

# Trust Induction Information 2020



**“To be a great Trust providing the best possible safe, personal and effective healthcare to the people of East Lancashire”**

# EAST LANCASHIRE HOSPITALS NHS TRUST – STRATEGIC FRAMEWORK

## Strategic Framework

### Our Vision

To be widely recognised for providing safe, personal and effective care

### Our Objectives

Put safety and quality at the heart of everything we do  
Invest in and develop our workforce  
Work with key stakeholders to develop effective partnerships  
Encourage innovation and pathway reform and deliver best practice

### Our Values

- Put patients first
- Respect the individual
- Act with integrity
- Serve the community
- Promote positive change

### Our Operating Principles

Quality is our organising principle  
We strive to improve quality and increase value  
Clinical leadership influences all our thinking  
Everything is delivered by and through our clinical divisions  
Support departments support patient care  
We deliver what we say we will deliver  
Compliance with standards and targets is a must  
This helps secure our independence and influence  
We understand the world we live in, deal with its difficulties and celebrate our successes

### Our Improvement Priorities

Reducing mortality  
Avoiding unnecessary admissions  
Enhancing communications and engagement  
Delivering reliable care  
Timeliness of care

# Contents

<b>Your Induction</b> .....	<b>4</b>
<b>Learning Hub</b> .....	<b>5</b>
<b>Counter Fraud</b> .....	<b>7</b>
<b>Emergency Planning and Business Continuity</b> .....	<b>14</b>
<b>Car Parking</b> .....	<b>16</b>
<b>ID Badges</b> .....	<b>17</b>
<b>Maintenance</b> .....	<b>19</b>
<b>Benefits for Staff</b> .....	<b>21</b>
<b>Apprenticeships</b> .....	<b>23</b>
<b>Functional Skills</b> .....	<b>24</b>
<b>How to ensure your department is breastfeeding welcome</b> .....	<b>25</b>
<b>Staff support services</b> .....	<b>27</b>
<b>Venous Thromboembolism (VTE)</b> .....	<b>29</b>
<b>Medical Appraisal and Revalidation</b> .....	<b>32</b>
<b>Staff Networks</b> .....	<b>34</b>

# Your Induction

## Aim

It is our aim through Workforce Education to enable you to provide high quality services and optimum levels of patient care, supporting the Trust's vision: *To be widely recognised for providing safe, personal and effective care.*

The Corporate Trust Induction Programme is the first step you will take in your socialisation and integration into your new role in the Trust, and introduces the importance of applying the Trust Vision and Values within your workplace.

## Objectives

Following the Corporate Trust Induction Programme you will be able to:

- Identify the Trust Vision and Values and their place in influencing the behaviours attitudes and culture of the organisation
- Recognise that patient care and safety and effectiveness is at the centre of our service

## Your role in the induction process:

- To browse the Corporate Trust Induction information available on Learning Hub.
- To attend further essential training appropriate to your job role.
- To always speak to someone if you do not understand something.
- To understand that the induction process is only the beginning of your development and you will continually be learning throughout your time with the Trust.
- To understand and be familiar with the job description and person specification for your role. This will ensure that you know what is expected of you, plus what skills and knowledge you need to perform effectively in your new role.

## Learning Hub

Learning Hub is the East Lancashire Hospitals NHS Trust Learning Management System (LMS) where staff training, learning, appraisals and revalidation/e-portfolio information is stored. At present doctors have their own LMS where their appraisal and revalidation information is kept, however, Learning Hub is available to all staff to book courses and utilise the e-Portfolio area.

Learning Hub is set up so that it notifies you prior to you becoming due for your Core Skills Training (CST) and appraisal. You will receive 90, 60 & 30 day reminders and will also be notified if you become overdue. Compliance Reports for Core Skills Training and appraisals are reported to the Trust each month and the Trust has targets to achieve. It is therefore in your interest to check your Learning Hub status regularly and ensure you remain compliant at all times.

There are many user guides on the system to aid you booking courses, completing appraisals etc. If you have any questions, don't hesitate in contacting the Learning Hub Team using the email address on the next page.

The Learning & Development Journey on Learning Hub can be used to consider what courses will assist you throughout your career and guide you to members of staff who can support you.

### **How do I access Learning Hub?**

On appointment all staff will be issued with a username and password to access Learning Hub.

Staff are asked to ensure that they use Learning Hub via Google Chrome as some elements are not compatible with some of the older versions of Internet Explorer, which are still around in the Trust. Wherever possible you should use the Learning Hub icon on your computer's desktop to ensure you access the system using Chrome. If there is no icon then please use Chrome and input the web address on the next page.

- To ensure that you receive notifications, course booking confirmations and all reminders, you must ensure that you have a valid email address in the system; this can be either your ELHT email address, or a personal one, but remember to check your emails regularly so that you don't miss anything. You are reminded to check your email address during your CST e-Learning session and change it if it is not the one you regularly use.
- Learning Hub can be accessed from anywhere you can get internet access; both within the Trust or at home. It can be accessed via a tablet, iPad, or any Smartphone too. The web address is: <https://elht-learninghub.co.uk> .
- If you have any queries in relation to accessing and using the Learning Hub system, please email [LearningHub@elht.nhs.uk](mailto:LearningHub@elht.nhs.uk).
- If you have any queries in relation to Essential to Role courses, please email, [CoreSkillsTeam@elht.nhs.uk](mailto:CoreSkillsTeam@elht.nhs.uk).
- If you have any queries regarding content of any of the courses you will find the trainer's contact details on each of the course descriptions; you should contact them directly.

