the better care together Strategy will have on the in-hospital workforce, based upon the assumed activity shifts within the Strategy.

It is anticipated that actual realised staffing reductions as a result of the activity reductions in better care together and associated changes to ways of working may result in fewer hospital jobs being needed in the future – although we expect any reduction to be met by people retiring and reducing the number of agency staff.

Over the 5-year period of the initial strategy, these workforce calculations suggest that it is unlikely that there will be a surplus of staff available from the in-hospital workforce to support the delivery of the Out of Hospital models of care described within the better care together Strategy, which equates to approximately 240 wte additional staff (although these numbers are subject to further refinement).



The better care together Strategy therefore presents the Trust and the local health and social care economy with the opportunity to design and invest in a new, modern out-of-hospital workforce that has the flexibility and agility to deliver care closer to patients' homes. This will require the development of a 'system-wide' attraction, recruitment and retention strategy that:

- over time, reduces investment in the in-hospital workforce so as to allow greater investment in the out-of-hospital workforce
- continues to attract new staff via local, national and international recruitment
- protects existing services from de-stabilisation during periods of transition
- minimises any 'double running' of services

In order to support the attraction, retention and recruitment of staff, there will also be a requirement to develop an education and training strategy that will enable new and existing staff from across the local health economy to effectively carry out the out-of-hospital roles described within the better care together Strategy.

Section 5

Estates strategy

5.1 The impact of better care together

The Trust's Estates Strategy comprises three distinct elements:

- 1 Backlog maintenance and equipment replacement schemes – business as usual;
- 2 Schemes to support delivery of the better care together Strategy; and
- 3 Capital schemes designed to address old and inefficient estate, particularly at the Royal Lancaster Infirmary. These plans would improve clinical co-location and allow effective patient flow; improving the experience of our patients: improving infection prevention and efficiency. These plans have been developed over an 8-10 year period; however, this strategy is focused on years 1-5.

Our estate improvement plans are focused, predominately, at the Royal Lancaster Infirmary and at Furness General Hospital. They can be developed in discrete phases and their implementation can be flexed to reflect changes to the delivery of the activity reductions within the better care together Strategy if required.

Royal Lancaster Infirmary

- Major expansion of the core Centenary Building at the Royal Lancaster Infirmary to accommodate all clinical areas thereby allowing demolition of unsuitable space on the Lancaster site. Each phase of the expansion can be built and commissioned separately which enables the Trust to retain flexibility to accommodate any changes to activity;
- Enhancement of the Trust's educational role with a larger Education Centre, and concentration of non-clinical and administrative uses within a refurbishment of the Grade II listed building at the front of the Royal Lancaster Infirmary site.

Diagram 4:

Provisional illustrations for the expanded Royal Lancaster Infirmary



Furness General Hospital

- Changes will be made to the current clinical space within Furness General Hospital to improve the flow of patients through clinical units through relocating some services and rationalising a number of others.

Across all of our sites we will look to ensure that our clinical capacity is located in the most appropriate place to facilitate the delivery of the better care together Strategy. We will upgrade our heating systems and energy infrastructure to improve efficiency, reduce revenue costs and contribute to national carbon reduction targets.

5.2 Business as usual

The Trust has a capital budget of approximately £8.5 million per annum.

Capital funding has been limited for a number of years and it is calculated that £59m is required to bring our estate up to ERIC standard - condition B. The additional funding required to provide temporary clinical areas, such as temporary wards and theatres, whilst this work was taking place is estimated at £67 million. If the backlog maintenance is carried out, this work as part of a more comprehensive estates improvement plan, would result in the backlog costs being reduced to approximately £42 million.

5.3 Latest equipment

The Trust has identified a number of items of medical equipment that are operating beyond their normal life. A replacement plan has been developed to allow spend to be prioritised with funding of £25m required over the five year period.

Energy efficiencies will be achieved through a programme to design and finance around £5m of investment.

5.4 Impact of better care together

A number of elements of the better care together capital programme can be achieved and implemented without the need for the additional investment outlined within the Trust's Estates Strategy. A number of areas are dependent on the completion of these separate plans such as the provision of additional theatre capacity at the Royal Lancaster Infirmary site.

