Better care, together information bus visits local towns

The Better care, together roadshow got underway last Saturday in Lancaster, before heading to Millom, Ulverston, Grange-over-Sands and Kendal. Today, (Friday 22 March) it is in Windermere and it will be outside the town hall in Barrow on Saturday (23 March). The bus will also be visiting Sedbergh and Kirkby Lonsdale (Monday 25 March), Morecambe and Carnforth (Tuesday 26 March) and Garstang (Wednesday 27 March). More information and details about the locations and the times are available at www.bettercaretogether.co.uk

A leaflet about the review of our clinical services are handed out to people who visit the bus. Clinicians from the Trust, Lancashire North Clinical Commissioning Group and Cumbria Clinical Commissioning Group have also been helping to staff the bus each day to answer people’s questions and encourage them to have their say on local health services.

There is a comment card to fill in and people can request a questionnaire that researchers, TNS, will be sending out over the next few weeks. The feedback recieved will be given to the health professionals involved in the review to help them develop possible options for future health services.

There will be more opportunities for staff and other stakeholders to find out more about the review over the coming months. There will also be a formal public consultation later in the year.

We pledge to make a change with the 15 step challenge

On 13 March, our Core Clinical Services division took part in NHS Change Day, which asks the NHS and its service users to pledge how they are going to make a change that will result in improved services for patients. The team were joined by patient representatives and Joann Morse, Deputy Chief Nurse. They worked with our patients to improve services by undertaking the 15 step challenge across the Trust.

The 15 step challenge is a national programme which looks at first impressions within departments. The focus is on seeing care through patients’ eyes in order for us to gain a better understanding of how patients and service users feel about their care. The team visited departments and walked the patient journey, observing and making notes on the three key areas:

‘Welcoming and caring’, ‘well organised’ and ‘calm and informative’.

Having identified what is important to our patients, these comments were fed back to the departments and recommendations made where necessary. Action plans to support any recommendation are being developed. The 15 step challenge will be a regular activity to support continuous improvement in our ‘You said, we did’ campaign and we will provide further updates of the 15 steps challenge in the Weekly News in the coming weeks.
**Do you know about the Agenda for Change proposals?**

A consultation has recently taken place about amendments to Agenda for Change (AfC). The proposals were agreed collectively by the staff side of the NHS Staff Council. Whilst not all trades unions were able to agree, those representing the vast majority of staff working in the NHS were able to do so. This means the new arrangements outlined below will come into effect from 1 April 2013. Summary of employer Agenda for Change proposals are:

- Progression through incremental pay points in all bands, to be conditional on individuals, demonstrating they meet locally agreed performance requirements in line with a proposed annex addition to the handbook
- For staff in bands 8C, 8D and 9, pay progression into the last two points in a band will become annually earned, and only retained where the appropriate local level of performance is reached in a given year.
- The removal of accelerated pay progression associated with preceptorship for staff joining pay band 5 as new entrants
- The scope to put in place alternative, non-AfC, pay arrangements for band 8C and above
- A new annex 5 giving guidance on the principles to be followed regarding workforce re-profiling, including the need to follow the processes set out in the NHS Job Evaluation Handbook, and the application of local organisational change policies to protect staff in cases of staff redeployment into lower grade posts
- Pay during sickness absence will be at basic salary level - not including any allowance or payments linked to working patterns or additional work commitments. This change will not apply to staff who are paid on points 1 - 8 of AfC, or to those whose absence is due to work-related injury or disease

Members of Joint Working Group will be looking at revised policies for gateway reviews and incremental progression which will be communicated to all staff. Please note the changes to pay during sickness absence, will be changed with effect from 1 April 2013. A copy of the full consultation document can be found by on the HR Pages of the Intranet, or by clicking here.

**Escalation policy - informing staff and responding to pressures**

We are continually working to improve our Escalation Policy, including how we inform staff and get them to respond to pressures across the Trust. As part of this work, we have designed a message which will be displayed on every Trust computer, informing you of current pressures and where relevant, the actions that appropriate staff need to take.

To remove the message from your screen, please click the ‘X’ button as shown on the image opposite.

The policy can be found on the emergency preparedness page of the intranet, or by clicking here.

Two workshops have also been arranged, to discuss items including the escalation processes, level four actions, good practice and lessons learnt. If you have any queries regarding the policy, please contact Sally Young, Resilience and Emergency Planning Manager, on sally.young@mbht.nhs.uk.
Details regarding the departure of former Chief Executive

As we have said previously, wherever possible, we want our staff to hear things about the Trust from us first, rather than seeing it in the media. That is why, before we publicly announced the details regarding the departure of the Trust’s former Chief Executive, we told you all first.

The former Chief Executive, Mr Tony Halsall, stepped down from the Trust on 24 February 2012, in agreement with the Trust Board. In an agreement with the Trust, he then took up a secondment with the NHS Confederation. The agreement provided for him to be paid his salary by the Trust up to 5 October 2013. Under the agreement Mr Halsall also retained his existing benefits, including a lease car, and the provision of career management advice to the value of £5,000 + VAT.

In signing the agreement, Mr Halsall not only resigned as Chief Executive but also waived his statutory employment protection rights and any claims he had, or may have had, arising from either his employment with the Trust or the termination of that employment.

It has been decided at the end of the secondment with the NHS Confederation that the Trust will pay Mr Halsall for notice, which is due under the terms of the legal agreement concluded with him in February 2012. This will end his employment with the Trust. Mr Halsall is entitled under his existing agreement to six months’ notice or salary in lieu of notice.

The compromise agreement that he and the Trust signed in February 2012 contained a confidentiality clause which is standard when these agreements are negotiated. Such a clause prevented both the Trust and Mr Halsall from revealing any details of the agreement.