# NHS Counter Fraud



Fraud is costing the NHS many millions of pounds each year. In 2019-20 losses to fraud in the NHS were estimated at £1.27 billion per annum - enough money to pay for over 40,000 staff nurses, or to purchase over 5,000 frontline ambulances. This is taxpayers' money that is taken away from patient care and falls into the hands of criminals. Whilst the majority of people who work in and use the NHS are honest, there is a minority who will seek to defraud the NHS of valuable resources.

When we say 'fraud', we refer to a range of economic crimes, such as fraud, bribery and corruption or any other illegal acts committed by an individual or group of individuals to obtain a financial or professional gain.

**The NHS Counter Fraud Authority have produced a variety of videos, including 'who pays for fraud'. They are available via the link below:**

<https://www.youtube.com/channel/UCrisabWrFCpBtF8h6gYqaEw>

The Trust has a zero tolerance approach to fraud, bribery and corruption and is committed to reducing fraud to an absolute minimum. Staff suspected of

committing fraud, bribery or corruption are referred to the Trusts Anti – Fraud Specialist to conduct a criminal investigation. Staff are also referred to The Trust Human Resources team to consider in parallel any disciplinary action.

### **Types of NHS fraud**

Fraud against the NHS takes many forms; here are just a few examples:

- **Working Whilst off Sick** - This happens when staff undertake work when they have reported as being off sick or unfit for work to the Trust, this includes Bank or Agency shifts. Staff are reminded that they must report any secondary employment to the Trust to ensure that there are no conflicts of interest.
- **Misrepresentation of qualifications or experience** - This occurs when someone applying for a job claims to have qualifications or experience they do not actually have. This is particularly serious if it occurs in senior and medical positions.
- **Timesheet fraud** - This happens when staff falsify their timesheets, for example to obtain payment for hours they have not actually worked.
- **False claims** - This can range from patients claiming for free treatment when they are not entitled to it, to NHS professionals claiming money for services they have not provided.
- **Payment diversion fraud** - This happens when fraudsters trick an NHS organisation into paying money to them, for example by pretending to be from one of the organisation's regular suppliers.
- **Procurement fraud** - This relates to the purchasing of goods and services by an NHS organisation. An example is bid rigging, when bidders agree between themselves to eliminate competition, denying the organisation a fair price or delivering poor quality goods or services.

### **Legislation**

**Fraud Act 2006** The new Fraud Act came into force in 2006 and replaced/combined several offences that had previously been under other legislation such as the Theft Acts of 1968 and 1978. Fraud is a type of criminal activity, defined as:

---

'Abuse of position, or false representation, or prejudicing someone's rights for personal gain'.

Put simply, fraud is an act of deception intended for personal gain or to cause a loss to another party.

The general criminal offence of fraud can include:

- **Section 2** - deception whereby someone knowingly makes false representation (an example of this is lying on a CV or job application)
- **Section 3** - or they fail to disclose information (an example of this is failing to declare a conviction, disqualification or secondary employment to an employer)
- **Section 4** - or they abuse a position (an example of this may be a carer abusing patient monies, or a manager using confidential NHS information to make a personal gain (i.e. through a business interest).

Theft is the domain of the Local Security Management Specialist (LSMS) /Security Jed Morris, not the LCFS, although both work closely with each other.

### **Bribery Act 2010**

Bribery is a criminal offence for both individuals and commercial organisations and can be punishable with imprisonment of up to 10 years or unlimited fines. The definitions of bribery and corruption vary and some common definitions in use are:

**Bribery** – An inducement for an action which is illegal, unethical or a breach of trust. Inducements do not have to be cash but can take the form of gifts, loans, fees, rewards or other advantages.

**Corruption** – This can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefits in kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt

---

person may not benefit directly from their deeds; however, they may be using their position unreasonably to give some advantage to another.

### **Gifts and Hospitality**

In line with existing Trust policy, gifts and hospitality must not be given or received in return for services provided or to obtain or retain business but shall be handled openly and unconditionally as a gesture of goodwill only. Gifts and hospitality shall always be of symbolic value, appropriate and proportionate in the circumstances, consistent with local customs and practices and should not be made in cash. Please refer to the policy for further guidance.

You should only receive hospitality or gifts in accordance with the Policy and in all instances you should declare such gifts or hospitality by completing the form contained within the policy. If you are in any doubt whether to accept a gift or hospitality then declare it and return the form first and advice will be offered.

### **Sponsorship**

Sponsoring means any contribution in money or in kind by or to the Trust towards an event organised to raise the profile of the Trust or another organisation. All sponsoring contributions must be transparent, pursuant to a written agreement, for legitimate business.

Purposes and proportionate to the consideration offered by the event host. Sponsorship may not be given or received towards events that are incompatible with the Trust's ethical standards or have the potential to damage the Trust's reputation. All sponsorship will be publicly disclosed and this is the responsibility of the individual being sponsored or organising the event.

Where commercial sponsorship is used to fund Trust training events, training materials and general meetings the fact must be disclosed in the papers relating to the meeting and in any published minutes or proceedings. Should an individual be approached to benefit from funds or sponsorship as a consequence of their

employment at the Trust, this should be openly recorded, declared and prior approval should be sought in all circumstances to ensure consideration has been given to the appropriateness and transparency of the arrangements being offered.

In summary you should only receive sponsorship in accordance with the Policy and in all instances you should declare such sponsorship by completing the form contained within the Policy. If you are in any doubt whether to accept sponsorship then declare it and return the form first and advice will be offered.

### **Declarations of Interest**

The Trust must be told of all cases where an employee, close relative or associate has a significant financial or other interest in another business, this includes a private company, public sector organisation, other Trust employer or any other company that may compete for an NHS contract to supply goods or services to the Trust.