The Estates Strategy will, in the first two years, focus on a number of key improvements to clinical efficiencies and patient experience. These will include the car park improvements at the Royal Lancaster Infirmary, which will significantly improve facilities for patients, their relatives and our staff, and work with our partners in the local health economy to deliver out of hospital benefits in the community.

At the Furness General Hospital site the better care together Strategy envisages an additional theatre and remodelling of the Emergency Department to improve patient flow and clinical adjacencies.

Due to the complex nature of the Royal Lancaster Infirmary site a sequence of moves is required to relocate existing clinical and educational departments to allow the development of four new theatres located next to the existing main four theatres, providing a surgical floor on level 1. The Trust must first construct the additional ground floor expansion of the centenary building.

The amount of capital investment attributable to the 'better care together' Programme amounts to £55 million. It represents 22% of the total investment of £246m required as part of our expanding plans to maximise our hospitals.



5.5 Our service development ambitions

The Trust's wider proposals to reconfigure our estate will, through improved clinical adjacencies, improve patient safety and achieve staffing efficiencies. The Trust proposes a number of developments within its estate, some of which have to be implemented as part of better care together.

At Furness General Hospital we will improve the Women and Children's, Acute Medicine and Core Clinical Division areas.

At Royal Lancaster Infirmary the major expansion of the core Centenary Building is needed to accommodate elements of the better care together scheme but also a major restructure where key hospital functions are located on the site. The scheme will allow all clinical activity to be located for the first time into a single modern building on the site, with peripheral buildings vacated and demolished or sold.

Particular benefits at Royal Lancaster Infirmary will be:

- All medicine wards clustered in a single block of the flexible Centenary Building after expansion, allowing economies of staffing;
- All surgery wards and theatres clustered on a single floor, allowing economies of staffing and better patient experience when transferred between wards and theatres;
- Replacement of the current unfit-for-purpose units for oncology and ophthalmology;
- Reprovision of the Blood Sciences labs to ensure continued accreditation;
- Ending the drain on revenue funds for Patient Transport Ambulances and taxis used to transport patients between different parts of the Royal Lancaster Infirmary site separated by a steep hill;
- Ending the similar problem for laundry, catering, mortuary, waste and other services which have to use tugs and vans to negotiate the steep internal slope;
- Modern ward design with 50% single rooms, better storage and distributed nurse bases;
- More flexibility to respond to different proportions of men and women in the Acute Medical and Acute Surgical units.

Building on the growing reputation of medical training at the Trust and Lancaster University, a new Education and Conference Centre will be created within the Grade 2 listed building in the northern quarter of the site. This will make the Trust's educational space fit for a successful future. The scheme will also combine Trust HQ and support administration into a single location, improving operational efficiency and reducing running costs through the long-awaited use of open plan administrative offices.

This plan assumes that sufficient finance will be available to support our estates redevelopment strategy to support both the better care together proposals and the Trust's own proposals.

Queen Victoria Hospital, which currently provides outpatient services, will have its role reinforced as a site delivering community services, with some activity transferring there from the Royal Lancaster Infirmary under better care together.

Section 6

IT and informatics strategy

6.1 Overview

The Trust's I³ Strategy, approved in May 2013, identified eight key themes of development to enable the Trust to modernise and transform healthcare delivery supported by complex informatics. These eight themes remain valid today and provide a suitable framework to develop and govern this complex area. There has been significant progress over the past twelve months, however new operational needs and objectives, including better care together, have prompted the need for the strategy to be reviewed.

A significant event within this strategy will be the formal end, in July 2016, of the national contracts for the delivery of the Trust's ePR (Lorenzo) and Theatre (Ormis) systems. A Business Case will be prepared outlining the options of re-procurement or replacement of the contracts.

6.2 The electronic Patient Record (ePR)

The I³ Strategy fully supports the continued development of the Trust electronic Patient Record (ePR) Programme. The ePR Programme is very ambitious and is still ahead of most other Hospital Trusts. Over the next 24 months 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. All the above work-streams will provide a firm platform to engage on a formal inpatient paper-lite project that would potentially start in 2016.