I am aware that this clause has caused a great deal of disquiet in the minds of many individuals, including representatives of the media. It is for this reason that I have made public the terms of the severance arrangements that have applied. I would like to stress that Mr Halsall has received no more than his contractual entitlement. Notice periods of six months are common for appointments at this level and enable employers to advertise for and recruit a successor.

The financial arrangements under which Mr Halsall was seconded to the NHS Confederation may well attract criticism. I would simply state that those arrangements facilitated the departure of the former Chief Executive and avoided the potential for a long drawn out dispute that would have been expensive and time consuming and also, enabled the Trust to move quickly to restructure the Board and recruit a new Chief Executive. The arrangement was also of benefit to the NHS more generally through the work Mr Halsall was able to perform through the NHS Confederation.

I would add that these arrangements are being made public because both the Trust and I are determined to have such matters dealt with in an open and transparent manner.

The public interest arguments for making such information freely available are overwhelming and with that in mind, I can confirm that any compromise agreements that are entered into from now, will not be the subject of any confidentiality provisions or so called ‘gagging’ clauses, which may prevent disclosure of matters which are in the public interest.

John Cowdall, Chair
Friends and family test - what it means for us

The NHS friends and family test is an important opportunity for our patients to provide feedback on the care and treatment they receive and help us improve our services. Starting from April 2013, patients will be given the opportunity to answer the following question within 48 hours of receiving care or treatment in certain areas of the Trust, meaning every patient in these areas will be able to give feedback on the quality of the care they receive.

Patients will be asked ‘How likely are you to recommend our ward / A&E department to friends and family if they needed similar care or treatment?’ via a text message to their mobile numbers. Shortly after discharge, they will receive two text messages. The first will ask them to rate their experience, the second will ask them for a written comment, to help us understand what is working well, and what we could do better.

The friends and family test results will provide real-time feedback, and allow us to analyse quickly if further action is required. We will then create an overall score which will be made publically available.

Everyone can play their part in helping us to receive as much feedback as possible from patients. This includes making the collection of mobile phone numbers as complete as possible and checking with patients that we have their correct mobile number. Further information will be available in the coming weeks.

Duty of candour - a new contractual requirement in 2013/14

Commissioners are committed to ensuring patients and families are told about patient safety incidents that affect them, receive an appropriate apology, kept informed of investigations and are supported to deal with the consequences.

In the Acute Service contract for 2013/14, there is a national duty of candour. From 1 April, this will apply to incidents that occur and result in moderate harm, severe harm or death, as defined by the National Patient Safety Agency. In the last six months there have been over 2,000 patient safety incidents with patient harm classified as moderate, severe or death. If you are unsure about the level of harm, get advice from your ward or department manager, divisional governance lead or the Department of Quality and Governance.

The requirements are to:
- Inform the patient or their family/carer that a suspected or actual patient safety incident has occurred within ten days of the incident being reported
- The initial notification must be verbal (face to face if possible) and must be accompanied by an offer of written notification
- They should be given all the facts that are known at the time and be kept updated throughout the process of investigation
- An apology must be provided. This does not require fault to have been demonstrated

Further details can be found by reading the Being Open Policy, available on Heritage, or by clicking here. Training events are currently being developed and further information will also be included in the Mandatory Training Handbook for 2013/14.
Mandatory information Governance Quiz - have you done yours?
All members of staff, no matter what job you do, are required to complete basic Information Governance Training. To reach the required level on the Information Governance assessment, 95 per cent of all staff must have completed this training by 31 March 2013. By completing the training, you will have helped us achieve the IG training requirement and have a certificate for your own personal development evidence.

We are currently at 90 per cent, so if you have not yet completed your training, please do so today by selecting ‘MT Information Governance Quiz 2012-2013’ from your ‘To Do’ list. This can be accessed via ‘My Learning and Development’ in favourites on Internet Explorer.

Parking at the RLI
Please could all staff who work at the RLI and come to work by car, be aware that some local residents have raised concern about maintaining access to their homes for care workers and emergency vehicles.

This applies particularly to Princess Avenue, off Ashton Road – opposite Ripley School. Your co-operation in ensuring your vehicle does not compromise this would be appreciated.

Hospital grand round
The next hospital grand round is taking place on 27 March, from 12.30pm to 1.30pm, in the Education Centre at the RLI. Dr Jane Pearson, Head of Research and Development, and Dr Sally Spencer, Associate Director of the Clinical Research Hub, Lancaster University, will be presenting the lecture titled ‘Enhancing research and development across the Trust.’

Changes to Cancer services team
From 1 April, Cancer Services would like to welcome Pauline Robinson, Interim Cancer Lead Nurse, and Bernadette Carney, Cancer Service Improvement Facilitator.

A warm thank you is also extended to Alison Scott, who will be taking up an active role in the End of Life Project, and Adam Wood who has taken up the role of Business Change Analyst.

Tracey explains the importance of effective clinical procurement
Tracey Pratchett, clinical librarian, will using the Trust as a case study, when she attends the national NHS procurement conference on 26 March.

Tracey will be explaining the role of the clinical librarian, detailing how we are ensuring greater understanding of issues relating to procurement and clinical practice and ensuring that the procurement of clinical items is cost effective.

The conference will provide delegates with key insights into the government’s vision for an improved NHS procurement landscape. Attendees will be provided with the opportunity to examine how to ensure the Quality, Improvement, Productivity and Prevention agenda is adhered to, and share best practice in procurement alongside their peers.

“We will be the best - providing excellent compassionate care to the people of Morecambe Bay.”


“I am a Foundation Trust member and I am kept informed on developments in hospital services and have a say in the future of my local hospitals.”

You can receive updates and become involved in shaping the future of your local hospitals too. Apply to become a member at www.uhmb.nhs.uk or call 01539 716 642.