All senior managers and Board Directors must complete and sign a declaration of interest form on an annual basis. The information is retained by the Company Secretary and details of the Board's interests are included within the Annual Report.

All other staff should declare any interest where relevant by completing a declaration of interests form and forward this to the Company Secretary in accordance with the Policy.

In summary you should consider whether you have a significant financial or other interest in a business that may compete for an NHS contract to supply goods or services to the Trust and complete a declaration of interests form. If you are in any doubt whether your interest should be declared, complete and return the form first and advice will be offered.

Fraud has been identified as the crime that people are most likely to experience in the UK, and no individual or organisation is immune from the risk. The NHSCFA is equipped and determined to lead the fight against fraud affecting the NHS, but everyone has a part to play in combating fraud.

The first steps are being aware of the risk and remaining vigilant. You should also know how to report any suspicions or concerns you may have about fraud.

By reporting fraud you can help the NHSCFA to ensure offenders are brought to justice and that money is returned to the NHS to care for patients. Reporting fraud will also help form a better picture of fraud risks and trends so that the NHS is better equipped to prevent fraud.

If you believe that you have good reason to suspect a person of fraud, bribery or corruption, whether they be an employee, external contractor or patient, you should immediately inform Jacqui Procter the Trust Counter Fraud Specialist (LCFS) or Jonathan Wood the Trust Director of Finance.



**The Trust's Counter Fraud Specialist** - Paul McGrath, Mersey Internal Audit Agency Tel: 0161 743 2036 or 07584 774 761,

Email: [paul.mcgrath@miaa.nhs.uk](mailto:paul.mcgrath@miaa.nhs.uk)

It is easy to report fraud, bribery or corruption affecting the NHS. You can call the anonymous, 24-hour reporting line on **0800 028 4060** (powered by Crimestoppers). You can also report online [www.cfa.nhs.uk/reportfraud](http://www.cfa.nhs.uk/reportfraud)

Please do not:

- Ignore the problem – you might be the only one who knows about it.
- Investigate it yourself or start discussing it with others.
- Confront anyone.
- Carry out any surveillance.
- Tamper with computers, equipment or files you think may be involved.
- Commence any disciplinary action before informing the LCFS.

To find out more about Counter Fraud you can visit the Trust intranet:

<http://elancs.intranet/counterfraud/>

or Trust Website:

<http://www.elht.nhs.uk/nhs-counter-fraud-service.htm>

### **Relevant Trust Policies:**

- Anti - Fraud Bribery & Corruption Policy
- Raising Concerns/Whistleblowing Policy: (Protection under PIDA). The Trust's Whistleblowing Policy will be rigorously enforced to ensure that no individual will suffer personally from any detrimental treatment as a result of reporting reasonably held suspicions. Staff are advised to contact the Trust Raising Concerns Guardian for support and further advice.
- Code of Conduct/Standing Orders/Standing Financial Instructions
- Gifts and Hospitality Policy
- Sickness Absence Policy

# **Emergency Planning and Business Continuity**

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, including East Lancashire Hospitals Trust, to show that they can deal with such incidents while maintaining services.

Recent examples of this in the UK were the Cumbria floods following Storm Desmond in 2015; the bombing at Manchester Arena during a pop concert in 2017; the Cyber Attack on NHS IT systems in 2017 and of course, more recently, the coronavirus outbreak.

The Emergency Preparedness, Resilience and Response framework (known as EPRR) outlines the work streams that we are required to consider in order to enable us to respond to emergencies in an efficient and effective way, whilst maintaining business as usual as far as is possible.

The patient remains at the heart of what we do and we must continue to provide safe, effective and personal care.

To support our EPRR work, the Trust has a Major Incident Plan, a Business Continuity Plan and a host of other specialist plans e.g. Heatwave Plan. These can all be found on OLI. From the 'Corporate' menu, please go to 'Emergency Planning and Business Continuity'.

Depending on your role, you may need specialist training to respond to such incidents and emergencies. Others may only need to be aware of the Trust and departmental plans to ensure that our services are maintained, as far as is possible, during an incident. As part of your local induction process, your manager should outline the major incident and business continuity arrangements for your service and should advise you if you need any further training.

All Trust plans are ratified at Divisional or Directorate level, as well as being approved through the monthly Emergency Preparedness and Operational Resilience Committee, which then reports to the Trust Board.

The Trust EPRR Manager is Alison Whitehead (alison.whitehead2@elht.nhs.uk). The Director with responsibility for EPRR is Tony McDonald, Director of Integrated Care and Partnerships, and the Executive Director (Accountable Emergency Officer) is Martin Hodgson, Director of Service Development.

Training and exercising for staff in relation to responding to incidents and emergencies takes place on a regular basis. For details about training, exercising or other major incident or business continuity related queries, please contact the EPRR team ([EPRR@elht.nhs.uk](mailto:EPRR@elht.nhs.uk)).

# Car Parking



You should have already received and submitted your application form for a car parking permit at your employment check.

You will not receive a permit until you have a payroll number generated.

If you are a car user and have applied for a Trust car parking permit, your permit should be issued to you during your induction training programme. However, to cover your two-day induction training, a temporary parking permit will have been attached to your reminder email. This permit must be displayed in your windscreen for the duration of your induction training or until you are in receipt of and able to display your official car parking permit. You will also be required to provide us with your car registration details on arrival at the Training and Development Centre. If you have displayed in your windscreen, either a Trust Car Parking Permit or the Induction temporary parking permit, you will NOT need to pay for parking using the car park ticket machines whilst you are attending induction. Once you have received your permit will be free to park on all five sites as long as your permit is clearly visible.

*If you have not yet applied for a permit or are a temporary staff member, then you could keep the car parking costs down by following the instructions below:*

**BGH** – If you park for 3 **consecutive** days (3-8 hours) at Burnley display the 3 tickets in the window and these will let you park for a further 4 days free of charge.