Improving data quality is a key component of the I³ strategy. Promoting data quality is everyone's responsibility and developing a culture of "getting it right first time" are key priorities.

Diagram 7: Key Milestones (next 12 – 24 months)



6.3 Clinical coding

Improving the quality and timeliness of clinical coding is a priority to support the completeness of the ePR as well as the Trust's contractual and financial processes. The I³ strategy identifies funding for the integration of clinical coding encoding software within Lorenzo which has the potential to improve coding accuracy, completeness, income generation support and coding audit governance.

A key component of the strategy is the opportunity to integrate cross-organisationally and support end-to-end clinical care pathways, supporting efficient healthcare. The strategy supports working with our two Clinical Commissioning Groups and partner provider organisations and other tertiary centres. To date we have made progress with primary care through developments via the Medical Interoperability Gateway (MIG) and the Strata Pathways system. The I³ strategy recognises the importance of 'end to end care', and our approaches and capabilities will support creative models of health care delivery being developed by the better care together Initiative and the wider NHS. The strategy has defined two significant requirements for the I³ Strategy; a unified Information/Informatics function and a business intelligence capability.

6.4 Integrated informatics

The better care together Strategy has designed a new healthcare model within the Morecambe Bay footprint. This strategy describes how an extended health community could develop an integrated Informatics environment able to proactively support healthcare delivery. The goal of this strategy is to present an ePR view to clinicians at the point of care or point of clinical decisions i.e. at every patient contact point. The vision builds on:-

- using current existing systems investment,
- identifying gaps in current systems capability;
- recommending a modular procurement
- significant progress made in each contributing organisation.

This integrated patient record view is complemented with effective multi organisational care planning and resource management along with an easy to access knowledge layer. The vision builds on the strategies of the different organisational systems. The better care together initiative requires a robust and professional informatics capability to deliver this vision and also a single service model to support it moving forward. UHMBT Morecambe Bay Shared Informatics Service is ideally placed to undertake both functions.

6.5 Progress

In its first year, the I³ Strategy has been successful and confirms that the main themes of the Strategy remain valid. It confirms that the primary drive of the strategy to move the Trust into a paper-lite world is correct one, to enable the transformation of working practices and enabling the better care together initiative. The Strategy highlights the need for strong Clinical and Executive leadership to embed this complex and crucial agenda into the Trust's "business as usual" operations. It identifies the need for Divisional Chief Clinical Information Officers and a formal Chief Nursing Information Officer as well as a rolling secondment programme of eight WTE to design and deploy and embed future changed practices. In addition to the work streams already identified in this document a further quick win has been identified as a result of full roll out of the electronic Advice and Guidance system. Our I³ strategy identifies eight themes for development which will enable significant healthcare improvements and are outlined on the next page.

1: The need to reorganise the way we manage our Informatics and Information resources

This theme describes the need for clarity and for a single function, providing the Trust a single point of contact for everything to do with this complex agenda.

2: Complete the Lorenzo patient record deployment and rollout.

UHMBT has deployed a significant electronic Patient Record platform, with two key components still to be deployed: - ePrescribing and electronic requesting of tests, with a rollout required around the Trust estate. An integrated solution is also required for Theatres and a full business is required in early 2015.

3: The need for business intelligence

Information that describes the operations of the Trust compares us with our peer group and provides trending capabilities to assist with predictive modelling of future service configurations and patient flow; provides a high-level dashboard type view of Trust performance against a set of locally defined initiatives.

4: A new I³ governance structure

Designed to provide visibility and accountability for the whole spectrum of the I³ agenda to be implemented.

5: eHospitals or paper-lite hospitals

This is the goal of the digital electronic Patient Record agenda, and this should have matured to be able to support paperlite inpatient care in 2016.

6: Develop and maintain a project portfolio

The strategy defines that a more business grounded management of the I³ agenda is needed, achieved by publishing a full project portfolio of work, with project alignment to its business drivers, expected benefits and note current stage of delivery. Alongside the portfolio will be an I³ blueprint showing the current landscape of systems and capabilities configuration at the commencement of this strategy lifecycle and also where we expect to be at the end (2019).