**RBH** - You can purchase a ticket at the entry terminal, please follow the instructions at the terminal. Please note; payment is by Debit/Credit card only. Alternatively you could purchase a daily ticket from the car parking office near WH Smiths at Royal Blackburn Teaching Hospital and park on car park J (internal number 84562/84668).

Up to 3 hours = £1.90

3-8 hours = £2.80

8-24 hours = £3.50

The car parking permit charges are listed below:

Full time £13.84 (above 20 hours)

Part time £7.18 (20 hours and below)

The part time charge relates to members of staff across all bands that are contracted to work 20 hours or less per week.

## **ID Badges**

East Lancashire Hospitals NHS Trust has been designed with secure access controls in selected areas to provide a safe and secure environment for patients, visitors and staff.

Royal Blackburn Teaching Hospital, Burnley General Teaching Hospital and Clitheroe Community Hospital all have different security systems for the ID Badges and therefore, if you will be working in any secure area of any of these sites you will need an ID Badge.

Accrington and Pendle Community Sites have name badges only with Photo ID and these badges can be obtained from General Office in Royal Blackburn Teaching Hospital by appointment.

Each door with an ID badge access system on it should have a manager and deputy assigned to it, and only their signature will allow staff access via the ID badge / fob.

### **To obtain an ID Badge**

- The application forms can be obtained from General Office (RBTH and Clitheroe), Security Office (BGTH), and your line manager or via OLI.
- All application forms must be signed by the assigned manager/deputy of each door that access is required.
- For new employees, when the applicant attends their recruitment check they will be required to have their photograph taken. The photograph will be used to create the ID badge once the application form has been authorised by the manager and received in either General Office (RBTH and Clitheroe) or Security (BGTH).
- For existing employees, if an existing badge is being updated then the applicant attends a photograph session held within the General/Security

Office. For this to take place the applicant will be required to produce the authorised ID form.

- For photo sessions for RBTH badges you will need to attend the General Office during opening hours. If staff are unable to attend during their working hours then they should contact the General Office on 01254 732721, ext. 82721 or via email [GeneralOffice@elht.nhs.uk](mailto:GeneralOffice@elht.nhs.uk)
- For photo sessions and ID badges for BGTH, these will be held in the Security Offices at that site only, which is near to Logistic Services. Appointments can be made via ext. 11089.
- The applicant will be advised when their ID badge will be ready for collection. This is usually on the same day as the application is received by the issuing office.
- On collection of your ID badge a signature is required with the understanding that you will undertake the following:-
  - ❖ To be worn and displayed when on Trust property.
  - ❖ Not to deface the badge.
  - ❖ Not to pass to another for use.
  - ❖ Failure to follow the above may result in disciplinary action taken against the individual.
  - ❖ Please note that lost ID badges are chargeable.

# Maintenance

## **Royal Blackburn Teaching Hospital**

At Royal Blackburn Hospital all of the Trust Maintenance is completed by a service provider called ENGIE, this is done by phoning the ENGIE helpdesk on 2020. Below are examples (but not exhaustive list) of Maintenance jobs that should be rung through to the ENGIE Helpdesk;-

- Loose skirting boards
- Blocked toilets
- Leaks
- Lights out both internal and external
- Wall/door/floor/ceiling damage
- Sinks not working effectively
- Paint flaking or scuff marks that cannot be removed from effective cleaning
- Electrical problems
- Broken beds/wheel chairs/trolleys
- External building issues – Wall/pavement/road/window issues

## **Burnley General Teaching Hospital – Area 7**

At Burnley General Hospital Area 7 our Maintenance is completed by ENGIE and the Trust Estates Team. The ENGIE Helpdesk can be contacted on #8777 and the Trust Estates Team can be contacted on 14777. The ENGIE Helpdesk is manned between the hours of 08:00 & 18:00 Monday to Friday. When phoning outside of these hours (Weekends & Bank Holidays), for Routine Maintenance issues call #8777 and leave a message on the Helpdesk answering Machine, if your Maintenance issue is Urgent please contact the Hospital switchboard on 0. You may also refer to your Ward/Department Maintenance File for more information on who to call for a variety of Maintenance issues.

When logging calls with the ENGIE Helpdesk, you must provide them with as much detail as possible. The information they will require is as follows;-

Where in the hospital is the issue located such as Ward/Department, Corridor, Lift, Level or if it's external the location of the issue.

Room number of the affected room (located on the door or door frame)

Detailed description of the issue

Your full name and a contact number

You will then be provided with a job number, this must be logged down so if you have any queries relating to the job at a later date the ENGIE Helpdesk will be able to look the job up and provide you with an update. If you have any questions relating to a job and you are unsure please contact the PFI Office on 83037 or email [Alexander.Spratt@elht.nhs.uk](mailto:Alexander.Spratt@elht.nhs.uk) or [PFIOffice@elht.nhs.uk](mailto:PFIOffice@elht.nhs.uk)

It is everybody's responsibility to phone through Maintenance problems to the ENGIE Helpdesk, it is better to have multiple calls for the same issue then none at all!

# **Benefits for Staff**

## **Vivup Staff Portal**

Vivup is our employee portal where staff can find staff benefits, staff support and salary sacrifices. We have a range of salary sacrifices including home electronics and cycle to work scheme. Register and see how you can start to save money. Register for more information: <https://www.vivupbenefits.co.uk/>

## **ELHT Staff app**

Download the ELHT app to find out what is happening at the Trust from competitions to NHS discounts. The app is easy to download just type this URL into your devices internet browser, Safari for iPhone, Google Chrome for Android( <http://tiny.cc/elht>) this will allow downloads to Apple and Android devices. Staff must give permission for the download when asked; if you allow push notifications you will get regular updates/rewards information. It is very simple to 'trust' the App, which is perfectly safe.

## **Staff Gym**

Contact Occupational Health [GymEnquiries@elht.nhs.uk](mailto:GymEnquiries@elht.nhs.uk) and let them know your payment method and the length of membership required (minimum 6 month's contract or up to 3 months for students). Membership is £6 per month deducted each month from your salary; the first payment is £16 which includes the initial £10 joining fee.

Please note that before joining the staff gym you will need to undertake an induction with one of the instructors. Gym facilities are available at both Burnley and Blackburn sites.

## **Smoking Policy**

Trust employees both clinical and non-clinical must not smoke in a public area while wearing a full/part NHS uniform and/or a Trust Identification Badge, whether on or off duty. E Cigarettes are included in the smokefree policy and their use is not permitted in the Trust premises or grounds

"If an individual continues to breach the policy despite support being offered then further action may be taken in accordance with the Trust's Disciplinary Procedure"

### **Smokefree Policy ELHT/C062 V3**

If you want to quit smoking or vaping contact the Well Service to arrange to see a Trained Smoking Cessation Advisor for NRT and medication, behaviour and quitting techniques to help you quit! Email: [Wellteam@elht.nhs.uk](mailto:Wellteam@elht.nhs.uk) or ext: 84629

## **Apprenticeships for All Staff**

Apprenticeships are available for substantive staff at ELHT. Apprenticeships are linked to an accredited course from Level 2 (intermediate) to Level 7 (Master's degree) covering both clinical and non-clinical job roles.

Apprenticeships include elements of on and off the job training; assessments are undertaken at the end of the programme to assess the learner's ability and competency in their job role.

When substantive staff enrol on an apprenticeship programme their job role and salary are not affected.

Apprenticeships take between one to five years to complete.

### **Some of the apprenticeship programmes you could apply for:**

Business Administration, Healthcare Support Worker, Assistant Practitioner, Nursing Associate, Customer Service, Catering Assistant, Team leader, Management and many more....

If you are unsure what apprenticeship to apply for,

or if an apprenticeship is the right choice for you,

please email: [apprenticeship@elht.nhs.uk](mailto:apprenticeship@elht.nhs.uk)



## **Functional Skills**

ELHT are offering all staff a chance to gain a Level 2 qualification in English or Maths free of charge.

### **Did you know?**

Our team, who specialise in adult learners will support you to gain this qualification, usually between 10—15 weeks

You just need to commit to one English and/or  
one Maths session a week.

Everyone is welcome, regardless of how good you feel your current English and Maths knowledge is.

If you are interested in becoming a Nursing Associate or an Assistant Practitioner, you'll need to have functional skills  
English and Maths at level 2.

Functional skills helps you to become more comfortable using English and Maths in your daily life and you can do this for free.

**For more information or an informal chat, please contact us on the number below**

Contact Details

Work Based Education Team: Telephone: 01254 732095 (Ext:82095)

Email: [functionalskills@elht.nhs.uk](mailto:functionalskills@elht.nhs.uk)

# **HOW TO ENSURE YOUR DEPARTMENT IS** **BREASTFEEDING WELCOME**

All public areas should be breastfeeding welcome.

This is supported by the Equality Act 2010.

No breastfeeding mother should be asked to stop breastfeeding or leave a public place – it is against the law.

- ✓ **Ensure all your staff are aware of the Equality Act 2010**
- ✓ **Display a ‘welcome to breastfeed’ poster in a visible position**
- ✓ **If a mother is breastfeeding in a public place i.e. a waiting room, let her carry on – no need to disturb her**
- ✓ **If a mother asks for a private place to breastfeed – offer her somewhere private, clean and comfortable**
- ✓ **Discuss the above points with all staff and new staff**

**If you have any ideas on improving experiences for breastfeeding families across our Trust please let us know via the above email link.**

**For more information please email: [BabyFriendlyTeam@elht.nhs.uk](mailto:BabyFriendlyTeam@elht.nhs.uk)**

## Staff Breastfeeding Champions

Volunteer ELHT staff breastfeeding champions will be able to have a supportive conversation with any member of staff returning to work whilst breastfeeding / expressing – and be a line of support if needed in the transition period when returning to work.

We can help motivate, encourage, support and protect your breastfeeding / milk supply.

Champions are willing and enthusiastic and are keen to help the organisation improve support in this area. They also have had access to current evidence based information and access updates.

We welcome you to contact us for a chat.

For more information email: [BabyFriendlyTeam@elht.nhs.uk](mailto:BabyFriendlyTeam@elht.nhs.uk)

# **STAFF SUPPORT SERVICES**

## **Long Service Awards**

The Trust operates a Long Service Award for those who have been employed in the Trust for a total of 25 years. All members of staff who qualify for the long service award at 1st April each year will be presented with acknowledgment of long service.

All qualifying members of staff will also be entitled to one day additional annual leave (pro rata for part-time staff) with effect from the following leave year.

For further information please call the Employee Relations Department on 01254 732977 (Ext 82977).

## **Education, Research and Innovation**

It is recognised that good education and development of staff are vital for safe, personal and effective care.

From the beginning of your careers here at East Lancashire Hospitals NHS Trust (ELHT), we want to enable staff to feel engaged and empowered to contribute to change, through research and new discoveries, in the way that services are delivered.

Please see <https://education.elht.nhs.uk/> for further details.

## **Library and Knowledge Services**

The Library & Knowledge Services are here to support all Trust staff and students on placement within the Trust.