7: Inter-operability with other health community patient record systems.

To deliver clinical care along pathways, involving multiple organisations, and to facilitate the IT agenda to support better care together, individual organisations need to own and maintain their own patient record systems. This strategy describes how the appropriate level of data exchange and viewing between clinicians across organisational boundaries will be developed to support the most effective delivery of care, wherever the patient is on their pathway of care.

8: Infrastructure.

Our technology infrastructure is well designed and robust and is a precious asset. We will build on this to ensure that maintenance and support for this infrastructure and provision of the required technical tools to support modern healthcare, is given sufficient priority.

Section 7

Quality strategy

7.1 Overview

As the Trust progresses on its quality improvement journey a detailed Quality Improvement Plan has been developed to ensure that we all work together to achieve our commitment of delivering safe, high quality care for all of our patients, as well as making our hospitals, modern and efficient places to work.

Year One of the Quality Improvement Plan is important, it is the year we will address the recent findings of the Care Quality Commission.

To ensure the improvements can be sustained and to tackle some of the long standing issues such as culture. We have also begun to establish an Improvement Hub.

The Improvement Hub will provide support and assistance to our staff, helping them to fully understand what 'good' and 'outstanding' look like and providing them with the tools to achieve it. The Hub approach will assist staff to use tried and tested techniques for delivering consistent, sustainable change.

Everyone knows that communication is key to the success of any plan, our plans for communicating and engaging with everyone connected with our hospitals is equally ambitious.

Our Quality Improvement Plan reiterates the Trust Board's commitment to delivering high standards of safe, quality care to our patients, as well as providing a working environment and culture which promotes and welcomes honesty, safety first, openness and compassion in everything we do.

7.2 What are we trying to accomplish?

Our vision is to constantly provide the highest possible standards of compassionate care and the very best patient and staff experience. We will listen to and involve our patients, staff and partners.

The focus of this Quality Improvement Plan is the establishment of our Trust as a great place to be cared for, a great place to work – it is a rallying call for every single employee, volunteer and governor to ensure that we deliver excellent care, every time, to every patient.

Our aim is to create a culture of continuous improvement which is both patient-centred and safety-focused. To do this, we must create the conditions where we:

- Listen to and include the views of our staff and key stakeholders
- fully embed the Trust Values in everything that we do in order to ensure the working environment is conducive to continual improvement and innovation
- actively engage with and enable staff to lead and deliver measurable change and improvement
- focus on human factors - how we deliver care as teams.

We must also ensure that improvement is seen and understood to be everyone's business by:

- expecting all teams and staff to be involved in improvement and innovation as part of their everyday business
- local teams regularly discussing performance, innovation and improvement

This plan therefore aims to provide staff, patients and the public with a clear description of our quality improvement and experience priorities and how these will be measured and monitored over 2014-17.

The outcomes of this plan link closely to those described in the Trust's Quality Accounts and the Care Quality Commission's domains of Safe, Effective, Caring, Responsive and Well Led. They demonstrate how the Trust is working in partnership with commissioners to develop, design and implement an integrated long-term quality and service strategy for the whole healthcare economy.

Our Quality Improvement Plan will focus on three key improvement outcomes. These are:

Better To reduce mortality and harm

Care To provide reliable care

Together To improve patient and staff experience

Delivering our three key improvement outcomes of better, care and together will influence the delivery of improved services which are effective and will demonstrate measurable outcomes relating to how they improve standards of care, patient and staff experience and contribute to our financial and service performance.

Please see the Trust's Quality Improvement Plan for more details





Section 8

Financial Strategy

8.1 History

The table below shows the Trust's financial position over the last three years and the forecast for 2014/15.

The deficit has increased from £1m in 2011/12 because of the investments made to improve the quality of the services delivered by the Trust. These investments have been partly paid for by non-recurrent financial support from the Trust's two main commissioners.