We offer a wide range of resources including:

- **nursing and medical**
- **management**
- **personal and professional skills**
- **your health and well being**
- **And even a fiction collection!**

To join the library you can come to the library at either Blackburn or Burnley or complete the online membership form. You will need to bring your Trust ID badge or student card along on your first visit.

The library at Royal Blackburn Hospital is situated within the Learning Centre. The library at Burnley General Hospital is situated within the Mackenzie Medical Centre.

For more information about services available please see [www.ehub.elht.nhs.uk](http://www.ehub.elht.nhs.uk)

# Venous Thromboembolism (VTE)

It is estimated that approximately 25,000 people in the UK die from preventable hospital-acquired venous thromboembolism (VTE) every year. VTE is a condition in which a blood clot (thrombus) forms in a vein and commonly occurs in the deep veins of the legs; sometimes part or all of the thrombus can come free and travel to the lung as a potentially fatal pulmonary embolism. Venous thrombosis is often asymptomatic; less frequently it causes pain and swelling in the leg. Symptomatic venous thrombosis carries a considerable burden of morbidity, including long-term morbidity because of chronic venous insufficiency, venous ulceration and development of a post-thrombotic limb (characterised by chronic pain, swelling and skin changes). Preventing VTE is part of trust wide Harms Reduction Programme.

## Step wise approach to Reduce risk of VTE in hospital patients

### Step One: Risk Assessment

All adult patients admitted to hospital must be risk assessed to determine if they are at high or low risk for VTE. The VTE risk assessment tool is in electronic format in the Hospedia Extramed system alongside all the nursing risk assessments to be completed on admission for all patients. This is mandatory for all patients and all health care professionals must ensure that this assessment is undertaken for all patients at the point of admission to hospital or at pre-admission assessment

### Step Two: Thrombo prophylaxis

If risk assessment identifies the patient as high risk of VTE then appropriate specialty-specific VTE prophylaxis must be prescribed and applied in a timely manner without delay in line with Trust VTE Policy Part1 on VTE prevention. Each specialty-specific regime is displayed in clinical areas and all information regarding various regimes is available within Trust VTE policy on intranet.

### Step Three: Review and repeat VTE risk assessment in 24 hours and every time clinical situation changes

Patients are reviewed regularly to determine if their risk of developing VTE has altered. Most importantly if a patient is admitted, in addition to VTE risk assessment carried out at time of admission, a further assessment must be carried out within 24 hours and documented in electronic VTE risk assessment tool. If a patient admitted and assessed as low risk has subsequently on repeat risk assessment becomes high risk, then appropriate VTE prophylaxis must be commenced. If a patient's clinical condition changes at any time or if there are ward moves, then VTE risk assessment needs to be repeated accordingly.

### Step Four: Additional measures to reduce risk

As well as applying specific prophylactic regimes to high risk patients, there are a number of measures that need to be taken to minimise risk of VTE in all patients. These include: early mobilisation, prevention of dehydration and other factors that potentially increase risk. Do not regard aspirin or other antiplatelet agents as adequate prophylaxis for VTE. Discuss patients at high risk of VTE with consultant. Likewise patients at high risk of VTE and high risk of bleeding need to be discussed with consultants for their expert input for tailored care to reduce VTE risk through prophylaxis.

### Step Five: Patient Information and Raising Awareness

All patients must be given information about the risk of VTE associated with hospital admission as well as signs and symptoms of VTE and specifically how they can contribute in self-care towards preventing VTE through early mobilisation and improved hydration. The information provided must also include advice on signs and symptoms of VTE at discharge and action to take after discharge. The patient information leaflets developed to raise awareness among patients at ELHT are available in all clinical areas, and copies can be downloaded from the hospital intranet VTE webpage with free and easy access at all times. Provision of the Trust VTE patient information leaflets and supportive advice provided to patients must be clearly documented in medical records.

**Assessing the risks of VTE and bleeding-** The risk of developing VTE depends on the condition and/or procedure for which the patient is admitted and on any predisposing factors.

- 1. Assess all patients on admission using electronic VTE risk assessment tool on Hospedia Extramed system to identify those at increased risk of VTE.**
- 2. Regard medical patients as being at increased risk of VTE if they:**
  - I. Have had or expected to have significantly reduced mobility for 3 days or more or
  - II. Are expected to have on-going reduced mobility relative to their normal state and
  - III. Have one or more of the risk factors shown in VTE Risk assessment tool
- 3. Regard surgical patients and patients with trauma as being at increased risk of VTE if they meet one of the following criteria:**
  - I. Surgical procedure with a total anaesthetic and surgical time of more than 90 minutes, or 60 minutes if the surgery involves the pelvis or lower limb
  - II. Acute surgical admission with inflammatory or intra-abdominal condition
  - III. Expected significant reduction in mobility
  - IV. One or more risk factors in Electronic VTE Risk assessment tool and guidance
- 4. Reassess patients' risks of bleeding and VTE within 24 hours of admission and whenever the clinical situation changes, and with ward moves to:** Ensure that the methods of VTE prophylaxis used are suitable, is being used correctly and in timely manner. Identify adverse events resulting from VTE prophylaxis.
- 5. Assess all patients for risk of bleeding before offering pharmacological VTE prophylaxis:** Do not offer pharmacological prophylaxis to patients with factors for bleeding in VTE Risk assessment tool, unless risk of VTE outweighs risk of bleeding. These patients need experienced input from consultant. Consider non pharmacological prophylaxis in addition to or instead of as appropriate in these cases. Document explicitly any reason for withholding VTE prophylaxis always.
- 6. 'Major bleeding' refers to a bleeding event, that results in one or more of the following:** Death, A decrease in haemoglobin concentration of 2g/dl or more, Transfusion of 2 or more units of blood, Bleeding into a retroperitoneal, intracranial or intraocular site, A serious or life-threatening clinical event, A surgical or medical intervention. Ensure consultant input is always sought in these cases and incident is reported appropriately through Datix.
- 7. Identify patients needing prolonged VTE prophylaxis and ensure they are advised and educated regarding administration of VTE prophylaxis:** Patients undergoing

certain procedures may need extended VTE prophylaxis. Please ensure this is effectively in place with consultant input as per Trust policy for those needing extended prophylaxis and patients are advised and educated appropriately.