Table 20:
Financial position 2011/12 – 2014/15

Summary SOCI	2011/12 Actual £m	2012/13 Actual £m	2013/14 Actual £m	2014/15 Forecast £m
Surplus/ (deficit)	(1.0)	(23.0)	(19.0)	(27.0)
Includes support	0.0	5.0	7.5	6.0

The need to recruit additional front line staff and the difficulty of recruiting to certain posts has led the Trust to incur increased spending on interim staff as shown below in table 21. Recruitment of permanent staff is a central part of the Trust's quality and workforce strategies and is also a major theme in future Cost Improvement Plans.

Table 21:
Agency expenditure 2011/12 – 2014/15

Agency Expenditure	2011/12 Actual £m	2012/13 Actual £m	2013/14 Actual £m	2014/15 Forecast £m
Agency Expenditure	6.0	12.9	16.4	17.5

8.2 Underlying trading position

The forecast deficit for 2014/15 is £27m. The normalised position (i.e. excluding non-recurrent commissioner support and other items) is £35m.

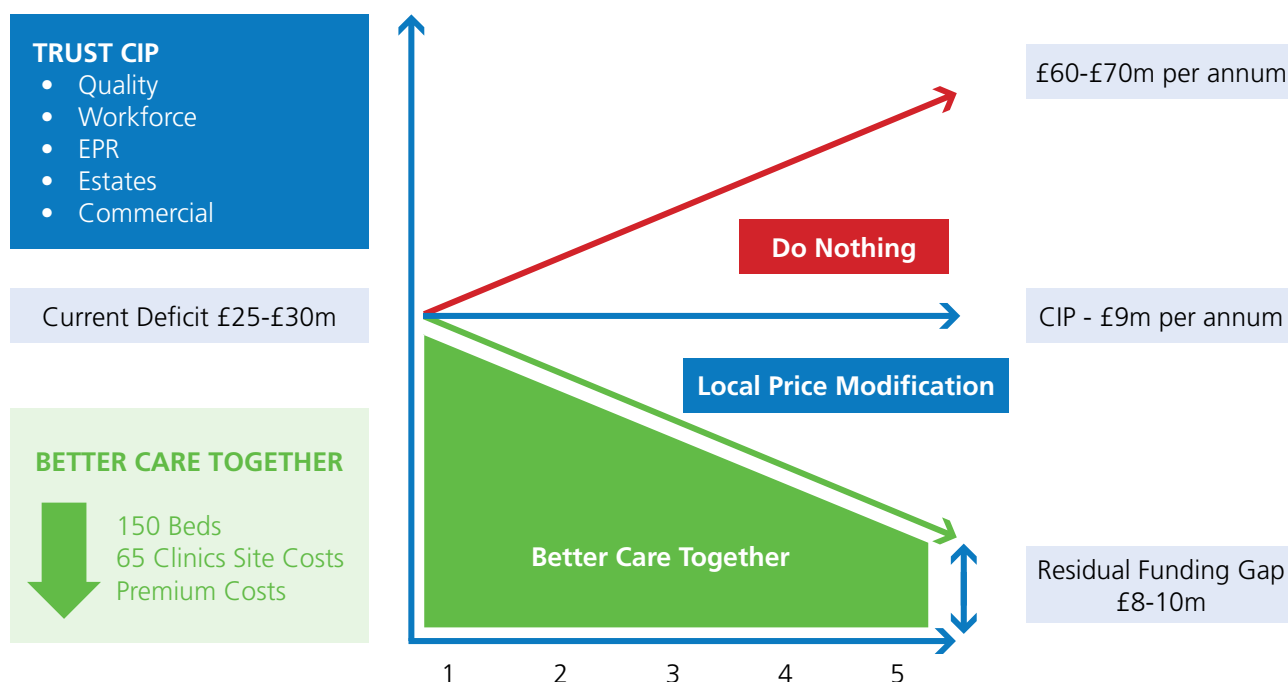
A detailed analysis of the Trust's structural costs has been undertaken by PwC; this has calculated that regardless of how efficient we were to become through normal cost improvement measures there would still be a deficit of £20m. This is due to our geography, population, the essential requirement to meet safe and appropriate staffing levels and the need to meet regulatory standards. Further to this the Trust needs to continue to invest in its workforce to ensure safe staffing levels.

However, the current trading position is worse than planned and the financial strategy therefore includes an element of savings above that anticipated from the 2015/16 tariff changes in order to reduce the deficit.

8.3 Better Care Together

The Trust's financial strategy builds on the Better Care Together strategy described in our clinical Strategy and diagram 10 outlines the scenarios which will impact upon our financial position.

Diagram 10: UHMBT financial model



8.4 Assumptions

The key assumptions for our financial strategy are as follows:-

- The forecast deficit for 2014/15 is £27m;
- It has been assumed that for 2015/16 onwards the national efficiency requirement is 3% per annum and that each year the Trust will achieve a CIP of £10m, which is greater than the 3% requirement;
- The Trust's plan assumes vascular services would transfer in 2015/16;
- Demographic growth has been estimated at 1% per annum from 2015/16 and this has been built into the activity forecast;
- The potential impact of Better Care Together has been included based on the 2 year delivery plan. It has been assumed that income will reduce in line with the Trust's planned cost changes;
- Capital spend is based on the Estates Strategy. This shows a spend of £251m 2015/16 to 2018/19 and includes £54m for better care together. The Trust requires Public Dividend Capital to support this level of capital spend;
- Revenue support from commissioners is assumed at £6m in 2014/15. For 2015/16 onwards a local price modification, starting at £20m and rising to reflect additional investment, is assumed. This of course is subject to the Clinical Commissioning Groups receiving a specific allocation to cover this;
- As regards seven day working the costs associated with this have been excluded from the forecast as it is expected that funding will be made available specifically via the tariff;
- Based on these forecasts the Trust still requires Public Dividend Capital to support the forecast deficit as well as the Public Dividend Capital to support the capital investment plan.

8.5 Cost improvement plans

The expected Cost Improvement Plan requirement of 3% would give the Trust a target of £8m but the financial strategy envisages a Cost Improvement Plan of £10m to reduce the deficit over the period of the plan.

Diagram 8 below outlines the main Cost Improvement Plan (CIP) themes and some of the tools which will be used to plan and deliver the savings required. Detailed CIP planning with divisions will commence in November and will follow the approach used in previous years for agreed schemes of completed workbooks with milestones and all schemes subject to Quality Impact and Equality assessments.

A main theme of future Cost Improvement Plans will be the reduction of the use of expensive agency staff as we recruit permanently to a range of medical and nursing and midwifery posts.

Monitoring and reporting of Cost Improvement Plan delivery will continue to be via formal monthly reports to the Trust's Finance Committee.

8.9 Procurement strategy

During the last few years there has been an increasing focus on the requirements for the NHS to improve its procurement function to contribute towards the national efficiency programme by eliminating wasteful procurement practices and reducing costs. This has been evidenced by the issuing of a number of reviews and guidance documents culminating in the publication of '**Better Procurement, Better Value, Better Care: A Procurement Development Programme for the NHS**'.

The Trust continues to use this as a framework to realise its ambition of creating a modern effective and efficient procurement function, that truly delivers value for money, supports innovation, stimulates growth that helps contribute to delivering the highest quality patient care.

The key themes upon which the Trust procurement strategy will develop;

- Work more collaboratively - including sharing prices paid to ensure that all pay the same price for the same product and undertaking joint procurement activities to reduce the 'management costs';
- Development of pipeline transformational procurement projects;
- Improve controls on purchasing to ensure compliance with contracts;
- Increase awareness and deliver the benefits of strategic relationship management techniques, to ensure continuous improvement and delivery of cost savings;
- Continue the drive for the Trust procurement function to be better at engaging and embracing clinicians in fostering and driving innovation and change. To offer procurement as a strategic tool to influence and improve patient pathways;
- Providing visibility of spend to key stakeholders and Executives.