## Patient Involvement in Choice of VTE Thrombo Prophylaxis

Treatment and care should take into account individual needs and preferences. Patients should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals.

Mechanical VTE prophylaxis includes choice options between anti-embolism stockings (Thigh or knee length), foot impulse devices, and intermittent pneumatic compression devices (Thigh or knee length), while the choice and duration of pharmacological VTE prophylaxis depends on local policies and individual patient factors, including clinical condition and patient preferences. For any method of prophylaxis chosen, the risks and contra indications for each should be taken into account and clearly documented. Ensure that the Trust Patient Information leaflet on VTE prevention is provided to all admitted patients including those admitted for day surgery

## Hospital Acquired VTE

If a patient develops a VTE within 90 days of an hospital admission episode, then it is classed under Hospital Acquired VTE (HAVTE) as per NICE guidance. It is important that all cases of HAVTE are investigated so that any contributory and system factors are identified and remedied to enhance patient safety and quality of care. This will enable Harms reduction to consistently reduce avoidable HAVTE within organisation through a continuous quality improvement approach. To uphold patient safety and enable lessons are learnt from avoidable HAVTE, any case of a patient who develops a VTE within 3 months or 90 days of inpatient hospital stay episode must be reported on DATix through incident reporting IR1 and investigated fully using the **Root Cause Analysis** tool available on the VTE page in Hospital Intranet. All Trust employees are expected to follow the relevant Trust Policies and NICE guidance and play their part in reducing avoidable harm to patients through preventive measures to reduce avoidable hospital acquired VTE for those admitted to hospital

## Patient Information

When commencing VTE prophylaxis, offer patients and/or their families or carers' verbal and written information on risks and possible consequences of VTE, importance of VTE prophylaxis and side effects, correct use of prophylaxis and how patients can reduce their risk. Offer patients and/or their families or carers verbal and written information on: Venous thromboembolism in adults admitted to hospital.

Ensure that patients who are discharged with anti-embolism stockings: understand benefits of wearing them, and precautions to be taken to prevent side effects. Ensure that patients who are discharged with pharmacological and/or mechanical VTE prophylaxis are able to use it correctly, or have arrangements made for someone to be available who will be able to help them. Notify patient's GP if patient has been discharged with pharmacological and/or mechanical VTE prophylaxis to be used at home. Ensure that the Trust Patient Information leaflet on VTE prevention is provided to all admitted patients including those admitted for day surgery

## Discharge Summaries

Discharge summaries are key communication regarding patient's clinical condition with their General Practitioner. The discharge summaries must therefore be an accurate reflection of the patient's clinical diagnosis, management, and on-going VTE prophylaxis or treatment required with duration. Ensure that patient discharge summaries are completed appropriately using appropriate drop down data fields in ICE discharge summary to inform GP whether or not patient had a confirmed diagnosis of VTE or hospital acquired VTE along with management plans and follow up arrangements. Extra caution is recommended to ensure that the wrong data field is not chosen inadvertently as this was a lesson learnt from precedent events that are being shared across ELHT through this induction resource. (Example: choosing the drop down data field stating that patient had newly diagnosed VTE or Hospital acquired VTE when patient did not have a diagnosis of VTE)

\*Please refer further to Trust VTE policy ELHT/C17 Part 1 and Part 2 and familiarise yourself with new VTE pathways including Age adjusted D-Dimer ranges, and Maternity Services Guideline G22 for Obstetrics. It is your responsibility to familiarise yourself and fully understand the Venous Thrombo-Embolism (VTE) Policy and pathways and the latest NICE Guidance on this. This is available on the Trust Intranet and easily accessible under Trust policies under VTE. Trust participates in the National GIRFT audit on VTE and all Trust health care professionals are expected to participate and contribute as appropriate to National and local VTE audits and relevant Quality Improvement Projects.

# Medical Appraisal and Revalidation

All doctors employed by East Lancashire Hospitals Trust are required to have an annual appraisal. This is a requirement of your contract of employment and also the cornerstone for GMC Revalidation. Appraisal gives you the opportunity to reflect on your work, to receive feedback on your performance and to identify developmental areas within your role. It is your professional responsibility to ensure that you participate in the appraisal and revalidation process.

The General Medical Council has set out its requirements for medical practice and appraisal in three main documents: Good Medical Practice (GMC, 2013), Good Medical Practice Framework for Appraisal and Revalidation (GMC, 2013) and Supporting Information for Appraisal and Revalidation (GMC, 2012). Further guidance by GMC on expectation from doctors regarding professional standards is highlighted in the GMC guidance on Leadership and Management for all Doctors (GMC 2012) and Trust Vision, values, guiding and operating principles. If you fail to engage in Trust processes that support revalidation such as appraisal, or fail to provide information that has been requested, this could pose risk to your revalidation and thereby your GMC license to practice.

**Getting Started with Appraisal and Revalidation:** On joining East Lancashire Hospitals Trust, please take the following stepwise approach to ensure that your appraisal occurs in a timely and seamless manner:

**Step One:** In your first week of employment please ensure that you have allocated East Lancashire Hospitals Trust as your Designated Body and Dr Jawad Hussain as your Responsible Officer (RO) on GMC Connect.