The procurement strategy is an enabler in allowing the Trust to use its resources to deliver the maximum return on its expenditure, providing the highest quality goods and services for its patients. The strategy seeks to ensure each pound is spent wisely and spent well. A number of strategic actions that will improve the performance, efficiency and effectiveness of its procurement function, as well as contributing to the overall development of better procurement across the Trust has been set.



8.10 Research and development

The Trust has a history of participating in multicentre research particularly in oncology and since 2007 this research activity has grown. Following the establishment of the Cumbria & Lancashire comprehensive research network (CLRN) the Trust took the opportunity to expand the research infrastructure to enable other specialties within the Trust to undertake research. In 2007/8 191 patients were recruited into NIHR portfolio research studies, by 2013/14 the recruitment figures had increased to 1013 patients recruited to NIHR portfolio research. However there remains considerable scope to further increase research activity and patient recruitment which should result in an increase in patient choice and quality of care. Our ambition for research and development is a key part of our strategic plan and we will aim to:

1. To raise our profile and develop our reputation for research excellence
2. To recruit more patients and attract additional income
3. To develop and embed a research culture

The research and development team, with the support of the Executive team and the Trust Board, will implement the research strategy focusing on the following portfolios over the next 3 years.

1. To commit to 2-6 joint clinical academic appointments with Lancaster University
2. Clinical academia – alignment with university, allowing us to grow our own staff
3. Research activity in every area but with specific areas developed as speciality research areas
4. Recruit 5% more participants into NIHR studies each year
5. To have greater than 15% of all clinical staff actively involved in research and development
6. Increase commercial trial income by 25% over the next 3 years
7. Secure additional £200K research funding

Research strength

Current research activity is influenced by the NIHR portfolio which focuses on NHS organisations providing a broad portfolio of research in all specialties. Approximately 85% of the funding for the R&D department is currently provided by the NIHR and as such we need to maintain this broad research portfolio.

The Trust does have a number of research strengths, where we have had active projects consistently over the last three years and some developing research areas, where we run studies either intermittently or have newly engaged in research within the last 18 months. Both areas are led by enthusiastic local consultants with both the areas of strength and the developing areas have potential for growth.

The Trust is a member of the NIHR North West Coast Clinical Research Network (NIHR NWCCRN). Academic partnerships currently exist with the Universities of Lancaster, Liverpool, Cumbria, Manchester and Central Lancashire.

Undergraduate and post graduate research opportunities

The Trust through the undergraduate medical education team currently is able to support 6 medical students a year through an intercalated MSc degree by research. These students are usually jointly supervised by an academic from the University of Lancaster and an employee of the Trust.

Similarly there is funding each year for one non-medical student PhD studentship, again jointly supervised by an academic from the University of Lancaster and an employee of Trust.



Commercial research

Current commercial research activity sponsored by pharmaceutical or devices companies is small but increasing and there is huge potential for growth in this area which we will aim to pursue.

The Trusts commitment to research and development, strongly supported by our clinical leaders, will help to build our reputation and expand our portfolio as a key contributor to research both locally and nationally.

8.11 Performance Monitoring

The Trust's five year strategy will be used to inform concurrent annual planning processes to inform detailed delivery plans. This will include;

- A review of the impact of the annual NHS Planning Guidance, including National Tariff impact;
- An annual assessment and application (where relevant) for an appropriate Local Price Modification;
- A risk review to inform the identification and appropriate mitigation of key strategic risks;
- The delivery of the Strategic Objectives will be monitored monthly via the Board Assurance Committees and Quarterly to the Board of Directors via the Trust Management Board. This will include a detailed review of risk and a two year or eight quarter forecast based on performance over the prior period.

Section 9

Conclusion

Conclusion

The Trust's five year strategy for the period to 2019/20 represents the culmination of two years' work, delivered in partnership with our key partners in the Local Health Economy and representatives from our wider health community.

The successful delivery of this strategy relies on the entire health economy coming together to manage our health services holistically and under the theme of integration – a core component of the better care together plans which have been signed up to by respective governing bodies.

Subject to the relevant system support, both financial and strategic, the delivery of the strategy will ensure access to good quality services, with improved outcomes for our patients at a level of investment that represents significant value for money given the unique geographic challenges UHMBT face.





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