**Step Two:** Within your first month you should email a copy of your last appraisal or your last ARCP/CCT to the Medical Appraisal & Revalidation Team, email [Revalidation@elht.nhs.uk](mailto:Revalidation@elht.nhs.uk)

**Step Three:** The Medical Appraisal & Revalidation Team will create your appraisal account within the Trust appraisal and revalidation system called L2P (My License to Practice) and you will be sent a welcome email with a username and asking you to create a password. This would enable you to gain access and familiarise yourself with the system well ahead of your appraisal date. There are freely accessible introductory YouTube videos available from L2P.com.

**Step Four:** There is a Resource section within L2P that provides access to Trust Medical appraisal and Revalidation policy HR46, as well as a wide range of GMC/NHSEI and Trust resources including specialty specific appraisal guidance, appraisal guidance for educators,

---

presentations from Trust appraisal training workshops, appraiser networks, Process for requesting postponement of appraisal and a range of Standard operating procedures which you will find informative. Please read and familiarise yourself with the Medical Appraisal and Revalidation policy that is available on Intranet as well as L2P resource section. This will provide you with an overview of the trust medical appraisal and revalidation policy, processes and your roles and responsibilities. Please read and familiarise yourself with the Trust Appraisal and Revalidation policy that is available on Intranet under Human Resources section HR46 V3. This will provide you with an overview of the trust appraisal and revalidation policy, processes, your roles and responsibilities, and support resources available.

**Step Five:** Start using the e-portfolio on L2P from the time you commence your role at ELHT to collate and store all your evidence for appraisal in an on-going prospective manner in preparation for your annual appraisal.

**Priming Appraisals for Doctors new to the UK:** If you are a doctor who is new to the UK, please contact [Revalidation@elht.nhs.uk](mailto:Revalidation@elht.nhs.uk). Arrangements will be made for you to attend the GMC session for doctors new to UK and provide information regarding upcoming sessions besides additional information regarding priming appraisals that enable an experiential learning of the appraisal process and agree on a personal and professional developmental plan to work towards.

**Medical leadership module within L2P Appraisal Platform:** Leadership behaviours focused on core NHS values of Compassion and Inclusion lead to more collaborative, productive, care-focused and engaged teams which in turn lead to increasingly positive experience of care and service, benefiting patients, staff and organisations. The innovative medical leadership module within L2P enables facilitated reflection of professionals on their leadership and how they can contribute to organisational culture through a well recognised framework enabling them to grow as a value based leader and contribute furthermore and positively towards enhancing Trust vision to provide Excellence in Safe Personal Effective care.

## Come and join our Staff Networks

East Lancs Hospitals NHS Trust takes great pride in supporting all staff, students, volunteers, patients and the communities that we serve. To achieve this, we have provided a number of diversity and inclusion networks.

Diversity network groups provide a forum for individuals to come together, to share ideas, raise awareness of challenges and provide support to each other. When working effectively they are a key mechanism for driving change and making a difference, as well as giving staff the opportunity to grow personally and professionally. **(Source: NHS Employers)**

**For further information and how to join, please contact the network leads**

NAME OF STAFF NETWORK	LEAD CONTACTS	CONTACT DETAILS
<b>Black Asian Minority Ethnic (BAME)</b>	Uma Krishnamoorthy Co-Chair (Family Care)	<a href="mailto:uma.krishnamoorthy@elht.nhs.uk">uma.krishnamoorthy@elht.nhs.uk</a>
	Dominic Sebastian Co-Chair (Surgery & Anaesthetic)	<a href="mailto:dominic.sebastian@elht.nhs.uk">dominic.sebastian@elht.nhs.uk</a>
	Barry Williams Co-Chair (Quality & Safety)	<a href="mailto:barry.williams@elht.nhs.uk">barry.williams@elht.nhs.uk</a>
	Arif Patel Co-Chair (Diagnostics)	<a href="mailto:arif.patel@elht.nhs.uk">arif.patel@elht.nhs.uk</a>
	Lola Winter Co-Chair (Community & Family Care)	<a href="mailto:lola.winter@elht.nhs.uk">lola.winter@elht.nhs.uk</a>
	Nazir Makda Co-Chair (Corporate & EDI Lead)	<a href="mailto:nazir.makda@elht.nhs.uk">nazir.makda@elht.nhs.uk</a>
	Matthew Jijo Co-Chair (Estates & Facilities)	<a href="mailto:jijo.mathew@elht.nhs.uk">jijo.mathew@elht.nhs.uk</a>
	Sanjoy Bhattacharya Co-Chair (Medicine & Integrated Care Group)	<a href="mailto:sanjoy.bhattacharyya@elht.nhs.uk">sanjoy.bhattacharyya@elht.nhs.uk</a>

<b>Disability</b>	<b>Lee Barnes</b> Head of Staff Health Wellbeing & Engagement	<a href="mailto:Lee.barnes@elht.nhs.uk">Lee.barnes@elht.nhs.uk</a>
<b>Lesbian, Gay, Bisexual, Transgender and Queer (LGTBQ+)</b>	<b>Francesca Bell</b> Staff Nurse	<a href="mailto:francesca.bell@elht.nhs.uk">francesca.bell@elht.nhs.uk</a>
<b>Mental Health</b>	<b>Emma Schofield</b> Deputy Director of HR&OD	<a href="mailto:emma.schofield@elht.nhs.uk">emma.schofield@elht.nhs.uk</a>
<b>European Union (EU)</b>	<b>Joanna Young</b> E-Roistering Admin Assistant	<a href="mailto:joanna.young@elht.nhs.uk">joanna.young@elht.nhs.uk</a>